

**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

America's Foundation

ADDRESS (number and street)

1155 21st Street NW

Suite 300

Check if different
than previously
reported. (ACC)

Washington

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00305797

3. IS THIS
REPORTNEW
(N)**OR**AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2007

through

12

31

2007

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

MEREDITH G. KELLEY

Signature of Treasurer Electronically Filed by MEREDITH G. KELLEY

Date

01

31

2008

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

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
America's Foundation

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		29946.60
(b) Cash on Hand at Beginning of Reporting Period	37451.48	
(c) Total Receipts (from Line 19)	369524.38	575271.65
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	406975.86	605218.25
7. Total Disbursements (from Line 31)	350205.22	548447.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	56770.64	56770.64
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
America's Foundation

Report Covering the Period:

From:

M M D D Y Y W Y
0 7 0 1 2 0 0 7

To:

M M D D Y Y W Y
1 2 3 1 2 0 0 7

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	117037.29	147176.29
(i) Itemized (use Schedule A)	223694.06	399093.39
(ii) Unitemized	340731.35	546269.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	1000.00	1000.00
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	341731.35	547269.68
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)	4778.34	4778.34
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	23014.69	23223.63
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))	369524.38	575271.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	369524.38	575271.65

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.....	335600.77	517843.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	335600.77	517843.16
22. Transfers to Affiliated/Other Party Committees.....	1000.00	1000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
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.....	11104.45	27104.45
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))..	350205.22	548447.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	350205.22	548447.61

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	341731.35	547269.68
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	341731.35	547269.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	335600.77	517843.16
37. Offsets to Operating Expenditures (from Line 15, page 3)	4778.34	4778.34
38. Net Operating Expenditures (subtract Line 37 from Line 36)	330822.43	513064.82

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

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

FOR LINE NUMBER: PAGE 6 / 137

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MRS. AGNES ANDERSON

Mailing Address 890 WIXFORD WAY

City

SACRAMENTO

State

CA

Zip Code

95864

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: SA11.10270966

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. PHILIP F. ANSCHUTZ

Mailing Address 555 17TH ST
SUITE 2400

City

DENVER

State

CO

Zip Code

80202-3941

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE ANSCHUTZ CORPORATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

BUSINESS OWNER, INVESTOR

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.10270969

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. LOUIS J. APPELL, JR.

Mailing Address 1700 POWDER MILL ROAD

City

YORK

State

PA

Zip Code

17403-4945

FEC ID number of contributing
federal political committee.

C

Name of Employer
SUSQUEHANNA PFALTSGRAFF
CORPORATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

BUSINESS EXECUTIVE

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 7

Transaction ID: SA11.10270878

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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 7 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. LOUIS J. APPELL, JR.

Mailing Address 1700 POWDER MILL ROAD

City

YORK

State

PA

Zip Code

17403-4945

FEC ID number of contributing
federal political committee.

C

Name of Employer
SUSQUEHANNA PFALTSGRAFF
CORPORATION

Occupation

BUSINESS EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 7

Transaction ID: SA11.10270882

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. LOUIS J. APPELL, JR.

Mailing Address 1700 POWDER MILL ROAD

City

YORK

State

PA

Zip Code

17403-4945

FEC ID number of contributing
federal political committee.

C

Name of Employer
SUSQUEHANNA PFALTSGRAFF
CORPORATION

Occupation

BUSINESS EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 7

Transaction ID: SA11.10270883

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MARTHA L. ASPLUNDH

Mailing Address PO BOX26

City

BRYN ATHYN

State

PA

Zip Code

19009

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.10269087

Amount of Each Receipt this Period

400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1150.00

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 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. STEVEN R. AUVIL

Mailing Address 6247 SAUTERNE DRIVE

City

MACUNGIE

State

PA

Zip Code

18062-8802

FEC ID number of contributing
federal political committee.

C

Name of Employer

AIR PRODUCTS AND CHEMICAL-
S. INC.

Occupation

CHEMICAL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: SA11.10267716

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. LESLEY E. BAER

Mailing Address 282 COVE LANE

City

BEDFORD

State

PA

Zip Code

15522-5163

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 7

Transaction ID: SA11.10265423

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOSEPH E. BARRON

Mailing Address 1007 OAK POND DRIVE

City

CELEBRATION

State

FL

Zip Code

34747-4206

FEC ID number of contributing
federal political committee.

C

Name of Employer

TRI-STATE AUTO AUCTION

Occupation

C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: SA11.10267876

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

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 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. JOSEPH E. BARRON

Mailing Address 1007 OAK POND DRIVE

City

CELEBRATION

State

FL

Zip Code

34747-4206

FEC ID number of contributing
federal political committee.

C

Name of Employer

TRI-STATE AUTO AUCTION

Occupation

C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.10270540

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN H. BAUMGARTNER

Mailing Address 2886 HIGHLAND AVENUE

City

BROOMALL

State

PA

Zip Code

19008-1059

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

MECHANIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: SA11.10267927

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. BARBARA N. BAUR

Mailing Address 5307 WESTMINSTER PLACE

City

PITTSBURGH

State

PA

Zip Code

15232-2120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: SA11.10270935

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1100.00

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 / 137

(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)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

DR. GERALD BECK

Mailing Address 545 N. CATHERINE AVENUE

City

LA GRANGE PARK

State

IL

Zip Code

60526-5532

FEC ID number of contributing
federal political committee.

C

Name of Employer
H.D.A.I.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.10268083

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN L. BECK

Mailing Address 4107 W. RUDELLA ROAD

City

MEQUON

State

WI

Zip Code

53092-2780

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 ▼

300.00

Date of Receipt

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

Transaction ID: SA11.10267236

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. ELSIE K. BEEKLEY

Mailing Address 600 PONTIUS ROAD

City

CINCINNATI

State

OH

Zip Code

45233-4534

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

Transaction ID: SA11.10266559

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MRS. ELSIE K. BEEKLEY

Mailing Address 600 PONTIUS ROAD

City

CINCINNATI

State

OH

Zip Code

45233-4534

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: SA11.10267920

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CLIFFORD G. BENSON

Mailing Address 133 CENTENNIAL AVENUE

City

SEWICKLEY

State

PA

Zip Code

15143-1207

FEC ID number of contributing
federal political committee.

C

Name of Employer
DELOITTE & TOUCHE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

C.P.A.

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11.10270891

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. JANICE E. BIRKELAND

Mailing Address 509 ROUTE 530
APARTMENT 166

City

WHITING

State

NJ

Zip Code

08759-3147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.10262815

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)
MRS. MARGUERITE T. BOETTCHER

Mailing Address 505 GREEN BRIDGE LANE

City State Zip Code
PROSPECT HEIGHTS IL 60070-3464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 11 2007

Transaction ID: SA11.10262906

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. MARGUERITE T. BOETTCHER

Mailing Address 505 GREEN BRIDGE LANE

City State Zip Code
PROSPECT HEIGHTS IL 60070-3464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 11 2007

Transaction ID: SA11.10270537

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. SUZAN F. BOYD

Mailing Address 1211 61ST STREET N.W.

City State Zip Code
BRADENTON FL 34209-1418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 23 2007

Transaction ID: SA11.10267413

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MS. SUZAN F. BOYD

Mailing Address 1211 61ST STREET N.W.

City

BRADENTON

State

FL

Zip Code

34209-1418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: SA11.10268144

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. HARVEY BRADLEY

Mailing Address 3225 HONEY VALLEY ROAD

City

DALLASTOWN

State

PA

Zip Code

17313-9621

FEC ID number of contributing
federal political committee.

C

Name of Employer
BRNDLEY LIFTING CORP

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.10270492

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. HOWELL A. BREEDLOVE, JR.

Mailing Address 2015 BLAIRMONT DRIVE

City

PITTSBURGH

State

PA

Zip Code

15241-2202

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. & L. STRUCTURAL INC.

Occupation

CHAIRMAN & C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: SA11.10267517

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1600.00

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 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

JOAN BRESHERS

Mailing Address 7104 COUNTY ROAD 108

City

FULTON

State

MO

Zip Code

65251

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.10270695

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. PIERRE Y. BRUNET

Mailing Address 1360 SUNSHINE ROAD S.W.

City

DEMING

State

NM

Zip Code

88030-8504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11.10262976

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. PIERRE Y. BRUNET

Mailing Address 1360 SUNSHINE ROAD S.W.

City

DEMING

State

NM

Zip Code

88030-8504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 6 / 2 0 0 7

Transaction ID: SA11.10265725

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 15 / 137

(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)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

DR. PIERRE Y. BRUNET

Mailing Address 1360 SUNSHINE ROAD S.W.

City

DEMING

State

NM

Zip Code

88030-8504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11.10268609

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. SUSAN VALERIA BRUNOFF

Mailing Address 334 W. CEDAR STREET

City

NEW HOLLAND

State

PA

Zip Code

17557-1202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RET.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

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

Transaction ID: SA11.10270509

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN C. BURNHAM

Mailing Address 420 BIRCH ROAD

City

WEST FINLEY

State

PA

Zip Code

15377-2315

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	7

Transaction ID: SA11.10265454

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. JOHN C. BURNHAM

Mailing Address 420 BIRCH ROAD

City

WEST FINLEY

State

PA

Zip Code

15377-2315

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: SA11.10268100

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. FRANK CARTER

Mailing Address 8 WEST LAWN CIRCLE

City

LEMOYNE

State

PA

Zip Code

17043-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

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 / 1 0 / 2 0 0 7

Transaction ID: SA11.10267237

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

R. W. COBB

Mailing Address 336 EAST COCONUT PALM ROAD

City

BOCA RATON

State

FL

Zip Code

33432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RET.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: SA11.10270801

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

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 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MRS. ELIZABETH COCHRAN

Mailing Address 459 PASSAIC AVENUE
APARTMENT 306

City State Zip Code
WEST CALDWELL NJ 07006-7464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.10268574

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. IVA J. COLEY

Mailing Address 250 GRAFTON ROAD

City State Zip Code
LAUREL MS 39443-5765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 5 / 2 0 0 7

Transaction ID: SA11.10262657

Amount of Each Receipt this Period

70.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. IVA J. COLEY

Mailing Address 250 GRAFTON ROAD

City State Zip Code
LAUREL MS 39443-5765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: SA11.10265243

Amount of Each Receipt this Period

70.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

640.00

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 / 137

(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)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. PHILLIP A. COOKE

Mailing Address 17 EAST UNION STREET

City

BORDENTOWN

State

NJ

Zip Code

08505-2060

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	7

Transaction ID: SA11.10268207

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

J DOYLE CORMAN

Mailing Address 1230 SYLVAN CIRCLE

City

BELLEFONTE

State

PA

Zip Code

16823-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	7

Transaction ID: SA11.10268238

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. ZOE E. COULSON

Mailing Address 220 LOCUST STREET
APARTMENT 18B

City

PHILADELPHIA

State

PA

Zip Code

19106-3931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	0	7

Transaction ID: SA11.10267525

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MS. ZOE E. COULSON

Mailing Address 220 LOCUST STREET
APARTMENT 18B

City State Zip Code
PHILADELPHIA PA 19106-3931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.10270411

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT C. COWEN

Mailing Address 2756 INDIAN SPRINGS ROAD

City State Zip Code
MARIANNA FL 32446-6889

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11.10262913

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT C. COWEN

Mailing Address 2756 INDIAN SPRINGS ROAD

City State Zip Code
MARIANNA FL 32446-6889

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: SA11.10267948

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

250.00

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 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT C. COWEN

Mailing Address 2756 INDIAN SPRINGS ROAD

City

MARIANNA

State

FL

Zip Code

32446-6889

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: SA11.10270570

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. THOMAS E. CRETELLA

Mailing Address 12 ADNER DRIVE

City

MT. LAUREL

State

NJ

Zip Code

08054-3038

FEC ID number of contributing
federal political committee.

C

Name of Employer
HARBOR TECHNOLOGIES, INC.

Occupation

C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: SA11.10263490

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. MARJORIE DAVIS

Mailing Address 6 HUCKLEBERRY LN

City

AUGUSTA

State

ME

Zip Code

04330

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.10268645

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1100.00

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 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. STEPHEN R. DAY

Mailing Address 33 GLEN EAGLES DRIVE

City

LARCHMONT

State

NY

Zip Code

10538-1206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: SA11.10268125

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RICHARD M. DENNIS

Mailing Address 687 LAUREL DRIVE

City

WEST HEMPSTEAD

State

NY

Zip Code

11552-3426

FEC ID number of contributing
federal political committee.

C

Name of Employer
DENNIS ORGANIZATION INC.

Occupation

REAL ESTATE DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: SA11.10266095

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CHARLES P. DOLAN

Mailing Address 2 S. BRYN MAWR AVENUE

City

BRYN MAWR

State

PA

Zip Code

19010-3214

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: SA11.10264070

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

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 / 137

(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)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. CHARLES P. DOLAN

Mailing Address 2 S. BRYN MAWR AVENUE

City

BRYN MAWR

State

PA

Zip Code

19010-3214

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	0	7

Transaction ID: SA11.10267795

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. JUANITA D. DORROH

Mailing Address 676 VILLAGE CREST CIRCLE

City

BIRMINGHAM

State

AL

Zip Code

35226-4134

FEC ID number of contributing
federal political committee.

C

Name of Employer
DORROH HEATING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

SECRETARY

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	0	7

Transaction ID: SA11.10265775

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DIANE EBERT

Mailing Address 95 ASH ST

City

CRESSONA

State

PA

Zip Code

17929

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	7

Transaction ID: SA11.10270874

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MRS. DIANE R. EBERT

Mailing Address 95 ASH STREET

City

CRESSONA

State

PA

Zip Code

17929-1325

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

GENERAL PARTNER INSURANCE AGENCY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.10266900

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MARCUS EPPERSON

Mailing Address 1507 SADDLECREEK DRIVE

City

HOUSTON

State

TX

Zip Code

77090-2135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.10262822

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. STEVE FARLEY

Mailing Address 54 SUNSET DRIVE

City

PAOLI

State

PA

Zip Code

19301-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
I.B.M.

Occupation

SALESMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: SA11.10263829

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 24 / 137

(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)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. AUBREY H. FAULKNER

Mailing Address P. O. BOX 3334

City

LUBBOCK

State

TX

Zip Code

79452-3334

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	7

Transaction ID: SA11.10268157

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. PATRICIA A. FENSTER

Mailing Address 2 ISABELLA DRIVE

City

LONDONDERRY

State

NH

Zip Code

03053-3051

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: SA11.10262784

Amount of Each Receipt this Period

30.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. PATRICIA A. FENSTER

Mailing Address 2 ISABELLA DRIVE

City

LONDONDERRY

State

NH

Zip Code

03053-3051

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	0	7

Transaction ID: SA11.10264616

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MRS. PATRICIA A. FENSTER

Mailing Address 2 ISABELLA DRIVE

City

LONDONDERRY

State

NH

Zip Code

03053-3051

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: SA11.10268006

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. PATRICIA A. FENSTER

Mailing Address 2 ISABELLA DRIVE

City

LONDONDERRY

State

NH

Zip Code

03053-3051

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: SA11.10269632

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. PATRICIA A. FENSTER

Mailing Address 2 ISABELLA DRIVE

City

LONDONDERRY

State

NH

Zip Code

03053-3051

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: SA11.10270587

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 26 / 137

(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)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. DANIEL J. FISHER

Mailing Address 615 EAGLES VIEW

City

LANCASTER

State

PA

Zip Code

17601

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAJIK ENTERPRISES INT'L
INCOccupation
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	0	7

Transaction ID: SA11.10270907

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

REV. M. FRAZIER

Mailing Address 206 BEECH ST

City

EDGEWOOD

State

PA

Zip Code

15218

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENERAL CHURCH OF THE NEW
JERUSALEMOccupation
PRIEST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	5	/	2	0	0	7

Transaction ID: SA11.10270913

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. MARY E. GEHR

Mailing Address 518 FAIRVIEW WAY

City

SHAWANO

State

WI

Zip Code

54166-2232

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	3	/	2	0	0	7

Transaction ID: SA11.10262614

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 27 / 137

(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)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MRS. MARY E. GEHR

Mailing Address 518 FAIRVIEW WAY

City

SHAWANO

State

WI

Zip Code

54166-2232

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.10268042

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. MARY E. GEHR

Mailing Address 518 FAIRVIEW WAY

City

SHAWANO

State

WI

Zip Code

54166-2232

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.10270595

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. FRANK N. GENOVESE

Mailing Address 176 THE BRANCHES

City

KITTANNING

State

PA

Zip Code

16201-7537

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

SURGEON

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11.10268507

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MS. TERESA A. GERY

Mailing Address 1307 BELASCO AVENUE

City

PITTSBURGH

State

PA

Zip Code

15216-3347

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: SA11.10267722

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. TERESA A. GERY

Mailing Address 1307 BELASCO AVENUE

City

PITTSBURGH

State

PA

Zip Code

15216-3347

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 7

Transaction ID: SA11.10270479

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

RICHARD T. GREGG

Mailing Address 80 TROMIND DR

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.10270775

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. WALTER T. GRETH

Mailing Address 77 GELSINGER RD.

City

READING

State

PA

Zip Code

19608-1806

FEC ID number of contributing
federal political committee.

C

Name of Employer
GRETH HOMES

Occupation

BUILDER/DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: SA11.10267949

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WALTER T. GRETH

Mailing Address 77 GELSINGER RD.

City

READING

State

PA

Zip Code

19608-1806

FEC ID number of contributing
federal political committee.

C

Name of Employer
GRETH HOMES

Occupation

BUILDER/DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11.10270571

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. CAROLYN J. GRIFFITHS

Mailing Address 6467 W. DECKER ROAD

City

FRANKLIN

State

OH

Zip Code

45005-2839

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 7

Transaction ID: SA11.10267464

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

DR. DANIEL E. GRIFFIN

Mailing Address 1407 RAINSONG COVE N.

City

CORDOVA

State

TN

Zip Code

38016-6137

FEC ID number of contributing
federal political committee.

C

Name of Employer
GASTROINTECOLOGY CENTER
OF THE MID SOUTH

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.10267880

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. SHIRLEY E. GRIFFITHS

Mailing Address 2216 GRAFFIUS AVENUE EXT

City

PUNXSUTAWNEY

State

PA

Zip Code

15767-3916

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
RET.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 7

Transaction ID: SA11.10264887

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. SHIRLEY E. GRIFFITHS

Mailing Address 2216 GRAFFIUS AVENUE EXT

City

PUNXSUTAWNEY

State

PA

Zip Code

15767-3916

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
RET.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID: SA11.10267235

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 31 / 137

(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)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MS. SHIRLEY E. GRIFFITHS

Mailing Address 2216 GRAFFIUS AVENUE EXT

City

PUNXSUTAWNEY

State

PA

Zip Code

15767-3916

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RET.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	0	7

Transaction ID: SA11.10267440

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. SHIRLEY E. GRIFFITHS

Mailing Address 2216 GRAFFIUS AVENUE EXT

City

PUNXSUTAWNEY

State

PA

Zip Code

15767-3916

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RET.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	7

Transaction ID: SA11.10267740

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. SHIRLEY E. GRIFFITHS

Mailing Address 2216 GRAFFIUS AVENUE EXT

City

PUNXSUTAWNEY

State

PA

Zip Code

15767-3916

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RET.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	7

Transaction ID: SA11.10270489

Amount of Each Receipt this Period

70.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

220.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 32 / 137

(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)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. CLIFFORD N. HALL

Mailing Address 9047 DICKENSON ROAD

City

WINNEBAGO

State

IL

Zip Code

61088-8933

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	0	7

Transaction ID: SA11.10267758

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MICHAEL HANNUM

Mailing Address 14 LANGE COURT

City

MULLICA HILL

State

NJ

Zip Code

08062-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAMPBELLS EXPRESS

Occupation

C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	7

Transaction ID: SA11.10267862

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MICHAEL J. HANNUM

Mailing Address 14 LANGE CT

City

MULLICA HILL

State

NJ

Zip Code

08062

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.10270773

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

DR. ALBERT C. HEINLEIN, PH.D.

Mailing Address 1237 CHELTON DRIVE

City

KENT

State

OH

Zip Code

44240

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: SA11.10268257

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MICHAEL HERNANDEZ

Mailing Address 7911 SPRING HILL STREET

City

CHINO

State

CA

Zip Code

91708-7621

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAMINO REAL CHEVROLET

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

GENERAL MANAGER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: SA11.10264291

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. FRANK HOENEMEYER

Mailing Address 97 CAPTAINS WALK

City

NORTH CHATHAM

State

MA

Zip Code

02650-2710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 5 / 2 0 0 7

Transaction ID: SA11.10262693

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 34 / 137

(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)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. STEVEN A. HOLLIS

Mailing Address 6537 DYKES WAY

City

DALLAS

State

TX

Zip Code

75230-1929

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	0	7

Transaction ID: SA11.10263250

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. BRUCE H. HOOPER

Mailing Address 412 INVERARAY ROAD

City

VILLANOVA

State

PA

Zip Code

19085-1138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	7

Transaction ID: SA11.10270886

Amount of Each Receipt this Period

600.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JAY HORNING

Mailing Address 405 W. METZLER ROAD

City

EPHRATA

State

PA

Zip Code

17522-8707

FEC ID number of contributing
federal political committee.

C

Name of Employer
GALL LAMINATING COMPANY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	7

Transaction ID: SA11.10266475

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

JEANNE JAFFE, M.D.

Mailing Address 16 APACHE RD

City

WAYNE

State

NJ

Zip Code

07470-4902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RET.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.10270858

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. MAY E. JANUARY

Mailing Address 1084 TORREY PINES ROAD

City

CHULA VISTA

State

CA

Zip Code

91915-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 5 / 2 0 0 7

Transaction ID: SA11.10262716

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOSEPH S. KEELTY

Mailing Address 1011 WINDING WAY

City

BALTIMORE

State

MD

Zip Code

21210-1232

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

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 6 / 2 0 0 7

Transaction ID: SA11.10267866

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. THOMAS J. KELLOGG

Mailing Address 1776 S. JACKSON STREET

City

DENVER

State

CO

Zip Code

80210-3801

FEC ID number of contributing
federal political committee.

C

Name of Employer
WESTVIEW INVESTORS

Occupation

OFFICE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: SA11.10264968

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. KENNETH KENDALL

Mailing Address 3875 SUMMER GROVE WAY N.

City

JACKSONVILLE

State

FL

Zip Code

32257-8878

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 3 / 2 0 0 7

Transaction ID: SA11.10262605

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. KENNETH KENDALL

Mailing Address 3875 SUMMER GROVE WAY N.

City

JACKSONVILLE

State

FL

Zip Code

32257-8878

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: SA11.10268560

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 37 / 137

(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)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. KENNETH KENDALL

Mailing Address 3875 SUMMER GROVE WAY N.

City

JACKSONVILLE

State

FL

Zip Code

32257-8878

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	7

Transaction ID: SA11.10270549

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. JOY A. KENNEDY

Mailing Address 113 KEITHWOOD DRIVE

City

VALENCIA

State

PA

Zip Code

16059-2543

FEC ID number of contributing
federal political committee.

C

Name of Employer
MINE SAFETY APPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PRODUCTION TECHNICIAN

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	9	/	2	0	0	7

Transaction ID: SA11.10264987

Amount of Each Receipt this Period

120.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. ELIZABETH C. KESTER

Mailing Address 1 W. VIRGINIA AVENUE

City

WEST CHESTER

State

PA

Zip Code

19380-2314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11.10262883

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

370.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MS. MARY M. KOESSLER

Mailing Address S6122 OLD LAKE SHORE ROAD

City

LAKE VIEW

State

NY

Zip Code

14085-9547

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: SA11.10267928

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. FREDERICK KOZAKOVSKY

Mailing Address 3074 CHERRYTREE TROAD

City

COOPERSTOWN

State

PA

Zip Code

16317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: SA11.10263188

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. FREDERICK KOZAKOVSKY

Mailing Address 3074 CHERRYTREE TROAD

City

COOPERSTOWN

State

PA

Zip Code

16317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: SA11.10267822

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 39 / 137

(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)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. RONALD A. KRANCER

Mailing Address 1142 BRYNLLAWN ROAD

City

VILLANOVA

State

PA

Zip Code

19085-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	7

Transaction ID: SA11.10270881

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DALLAS L. KRAPF

Mailing Address 407 JACOBS COURT

City

EXTON

State

PA

Zip Code

19341-2343

FEC ID number of contributing
federal political committee.

C

Name of Employer
KRAPF BUS COMPANIES

Occupation

BUS TRANSPORTATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	0	7

Transaction ID: SA11.10267559

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RICHARD KURTZ

Mailing Address 1 WINDWARD WAY

City

CAPE ELIZABETH

State

ME

Zip Code

04107-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	0	7

Transaction ID: SA11.10267959

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5450.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 40 / 137

(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)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. FRANCIS P. LEHAR

Mailing Address P.O. BOX 1482

City

MANCHESTER

State

MA

Zip Code

01944-1507

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	0	7

Transaction ID: SA11.10268470

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. DOROTHY LENORE

Mailing Address 11137 VALLEY LIGHTS DRIVE

City

EL CAJON

State

CA

Zip Code

92020-8266

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	0	7

Transaction ID: SA11.10265804

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

RITA LOHRENKRY

Mailing Address 8365 INDIAN HILL RD

City

MANLIUS

State

NY

Zip Code

13104

FEC ID number of contributing
federal political committee.

C

Name of Employer
MFC CO.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ACCOUNTANT

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.10270774

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 41 / 137

(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)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MS. MARIANNE C. LONG

Mailing Address 1015 WILDER WAY

City

TYLER

State

TX

Zip Code

75703-9383

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	7

Transaction ID: SA11.10267943

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. KATHLEEN M. LUND

Mailing Address 1285 CLUBHOUSE DRIVE

City

PASADENA

State

CA

Zip Code

91105-2728

FEC ID number of contributing
federal political committee.**C**Name of Employer
ALLEN LUND COMPANY, INC.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

EXECUTIVE

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	7

Transaction ID: SA11.10267907

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. LETTY G. LUTZKER

Mailing Address 408 S. 2ND STREET

City

BANGOR

State

PA

Zip Code

18013-2514

FEC ID number of contributing
federal political committee.**C**Name of Employer
IMAGING CONSULTANTS OF ES-
SEX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	7

Transaction ID: SA11.10270888

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MS. PAULA Z. MAHAN

Mailing Address 4155 COSTERO RISCO

City

SAN CLEMENTE

State

CA

Zip Code

92673-6408

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 0 7

Transaction ID: SA11.10263801

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. JULIE M. MATTHEWS

Mailing Address 144 MAIN STREET

City

KENNERDELL

State

PA

Zip Code

16374-3514

FEC ID number of contributing
federal political committee.

C

Name of Employer
GROVE CITY MEDICAL CENTER

Occupation

MEDICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: SA11.10265823

Amount of Each Receipt this Period

120.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. JULIE M. MATTHEWS

Mailing Address 144 MAIN STREET

City

KENNERDELL

State

PA

Zip Code

16374-3514

FEC ID number of contributing
federal political committee.

C

Name of Employer
GROVE CITY MEDICAL CENTER

Occupation

MEDICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: SA11.10268008

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

470.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. PORTER F. MAY

Mailing Address 7 BROOKMONT DRIVE

City

MALVERN

State

PA

Zip Code

19355-3115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 7

Transaction ID: SA11.10267573

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. PORTER F. MAY

Mailing Address 7 BROOKMONT DRIVE

City

MALVERN

State

PA

Zip Code

19355-3115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.10270419

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JAMES J. MCCAHL

Mailing Address 3115 SEIGNEURY DRIVE

City

WINDERMERE

State

FL

Zip Code

34786-8354

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST. JAMES INSURANCE GROUP

Occupation

INSURANCE BUSINESSOWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11.10269716

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 44 / 137

(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)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MRS. D. EVELYN MCCLANAHAN

Mailing Address 160 CERRO CREST DRIVE

City

NOVATO

State

CA

Zip Code

94945-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	0	7

Transaction ID: SA11.10266437

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. LELAND C. MCGILL

Mailing Address 4245 EE 46TH AVENUE

City

DENVER

State

CO

Zip Code

80216

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	0	7

Transaction ID: SA11.10263192

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN W. MCGONIGLE

Mailing Address 9739 NIBLICK LANE
BAY COLONY ESTATES

City

NAPLES

State

FL

Zip Code

34108-1925

FEC ID number of contributing
federal political committee.

C

Name of Employer
FEDERATED INVESTORS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ATTORNEY

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	7

Transaction ID: SA11.10268789

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 45 / 137

(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)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. JOSEPH T. MCGRATH

Mailing Address 800 MAXWELL PLACE

City

LANSDALE

State

PA

Zip Code

19446-5521

FEC ID number of contributing
federal political committee.

C

Name of Employer
USERS INC.

Occupation

PURCHASING MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	0	7

Transaction ID: SA11.10265060

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOSEPH T. MCGRATH

Mailing Address 800 MAXWELL PLACE

City

LANSDALE

State

PA

Zip Code

19446-5521

FEC ID number of contributing
federal political committee.

C

Name of Employer
USERS INC.

Occupation

PURCHASING MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.10270420

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. THOMAS L. MCGRATH

Mailing Address 2150 JEFFERSON LANE

City

HUNTINGDON VALLEY

State

PA

Zip Code

19006-6040

FEC ID number of contributing
federal political committee.

C

Name of Employer
MCBRICK COMPANY

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	7

Transaction ID: SA11.10270887

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5200.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 46 / 137

(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)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MS. MARLENE T. MCKAY

Mailing Address 45 CANTON AVENUE

City

WASHINGTON

State

PA

Zip Code

15301-5506

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	0	7

Transaction ID: SA11.10267700

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN J. MCTEAR

Mailing Address 991 MAULE LANE

City

WEST CHESTER

State

PA

Zip Code

19382-5278

FEC ID number of contributing
federal political committee.

C

Name of Employer
GLES, INC.

Occupation

C.F.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	7

Transaction ID: SA11.10263007

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN J. MCTEAR

Mailing Address 991 MAULE LANE

City

WEST CHESTER

State

PA

Zip Code

19382-5278

FEC ID number of contributing
federal political committee.

C

Name of Employer
GLES, INC.

Occupation

C.F.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.10268928

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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 47 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

DR. DOUGLAS F. MEGILL, M.D.

Mailing Address 310 W 5TH AVE

City

WARREN

State

PA

Zip Code

16365-1708

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: SA11.10268467

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. DORIS MILLER

Mailing Address 29 EDGEWOOD DRIVE

City

MIFFLIN

State

PA

Zip Code

17058-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 7

Transaction ID: SA11.10266688

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. DORIS MILLER

Mailing Address 29 EDGEWOOD DRIVE

City

MIFFLIN

State

PA

Zip Code

17058-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: SA11.10267724

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. MARTIN MILLER

Mailing Address 780 AMARYLLIS AVENUE

City

ORADELL

State

NJ

Zip Code

07649-1457

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: SA11.10265144

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MARTIN MILLER

Mailing Address 780 AMARYLLIS AVENUE

City

ORADELL

State

NJ

Zip Code

07649-1457

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11.10267899

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MARC D. MILLER

Mailing Address 838 SUMMIT RD.

City

PENN VALLEY

State

PA

Zip Code

19072-1323

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSAL HEALTH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

VICE PRESIDENT

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: SA11.10267681

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. HOWARD S. MITNICK

Mailing Address 65 MADISON AVE.

City

MORRISTOWN

State

NJ

Zip Code

07960-7354

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.10270615

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MORRIS MONESSON

Mailing Address P.O. BOX 338

City

FREDERICK

State

MD

Zip Code

21705-0338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
RET.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: SA11.10267834

Amount of Each Receipt this Period

180.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MORRIS MONESSON

Mailing Address P.O. BOX 338

City

FREDERICK

State

MD

Zip Code

21705-0338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
RET.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11.10270522

Amount of Each Receipt this Period

180.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

610.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. PETER B. MULLONEY

Mailing Address 213 GRANDVIEW AVENUE

City

PITTSBURGH

State

PA

Zip Code

15211-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 6 / 2 0 0 7

Transaction ID: SA11.10265616

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. PETER B. MULLONEY

Mailing Address 213 GRANDVIEW AVENUE

City

PITTSBURGH

State

PA

Zip Code

15211-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11.10270894

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. MARY O. MURDY

Mailing Address P.O. BOX 237

City

FARMINGTON

State

PA

Zip Code

15437-0237

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 6 / 2 0 0 7

Transaction ID: SA11.10263718

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 51 / 137

(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)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MRS. MARY O. MURDY

Mailing Address P.O. BOX 237

City

FARMINGTON

State

PA

Zip Code

15437-0237

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11.10267583

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. KARL NOELL

Mailing Address 630 GREENBRIAR RD

City

LAFAYETTE

State

LA

Zip Code

70503-3408

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	7

Transaction ID: SA11.10268203

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. PATRICIA O BRIEN

Mailing Address 535 E. 86TH STREET

City

NEW YORK

State

NY

Zip Code

10028-7533

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.10268756

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MRS. SHERRY OGRODNIJK

Mailing Address 7155 FAIRGROUND BLVD.

City

CANFIELD

State

OH

Zip Code

44406-1584

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 7

Transaction ID: SA11.10266735

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. NELSON OLF

Mailing Address 2736 MAGNOLIA WAY

City

FOREST GROVE

State

OR

Zip Code

97116-1251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 6 / 2 0 0 7

Transaction ID: SA11.10265714

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. PATRICIA ANN OLSON

Mailing Address 293 LYNN ANN DRIVE

City

NEW KENSINGTON

State

PA

Zip Code

15068-8336

FEC ID number of contributing
federal political committee.

C

Name of Employer
SHAW ENVIROMENT

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: SA11.10263149

Amount of Each Receipt this Period

60.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

460.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MRS. PATRICIA ANN OLSON

Mailing Address 293 LYNN ANN DRIVE

City

NEW KENSINGTON

State

PA

Zip Code

15068-8336

FEC ID number of contributing
federal political committee.

C

Name of Employer
SHAW ENVIROMENT

Occupation
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: SA11.10266028

Amount of Each Receipt this Period

60.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. PATRICIA ANN OLSON

Mailing Address 293 LYNN ANN DRIVE

City

NEW KENSINGTON

State

PA

Zip Code

15068-8336

FEC ID number of contributing
federal political committee.

C

Name of Employer
SHAW ENVIROMENT

Occupation
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11.10267906

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN OLSZEWSKI

Mailing Address 6740 HARLEY STREET

City

PHILADELPHIA

State

PA

Zip Code

19142-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer
IRS

Occupation
DATATRANScriber

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: SA11.10267726

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. JOHN OLSZEWSKI

Mailing Address 6740 HARLEY STREET

City

PHILADELPHIA

State

PA

Zip Code

19142-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer
IRS

Occupation

DATATRANScriBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.10270481

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

FATHER WILLIAM T. OVSAK

Mailing Address 720 5TH STREET

City

BRECKENRIDGE

State

MN

Zip Code

56520-0290

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: SA11.10267682

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. SUZANNE A. PALMER

Mailing Address 108 SOUTH 300TH PLACE

City

FEDERAL WAY

State

WA

Zip Code

98003-4310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11.10268528

Amount of Each Receipt this Period

800.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 55 / 137

(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)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MS. KAY G. POITRAS

Mailing Address 27 LAKE HAMILTON BEACH

City

HAINES CITY

State

FL

Zip Code

33844-8698

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	7

Transaction ID: SA11.10266100

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. THOMAS S. POPE

Mailing Address 1226 GOODWIN AVENUE

City

CHARLOTTE

State

NC

Zip Code

28205-6241

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	0	7

Transaction ID: SA11.10268186

Amount of Each Receipt this Period

2.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. KATHERINE PRYOR

Mailing Address 544 INNSBRUCK AVE.

City

GREAT FALLS

State

VA

Zip Code

22066-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

HOMEMAKER

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11.10267272

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2302.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

JOHN G. RANGOS, JR.

Mailing Address 1 TRIMONT LANE

City

PITTSBURGH

State

PA

Zip Code

15211-1252

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHAMBERS DEVELOPMENT

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: SA11.10268432

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

JOHN G. RANGOS, JR.

Mailing Address 1 TRIMONT LANE

City

PITTSBURGH

State

PA

Zip Code

15211-1252

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHAMBERS DEVELOPMENT

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: SA11.10268432a

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

RE-ATTRIBUTION REQUESTED

C.

Full Name (Last, First, Middle Initial)

MR. WILLIAM D. RANKIN

Mailing Address 220 N. DITHRIDGE STREET

City

PITTSBURGH

State

PA

Zip Code

15213-1464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: SA11.10267589

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 57 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MRS. FREDICA RHOADES

Mailing Address 5400 HIGHWAY 17

City

SUMMERSVILLE

State

MO

Zip Code

65571-8247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 7

Transaction ID: SA11.10266614

Amount of Each Receipt this Period

275.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. FREDICA RHOADES

Mailing Address 5400 HIGHWAY 17

City

SUMMERSVILLE

State

MO

Zip Code

65571-8247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: SA11.10268190

Amount of Each Receipt this Period

225.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. EDWARD E. RIECK

Mailing Address 622 BERKSHIRE DRIVE

City

PITTSBURGH

State

PA

Zip Code

15215-1502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: SA11.10267592

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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 58 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT C. ROBB, JR.

Mailing Address ONE PLYMOUTH MEETING
SUITE 425

City State Zip Code
PLYMOUTH MEETING PA 19462-1326

FEC ID number of contributing
federal political committee.

C

Name of Employer
LEWIS, ECKERT, ROBB & CO.

Occupation
FINANCIAL CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2007

Transaction ID: SA11.10270885

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES C. RODDEY

Mailing Address 1413 OAK STREET

City State Zip Code
OAKMONT PA 15139-1013

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
12 / 18 / 2007

Transaction ID: SA11.10270896

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. STEVEN A. RODMAN

Mailing Address 2700 TURNBERRY DRIVE

City State Zip Code
MARION IL 62959-5227

FEC ID number of contributing
federal political committee.

C

Name of Employer
AASI

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2007

Transaction ID: SA11.10263270

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MRS. RICHARD D. ROSENFELD

Mailing Address 826 CHEVY CHASE CIRCLE

City

SUGAR LAND

State

TX

Zip Code

77478-4011

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2007

Transaction ID: SA11.10263881

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. RICHARD D. ROSENFELD

Mailing Address 826 CHEVY CHASE CIRCLE

City

SUGAR LAND

State

TX

Zip Code

77478-4011

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2007

Transaction ID: SA11.10268103

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. SHIRLEY ROWOLD

Mailing Address P.O. BOX 447

City

BROWNSBORO

State

TX

Zip Code

75756-0447

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 05 / 2007

Transaction ID: SA11.10262648

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MRS. SHIRLEY ROWOLD

Mailing Address P.O. BOX 447

City

BROWNSBORO

State

TX

Zip Code

75756-0447

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: SA11.10267944

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RONALD A. RUST

Mailing Address 7 WIRT STREET NW

City

LEESBURG

State

VA

Zip Code

20176-2808

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PRIVATE INVESTOR

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: SA11.10263272

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. BRUCE SAMSON

Mailing Address 3203 BAYSHORE BLVD.
UNIT 602

City

TAMPA

State

FL

Zip Code

33629-1710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 6 / 2 0 0 7

Transaction ID: SA11.10265614

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 61 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. CHARLES SANDERS

Mailing Address 9120 SOUTHWICK STREET

City

FAIRFAX

State

VA

Zip Code

22031-3847

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: SA11.10267696

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CHARLES SANDERS

Mailing Address 9120 SOUTHWICK STREET

City

FAIRFAX

State

VA

Zip Code

22031-3847

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11.10270469

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN T. SASSO

Mailing Address 1129 FOREST HILL DRIVE

City

GWYNEDD VALLEY

State

PA

Zip Code

19437

FEC ID number of contributing
federal political committee.

C

Name of Employer
ADVANCED MEDICAL SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PRESIDENT & CHAIRMAN

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 7

Transaction ID: SA11.10270880

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 62 / 137

(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)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT W. SCHNEEBECK

Mailing Address P.O. BOX 2038

City

ENGLEWOOD

State

FL

Zip Code

34295-2038

FEC ID number of contributing
federal political committee.

C

Name of Employer
STRATEGIC PROGRAM MANAGEM-
ENT

Occupation

INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	7

Transaction ID: SA11.10267991

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT W. SCHNEEBECK

Mailing Address P.O. BOX 2038

City

ENGLEWOOD

State

FL

Zip Code

34295-2038

FEC ID number of contributing
federal political committee.

C

Name of Employer
STRATEGIC PROGRAM MANAGEM-
ENT

Occupation

INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11.10270583

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DON SCIFVES

Mailing Address 26700 PALO HILLS DR.

City

LOS ALTOS

State

CA

Zip Code

94022

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	7

Transaction ID: SA11.10270802

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5450.00

TOTAL This Period (last page this line number only)

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

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for each category of the
Detailed Summary Page

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(check only one)

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

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MS. CAROLYN H. SEIDLE

Mailing Address 20 STURBRIDGE LANE

City

CHESTERBROOK

State

PA

Zip Code

19087-5800

FEC ID number of contributing
federal political committee.

C

Name of Employer
VERTEX

Occupation
EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: SA11.10265963

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. CAROLYN H. SEIDLE

Mailing Address 20 STURBRIDGE LANE

City

CHESTERBROOK

State

PA

Zip Code

19087-5800

FEC ID number of contributing
federal political committee.

C

Name of Employer
VERTEX

Occupation
EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11.10268492

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. JANICE E. SHALLENBURG

Mailing Address 140 WINDSOR PARK DRIVE
APARTMENT E301

City

CAROL STREAM

State

IL

Zip Code

60188-4113

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: SA11.10267741

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

America's Foundation

A.

Full Name (Last, First, Middle Initial)

DR. M.E. SHUCK

Mailing Address 930 JARNIGAN AVE

City

MORRISTOWN

State

TN

Zip Code

37813

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

VETERINARIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 7

Transaction ID: SA11.10268299

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RONALD G. SIDOVAR

Mailing Address P.O. BOX 190

City

HAMLIN

State

PA

Zip Code

18427-0190

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: SA11.10265146

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RONALD G. SIDOVAR

Mailing Address P.O. BOX 190

City

HAMLIN

State

PA

Zip Code

18427-0190

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 7

Transaction ID: SA11.10266641

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. PAUL SINGER

Mailing Address 1708 LOCUST STREET

City

PHILADELPHIA

State

PA

Zip Code

19103-6107

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: SA11.10268139

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DANIEL SMITH

Mailing Address 7 WOODBINE ROAD

City

FLORHAM PARK

State

NJ

Zip Code

07932-2649

FEC ID number of contributing
federal political committee.

C

Name of Employer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RET.

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 0 7

Transaction ID: SA11.10264607

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DANIEL SMITH

Mailing Address 7 WOODBINE ROAD

City

FLORHAM PARK

State

NJ

Zip Code

07932-2649

FEC ID number of contributing
federal political committee.

C

Name of Employer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RET.

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11.10267868

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 66 / 137

(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)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. DANIEL SMITH

Mailing Address 7 WOODBINE ROAD

City

FLORHAM PARK

State

NJ

Zip Code

07932-2649

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RET.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11.10270539

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. CAROLYN SNYDER

Mailing Address 2294 MANISTIQUE LAKES DRIVE

City

LEBANON

State

OH

Zip Code

45036-8979

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.10262840

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. CAROLYN SNYDER

Mailing Address 2294 MANISTIQUE LAKES DRIVE

City

LEBANON

State

OH

Zip Code

45036-8979

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	7

Transaction ID: SA11.10268061

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MRS. CAROLYN SNYDER

Mailing Address 2294 MANISTIQUE LAKES DRIVE

City

LEBANON

State

OH

Zip Code

45036-8979

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.10270604

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

ANDREW J. SORDONI

Mailing Address 15 PUBLIC SQ STE 201

City

WILKES BARRE

State

PA

Zip Code

18701

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.10270772

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. CHARLENE SPRANKEL

Mailing Address 120 FENWAY DRIVE

City

DECATUR

State

IL

Zip Code

62521-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 7

Transaction ID: SA11.10262537

Amount of Each Receipt this Period

170.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1320.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MS. CHARLENE SPRANKEL

Mailing Address 120 FENWAY DRIVE

City

DECATUR

State

IL

Zip Code

62521-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: SA11.10268038

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. PHILIP H. STANTON

Mailing Address P.O. BOX 2127

City

SPOKANE

State

WA

Zip Code

99210-2127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 3 / 2 0 0 7

Transaction ID: SA11.10262611

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. PETER N. STEPHANS

Mailing Address 601 TROTWOOD CIRCLE

City

PITTSBURGH

State

PA

Zip Code

15241-2201

FEC ID number of contributing
federal political committee.

C

Name of Employer
TRIGON INC.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11.10270890

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

6050.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 69 / 137

(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)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

ANNE J. STOUFFER

Mailing Address 4219 GARDNER RD.

City

METAMORA

State

MI

Zip Code

48455

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RET.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	3	/	2	0	0	7

Transaction ID: SA11.10269037

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. GEORGE STRAWBRIDGE, JR.

Mailing Address 3801 KENNETT PIKE
STE B100

City

WILMINGTON

State

DE

Zip Code

19807-2317

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

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	6	/	2	0	0	7

Transaction ID: SA11.10267605

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. DAVID B. STUHLREHER

Mailing Address 3228 HEDBACK WAY

City

INDIANAPOLIS

State

IN

Zip Code

46220-7711

FEC ID number of contributing
federal political committee.

C

Name of Employer
UROLOGIST

Occupation

UROLOGY OF INDIANA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	0	7

Transaction ID: SA11.10264627

Amount of Each Receipt this Period

125.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1425.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 70 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

DR. DAVID B. STUHLREHER

Mailing Address 3228 HEDBACK WAY

City

INDIANAPOLIS

State

IN

Zip Code

46220-7711

FEC ID number of contributing
federal political committee.

C

Name of Employer
UROLOGIST

Occupation

UROLOGY OF INDIANA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 0 7

Transaction ID: SA11.10270639

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. PAULINE C. TAKAHASHI

Mailing Address 1704 BRIDGE STREET

City

LOS ANGELES

State

CA

Zip Code

90033-1625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.10262970

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WILSON H. TAYLOR

Mailing Address 1732 KIMBERTON RD.

City

PHOENIXVILLE

State

PA

Zip Code

19460-1627

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RET.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: SA11.10270433

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

DR. JOHN M. TEMPLETON, JR.

Mailing Address 601 PEMBROKE ROAD

City

BRYN MAWR

State

PA

Zip Code

19010-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. TEMPLETON FOUNDATION

Occupation

PRESIDENT

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 / 0 1 / 2 0 0 7

Transaction ID: SA11.10270968

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOSEPHINE J. TEMPLETON

Mailing Address 601 PEMBROKE ROAD

City

BRYN MAWR

State

PA

Zip Code

19010-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

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 / 0 1 / 2 0 0 7

Transaction ID: SA11.10270967

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. DOROTHY E. THOMAS

Mailing Address 1311 NORTHGATE DRIVE

City

OPELIKA

State

AL

Zip Code

36801-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: SA11.10266320

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MS. DOROTHY E. THOMAS

Mailing Address 1311 NORTHGATE DRIVE

City

OPELIKA

State

AL

Zip Code

36801-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11.10268071

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. LAURA G. TIMMIS

Mailing Address 2950 FORT CHARLES DRIVE

City

NAPLES

State

FL

Zip Code

34102-7921

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11.10269002

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. JOYCE M. TRAINOR

Mailing Address 318 N. LAKE ROAD
UNIT 501

City

OCONOMOWOC

State

WI

Zip Code

53066-8621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: SA11.10265038

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 73 / 137

(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)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT L. TREANOR

Mailing Address 3579 FISKE TERRACE

City

SILVER SPRING

State

MD

Zip Code

20906-1764

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	7

Transaction ID: SA11.10265317

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

KENNETH URISH

Mailing Address 19 GREEN BRIER DR.

City

ALLISON PARK

State

PA

Zip Code

15101-1600

FEC ID number of contributing
federal political committee.

C

Name of Employer

URISH POPECK

Occupation

CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	7

Transaction ID: SA11.10270893

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. DAVID VANGURA

Mailing Address 280 TOURAINE ROAD

City

GROSSE POINTE FARM

State

MI

Zip Code

48236-3309

FEC ID number of contributing
federal political committee.

C

Name of Employer
HENRY FORD HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.10262819

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2550.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 74 / 137

(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)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

DR. CHARLES E. VIRGIN

Mailing Address 2700 S.W. 3RD AVENUE
SUITE 1B

City

MIAMI

State

FL

Zip Code

33129-2318

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	0	7

Transaction ID: SA11.10263258

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. JEAN C. WALKER

Mailing Address F302 LIMA ESTATES

City

MEDIA

State

PA

Zip Code

19063-4422

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.10268332

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DANIEL WALSH

Mailing Address 4 N. 32ND AVENUE

City

LONGPORT

State

NJ

Zip Code

08403-1524

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDIMMUNE, INC.

Occupation

PROJECT MANAGER / ENGINEER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	7

Transaction ID: SA11.10264106

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 75 / 137

(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)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. DANIEL WALSH

Mailing Address 4 N. 32ND AVENUE

City

LONGPORT

State

NJ

Zip Code

08403-1524

FEC ID number of contributing
federal political committee.**C**Name of Employer
MEDIMMUNE, INC.

Occupation

PROJECT MANAGER / ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	0	7

Transaction ID: SA11.10266190

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. J RICHARD WARFEL

Mailing Address 2001 HARRISBURG PIKE

City

LANCASTER

State

PA

Zip Code

17601-2641

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	0	7

Transaction ID: SA11.10268469

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. JUDITH WARREN

Mailing Address 8 SANTA FE PLACE

City

SAFFORD

State

AZ

Zip Code

85546-3737

FEC ID number of contributing
federal political committee.**C**Name of Employer
MT. GRAHAM REGIONAL MEDIC-
AL CENTER

Occupation

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	8	/	2	0	0	7

Transaction ID: SA11.10263158

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MRS. JUDITH WARREN

Mailing Address 8 SANTA FE PLACE

City

SAFFORD

State

AZ

Zip Code

85546-3737

FEC ID number of contributing
federal political committee.

C

Name of Employer

MT. GRAHAM REGIONAL MEDIC-
AL CENTER

Occupation

REGISTERED NURSE

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: SA11.10266040

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT D. WELCHLI

Mailing Address 348 PROVENCAL ROAD

City

GROSSE POINTE FARM

State

MI

Zip Code

48236-2959

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RET.

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.10270551

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. TONIA WHEELER

Mailing Address 376 DEVON COURT

City

VALPARAISO

State

IN

Zip Code

46385-7705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: SA11.10265758

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MRS. VIRGINIA M. WILSON

Mailing Address 5754 HORNSHILL ROAD N.E.

City

NEWARK

State

OH

Zip Code

43055-9637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: SA11.10263020

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. VIRGINIA M. WILSON

Mailing Address 5754 HORNSHILL ROAD N.E.

City

NEWARK

State

OH

Zip Code

43055-9637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 7

Transaction ID: SA11.10265358

Amount of Each Receipt this Period

30.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GEORGE W. WINDOLPH

Mailing Address R.R. 1 BOX 559

City

MUNCY VALLEY

State

PA

Zip Code

17758-9761

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.10267663

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 78 / 137

(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)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MS. JEANETTE F. YANDOW

Mailing Address 1133 LONG POND ROAD

City

ROCHESTER

State

NY

Zip Code

14626-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

270.29

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	7	/	2	0	0	7

Transaction ID: SA11.10266376

Amount of Each Receipt this Period

120.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. JEANETTE F. YANDOW

Mailing Address 1133 LONG POND ROAD

City

ROCHESTER

State

NY

Zip Code

14626-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

270.29

Date of Receipt

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

Transaction ID: SA11.10268587

Amount of Each Receipt this Period

150.29

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. ROSALIE M.C. YAP

Mailing Address 3510 TURTLE CREEK BLVD.
APARTMENT 15D

City

DALLAS

State

TX

Zip Code

75219-5542

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	0	7

Transaction ID: SA11.10263400

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

470.29

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 79 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MRS. ROSALIE M.C. YAP

Mailing Address 3510 TURTLE CREEK BLVD.
APARTMENT 15D

City State Zip Code
DALLAS TX 75219-5542

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 0 / 2 0 0 7

Transaction ID: SA11.10266494

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN I. YKEMA

Mailing Address 1343 W. BALTIMORE PIKE
APARTMENT E-418

City State Zip Code
MEDIA PA 19063-5519

FEC ID number of contributing
federal political committee.

C

Name of Employer
S.P.D. TECHNOLOGIES

Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.10266862

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN I. YKEMA

Mailing Address 1343 W. BALTIMORE PIKE
APARTMENT E-418

City State Zip Code
MEDIA PA 19063-5519

FEC ID number of contributing
federal political committee.

C

Name of Employer
S.P.D. TECHNOLOGIES

Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11.10270605

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 80 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MRS. HARRIET M. YOUNG

Mailing Address 81910 ARUS AVENUE

City

INDIO

State

CA

Zip Code

92201-7739

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: SA11.10268021

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. HARRIET M. YOUNG

Mailing Address 81910 ARUS AVENUE

City

INDIO

State

CA

Zip Code

92201-7739

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.10268819

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DARIUS ZAMPEDRI

Mailing Address 130 LAKEWOOD DRIVE

City

MILFORD

State

PA

Zip Code

18337-7727

FEC ID number of contributing
federal political committee.

C

Name of Employer
XEROX CORPORATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

SENIOR TECHNICIAN REPRESENTATIVE

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: SA11.10263185

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1100.00

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 81 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. DARIUS ZAMPEDRI

Mailing Address 130 LAKEWOOD DRIVE

City

MILFORD

State

PA

Zip Code

18337-7727

FEC ID number of contributing
federal political committee.

C

Name of Employer
XEROX CORPORATION

Occupation

SENIOR TECHNICIAN REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: SA11.10266137

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DARIUS ZAMPEDRI

Mailing Address 130 LAKEWOOD DRIVE

City

MILFORD

State

PA

Zip Code

18337-7727

FEC ID number of contributing
federal political committee.

C

Name of Employer
XEROX CORPORATION

Occupation

SENIOR TECHNICIAN REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: SA11.10267614

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DARIUS ZAMPEDRI

Mailing Address 130 LAKEWOOD DRIVE

City

MILFORD

State

PA

Zip Code

18337-7727

FEC ID number of contributing
federal political committee.

C

Name of Employer
XEROX CORPORATION

Occupation

SENIOR TECHNICIAN REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.10270441

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 82 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

MR. RICHARD A. ZAPPALA

Mailing Address 8 MEADOWOOD LN

City

PITTSBURGH

State

PA

Zip Code

15215-1843

FEC ID number of contributing
federal political committee.

C

Name of Employer
FIRST CITY COMPANY

Occupation

EXECUTIVE

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 2 / 1 8 / 2 0 0 7

Transaction ID: SA11.10270892

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

T.U.F. ENTERPRISES

Mailing Address ONE 21ST STREET

City

PITTSBURGH

State

PA

Zip Code

15222-4435

FEC ID number of contributing
federal political committee.

C

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 2 / 1 8 / 2 0 0 7

Transaction ID: SA11.10270898

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ALAN L. SIGER

Mailing Address ONE 21ST STREET

City

PITTSBURGH

State

PA

Zip Code

15222-4435

FEC ID number of contributing
federal political committee.

C

Name of Employer
CONSUMERS PRODUCE

Occupation

PRESIDENT

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 2 / 1 8 / 2 0 0 7

Transaction ID: SA11.10270900

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

117037.29

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

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

FOR LINE NUMBER: PAGE 83 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

FAMILY PAC

Mailing Address 1001 LIBERTY AVENUE
SUITE 850

City State Zip Code
PITTSBURGH PA 15222-3030

FEC ID number of contributing
federal political committee.

C C00336842

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 2 / 1 8 / 2 0 0 7

Transaction ID: SA11.10270897

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

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

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

FOR LINE NUMBER: PAGE 84 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

Conrad Direct, Inc.

Mailing Address 300 Knickerbocker Road

City

State

Zip Code

CR

000NJ-7626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 10006

Amount of Each Receipt this Period

2542.28

Postage Refund

B.

Full Name (Last, First, Middle Initial)

MDI Mail & Imaging

Mailing Address 21721-A Filigree Court

City

State

Zip Code

AD

000VA-0147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 6 / 2 0 0 7

Transaction ID: 10002

Amount of Each Receipt this Period

883.01

Postage Refund

C.

Full Name (Last, First, Middle Initial)

Verizon Wireless

Mailing Address P.O. Box 41556

City

State

Zip Code

PH

000PA-9101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 10007

Amount of Each Receipt this Period

1353.05

Telephone Refunds

SUBTOTAL of Receipts This Page (optional)

4778.34

TOTAL This Period (last page this line number only)

4778.34

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

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

FOR LINE NUMBER: PAGE 85 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

Bryn Mawr Trust Company

Mailing Address 801 Lancaster Avenue

City

Bryn Mawr

State

PA

Zip Code

19010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 5 / 2 0 0 7

Transaction ID: 10008

Amount of Each Receipt this Period

11.73

Interest Income

B.

Full Name (Last, First, Middle Initial)

Bryn Mawr Trust Company

Mailing Address 801 Lancaster Avenue

City

Bryn Mawr

State

PA

Zip Code

19010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 10009

Amount of Each Receipt this Period

2.49

Interest Income

C.

Full Name (Last, First, Middle Initial)

Bryn Mawr Trust Company

Mailing Address 801 Lancaster Avenue

City

Bryn Mawr

State

PA

Zip Code

19010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

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

Transaction ID: 10010

Amount of Each Receipt this Period

19.85

Interest Income

SUBTOTAL of Receipts This Page (optional)

34.07

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

Bryn Mawr Trust Company

Mailing Address 801 Lancaster Avenue

City

Bryn Mawr

State

PA

Zip Code

19010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

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

Transaction ID: 10011

Amount of Each Receipt this Period

0.49

Interest Income

B.

Full Name (Last, First, Middle Initial)

Bryn Mawr Trust Company

Mailing Address 801 Lancaster Avenue

City

Bryn Mawr

State

PA

Zip Code

19010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: 10012

Amount of Each Receipt this Period

196.13

Interest Income

C.

Full Name (Last, First, Middle Initial)

Conrad Direct, Inc.

Mailing Address 300 Knickerbocker Road

City

State

CR

Zip Code

000NJ-7626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 0 7

Transaction ID: 10001

Amount of Each Receipt this Period

2831.86

List Rental Income

SUBTOTAL of Receipts This Page (optional)

3028.48

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 87 / 137

(check only one)

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

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NAME OF COMMITTEE (In Full)

America's Foundation

A.

Full Name (Last, First, Middle Initial)

Conrad Direct, Inc.

Mailing Address 300 Knickerbocker Road

City

State

Zip Code

CR

000NJ-7626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 10003

Amount of Each Receipt this Period

1861.81

List Rental Income

B.

Full Name (Last, First, Middle Initial)

Conrad Direct, Inc.

Mailing Address 300 Knickerbocker Road

City

State

Zip Code

CR

000NJ-7626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

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

Transaction ID: 10004

Amount of Each Receipt this Period

6836.88

List Rental Income

C.

Full Name (Last, First, Middle Initial)

Conrad Direct, Inc.

Mailing Address 300 Knickerbocker Road

City

State

Zip Code

CR

000NJ-7626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 7

Transaction ID: 10005

Amount of Each Receipt this Period

11253.45

List Rental Income

SUBTOTAL of Receipts This Page (optional)

19952.14

TOTAL This Period (last page this line number only)

23014.69

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

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)
America's Foundation

A. Full Name (Last, First, Middle Initial) Anna Minkler Mailing Address 371 Spruce St. City Pottsville State PA Zip Code 19464 Purpose of Disbursement Mailing 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) ▼	Transaction ID: 110 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 7
Amount of Each Disbursement this Period 1889.05 Category/Type	
B. Full Name (Last, First, Middle Initial) Christopher Minkler Mailing Address 371 Spruce Street City Pottstown State PA Zip Code 19464 Purpose of Disbursement Mailing 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) ▼	Transaction ID: 145 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Amount of Each Disbursement this Period 4776.66 Category/Type	
C. Full Name (Last, First, Middle Initial) Advanced Mailing Services Mailing Address 14970 Farm Creek Drive City Woodbridge State VA Zip Code 22191 Purpose of Disbursement Direct Mail Expenses 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: 181 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 7
Amount of Each Disbursement this Period 6476.25 Category/Type	

SUBTOTAL of Disbursements This Page (optional)

13141.96

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 89 / 137

<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)
America's Foundation

A. Full Name (Last, First, Middle Initial) Advanced Mailing Seivices	Transaction ID: 187 Date of Disbursement
Mailing Address 14970 Farm Creek Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 9 / 2 0 0 7</div> </div>
City Woodbridge State VA Zip Code 22191	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs	<div>1224.02</div>
Candidate Name	<div>Category/Type</div>
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) Allied Printing Resources	Transaction ID: 174 Date of Disbursement
Mailing Address 455 Washington Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 5 / 2 0 0 7</div> </div>
City Carlstadt State NJ Zip Code 07072	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs	<div>1816.00</div>
Candidate Name	<div>Category/Type</div>
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) Allied Printing Resources	Transaction ID: 188 Date of Disbursement
Mailing Address 455 Washington Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 0 / 2 0 0 7</div> </div>
City Carlstadt State NJ Zip Code 07072	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs	<div>1211.20</div>
Candidate Name	<div>Category/Type</div>
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)

4251.22

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)
America's Foundation

A. Full Name (Last, First, Middle Initial) American Express Mailing Address Suite 0002	Transaction ID: 104 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 1 / 2 0 0 7</div> </div>
City Chicago State IL Zip Code 60679-0002 Purpose of Disbursement Credit Card Payment 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) ▼	Amount of Each Disbursement this Period <div>148.99</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Presents With Presence Mailing Address 615 S. Hancock St. City State PH Zip Code 9147 Purpose of Disbursement Fundraising Event Costs 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: 105 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 1 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>148.99</div> <div>Category/Type</div> <p>[MEMO ITEM] (see 07/11/07 American Express payment)</p>
C. Full Name (Last, First, Middle Initial) American Express Mailing Address Suite 0002 City Chicago State IL Zip Code 60679-0002 Purpose of Disbursement Credit Card Payment 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: 116 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 9 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>2397.58</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional) ►

2546.57

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)
America's Foundation

A. Full Name (Last, First, Middle Initial) American Express Mailing Address Suite 0002	Transaction ID: 119 Date of Disbursement <div> <div>08</div> <div>09</div> <div>2007</div> </div>
City Chicago State IL Zip Code 60679-0002 Purpose of Disbursement Interest Expense 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) ▼	Amount of Each Disbursement this Period <div>195.97</div> [MEMO ITEM] (see 08/9/07 American Express payment)
B. Full Name (Last, First, Middle Initial) Amtrak Mailing Address 30th and Market St, Fl. 5 City Philadelphia State PA Zip Code 19102 Purpose of Disbursement Travel Expenses 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: 118 Date of Disbursement <div> <div>08</div> <div>09</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>830.60</div> [MEMO ITEM] (see 08/9/07 American Express payment)
C. Full Name (Last, First, Middle Initial) B. Smith Restaurant Mailing Address 50 Massachusetts Ave, NE City Washington State DC Zip Code 20002 Purpose of Disbursement Meals 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: 120 Date of Disbursement <div> <div>08</div> <div>09</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>111.50</div> [MEMO ITEM] (see 08/9/07 American Express payment)

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

NAME OF COMMITTEE (In Full)
America's Foundation

FEC Schedule B (Form 3X) (Revised 02/2003)

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 93 / 137

<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)
America's Foundation

A. Full Name (Last, First, Middle Initial) American Express Mailing Address Suite 0002	Transaction ID: 164 Date of Disbursement <div> <div>12</div> <div>05</div> <div>2007</div> </div>
City Chicago State IL Zip Code 60679-0002 Purpose of Disbursement Credit Card Payment 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) ▼	Amount of Each Disbursement this Period <div>1470.13</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) American Express Mailing Address Suite 0002 City Chicago State IL Zip Code 60679-0002 Purpose of Disbursement Interest Expense 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: 166 Date of Disbursement <div>12 / 05 / 2007</div> Amount of Each Disbursement this Period <div>240.78</div> <div>Category/Type</div> <p>[MEMO ITEM] (see 12/05/07 American Express payment)</p>
C. Full Name (Last, First, Middle Initial) Amtrak Mailing Address 30th and Market St, Fl. 5 City Philadelphia State PA Zip Code 19102 Purpose of Disbursement Travel Expenses 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: 165 Date of Disbursement <div>12 / 05 / 2007</div> Amount of Each Disbursement this Period <div>919.00</div> <div>Category/Type</div> <p>[MEMO ITEM] (see 12/05/07 American Express payment)</p>

SUBTOTAL of Disbursements This Page (optional)

1470.13

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)
America's Foundation

A. Full Name (Last, First, Middle Initial) American Express	Transaction ID: 214 Date of Disbursement																				
Mailing Address P.O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	2		2	0	0	7												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Credit Card Fees Candidate Name	<table border="1"> <tr> <td colspan="10">4.50</td> </tr> </table>	4.50																			
4.50																					
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) American Express	Transaction ID: 216 Date of Disbursement																				
Mailing Address P.O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	5		2	0	0	7												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Credit Card Fees Candidate Name	<table border="1"> <tr> <td colspan="10">80.43</td> </tr> </table>	80.43																			
80.43																					
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) American Express	Transaction ID: 218 Date of Disbursement																				
Mailing Address P.O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	1		2	0	0	7												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Credit Card Fees Candidate Name	<table border="1"> <tr> <td colspan="10">4.50</td> </tr> </table>	4.50																			
4.50																					
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)

89.43

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 95 / 137

<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)
America's Foundation

A. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 53852	Transaction ID: 220 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 7
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Merchant Credit Card Fees 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) ▼	Amount of Each Disbursement this Period 171.34 Category/Type
B. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Merchant Credit Card Fees 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: 223 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 7 Amount of Each Disbursement this Period 4.50 Category/Type
C. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Merchant Credit Card Fees 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: 225 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 7 Amount of Each Disbursement this Period 162.69 Category/Type

SUBTOTAL of Disbursements This Page (optional)

338.53

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)
America's Foundation

A. Full Name (Last, First, Middle Initial) American Express	Transaction ID: 228 Date of Disbursement
Mailing Address P.O. Box 53852	<div> <div>10</div> <div>02</div> <div>2007</div> </div>
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Credit Card Fees Candidate Name	<div>4.50</div>
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) American Express	Transaction ID: 229 Date of Disbursement
Mailing Address P.O. Box 53852	<div> <div>10</div> <div>05</div> <div>2007</div> </div>
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Credit Card Fees Candidate Name	<div>12.09</div>
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) American Express	Transaction ID: 231 Date of Disbursement
Mailing Address P.O. Box 53852	<div> <div>11</div> <div>01</div> <div>2007</div> </div>
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Credit Card Fees Candidate Name	<div>4.50</div>
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)

21.09

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)
America's Foundation

A.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Merchant Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 233

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5.60

B.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Merchant Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 235

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4.50

C.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Merchant Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 237

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7.00

SUBTOTAL of Disbursements This Page (optional)

17.10

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)

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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)
America's Foundation

A.

Full Name (Last, First, Middle Initial)
American Heritage Credit Union

Mailing Address P.O. Box 67001

City Harrisburg State PA Zip Code 17106-7001

Purpose of Disbursement
Credit Card Payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 140

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

725.87

B.

Full Name (Last, First, Middle Initial)
American Heritage Credit Union

Mailing Address P.O. Box 67001

City Harrisburg State PA Zip Code 17106-7001

Purpose of Disbursement
Interest Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 141

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

33.43

[MEMO ITEM]

(see 10/02/07 American Heritage payment)

C.

Full Name (Last, First, Middle Initial)
Amtrak

Mailing Address 30th and Market St, Fl. 5

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 143

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

154.00

[MEMO ITEM]

(see 10/02/07 American Heritage payment)

SUBTOTAL of Disbursements This Page (optional)

725.87

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)
America's Foundation

A. Full Name (Last, First, Middle Initial) B. Smith Restaurant	Transaction ID: 144 Date of Disbursement																				
Mailing Address 50 Massachusetts Ave, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	2		2	0	0	7												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Meals	<table border="1"> <tr> <td colspan="10">118.46</td> </tr> </table>	118.46																			
118.46																					
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) Verizon Wireless	Transaction ID: 142 Date of Disbursement																				
Mailing Address P.O. Box 41556	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	2		2	0	0	7												
City Philadelphia State PA Zip Code 19101-1464	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telephone	<table border="1"> <tr> <td colspan="10">419.98</td> </tr> </table>	419.98																			
419.98																					
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) American Heritage Credit Union	Transaction ID: 155 Date of Disbursement																				
Mailing Address P.O. Box 67001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	7		2	0	0	7												
City Harrisburg State PA Zip Code 17106-7001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Payment	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
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) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
America's Foundation

A. Full Name (Last, First, Middle Initial) Iron Mountain <hr/> Mailing Address PO Box 27128	Transaction ID: 156 Date of Disbursement <div> <div>11</div> <div>17</div> <div>2007</div> </div>
<div> <div>City</div> <div>New York</div> </div> <div> <div>State</div> <div>NY</div> </div> <div> <div>Zip Code</div> <div>10087</div> </div> <div> <div>Purpose of Disbursement</div> <div>Storage Rental</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div> <div>State:</div> <div>District:</div> </div>	Amount of Each Disbursement this Period <div>2500.00</div> [MEMO ITEM] (see 11/17/07 American Heritage payment)
B. Full Name (Last, First, Middle Initial) Bankcard MTOT Discount <hr/> Mailing Address P.O. Box 189	Transaction ID: 215 Date of Disbursement <div> <div>07</div> <div>02</div> <div>2007</div> </div>
<div> <div>City</div> <div>Hagerstown</div> </div> <div> <div>State</div> <div>MD</div> </div> <div> <div>Zip Code</div> <div>21741-0189</div> </div> <div> <div>Purpose of Disbursement</div> <div>Merchant Credit Card Fees</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div> <div>State:</div> <div>District:</div> </div>	Amount of Each Disbursement this Period <div>123.46</div>
C. Full Name (Last, First, Middle Initial) Bankcard MTOT Discount <hr/> Mailing Address P.O. Box 189	Transaction ID: 219 Date of Disbursement <div> <div>08</div> <div>01</div> <div>2007</div> </div>
<div> <div>City</div> <div>Hagerstown</div> </div> <div> <div>State</div> <div>MD</div> </div> <div> <div>Zip Code</div> <div>21741-0189</div> </div> <div> <div>Purpose of Disbursement</div> <div>Merchant Credit Card Fees</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div> <div>State:</div> <div>District:</div> </div>	Amount of Each Disbursement this Period <div>526.23</div>

SUBTOTAL of Disbursements This Page (optional) ►

649.69

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)
America's Foundation

A. Full Name (Last, First, Middle Initial) Bankcard MTOT Discount	Transaction ID: 222 Date of Disbursement
Mailing Address P.O. Box 189	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 3 / 2 0 0 7</div> </div>
<div> <div>City Hagerstown State MD Zip Code 21741-0189</div> <div> <div>Purpose of Disbursement Merchant Credit Card Fees</div> <div>Candidate Name</div> </div> <div>Category/Type</div> </div>	Amount of Each Disbursement this Period <div>150.00</div>
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div>	<div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div>
B. Full Name (Last, First, Middle Initial) Bankcard MTOT Discount	Transaction ID: 224 Date of Disbursement
Mailing Address P.O. Box 189	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 4 / 2 0 0 7</div> </div>
<div> <div>City Hagerstown State MD Zip Code 21741-0189</div> <div> <div>Purpose of Disbursement Merchant Credit Card Fees</div> <div>Candidate Name</div> </div> <div>Category/Type</div> </div>	Amount of Each Disbursement this Period <div>466.04</div>
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div>	<div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div>
C. Full Name (Last, First, Middle Initial) Bankcard MTOT Discount	Transaction ID: 227 Date of Disbursement
Mailing Address P.O. Box 189	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 1 / 2 0 0 7</div> </div>
<div> <div>City Hagerstown State MD Zip Code 21741-0189</div> <div> <div>Purpose of Disbursement Merchant Credit Card Fees</div> <div>Candidate Name</div> </div> <div>Category/Type</div> </div>	Amount of Each Disbursement this Period <div>87.03</div>
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div>	<div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div>

SUBTOTAL of Disbursements This Page (optional)

703.07

TOTAL This Period (last page this line number only)

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

NAME OF COMMITTEE (In Full)
America's Foundation

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
America's Foundation

<p>A. Full Name (Last, First, Middle Initial) Barna Advisory Services, PC</p> <p>Mailing Address 270 S. Woodmont Drive</p> <p>City Downingtown State PA Zip Code 19335</p> <p>Purpose of Disbursement Accounting Fees</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>Transaction ID: 113 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">0 8 / 0 3 / 2 0 0 7</div></p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div></p>
<p>B. Full Name (Last, First, Middle Initial) Barna Advisory Services, PC</p> <p>Mailing Address 270 S. Woodmont Drive</p> <p>City Downingtown State PA Zip Code 19335</p> <p>Purpose of Disbursement Accounting Fees</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>Transaction ID: 130 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">0 8 / 2 4 / 2 0 0 7</div></p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div></p>
<p>C. Full Name (Last, First, Middle Initial) Barna Advisory Services, PC</p> <p>Mailing Address 270 S. Woodmont Drive</p> <p>City Downingtown State PA Zip Code 19335</p> <p>Purpose of Disbursement Accounting Fees</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>Transaction ID: 139 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">1 0 / 0 1 / 2 0 0 7</div></p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div></p>

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
America's Foundation

A. Full Name (Last, First, Middle Initial) Barna Advisory Services, PC	Transaction ID: 150 Date of Disbursement
Mailing Address 270 S. Woodmont Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 1 / 2 0 0 7</div> </div>
City State Zip Code Downingtown PA 19335	Amount of Each Disbursement this Period
Purpose of Disbursement Accounting Fees Candidate Name	<div> <div>2638.92</div> <div>Category/Type</div> </div>
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) Barna Advisory Services, PC	Transaction ID: 169 Date of Disbursement
Mailing Address 270 S. Woodmont Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 6 / 2 0 0 7</div> </div>
City State Zip Code Downingtown PA 19335	Amount of Each Disbursement this Period
Purpose of Disbursement Accounting Fees Candidate Name	<div> <div>2500.00</div> <div>Category/Type</div> </div>
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) Barna Advisory Services, PC	Transaction ID: 170 Date of Disbursement
Mailing Address 270 S. Woodmont Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 1 / 2 0 0 7</div> </div>
City State Zip Code Downingtown PA 19335	Amount of Each Disbursement this Period
Purpose of Disbursement Accounting Fees Candidate Name	<div> <div>2500.00</div> <div>Category/Type</div> </div>
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)

7638.92

TOTAL This Period (last page this line number only)

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

NAME OF COMMITTEE (In Full)
America's Foundation

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)
America's Foundation

A.

Full Name (Last, First, Middle Initial)

Bryn Mawr Trust Company

Mailing Address 801 Lancaster Avenue

City State Zip Code
Bryn Mawr PA 19010

Purpose of Disbursement

Bank Service Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 114

Date of Disbursement

/ /

Amount of Each Disbursement this Period

22.10

B.

Full Name (Last, First, Middle Initial)

Bryn Mawr Trust Company

Mailing Address 801 Lancaster Avenue

City State Zip Code
Bryn Mawr PA 19010

Purpose of Disbursement

Bank Service Chares

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 132

Date of Disbursement

/ /

Amount of Each Disbursement this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Bryn Mawr Trust Company

Mailing Address 801 Lancaster Avenue

City State Zip Code
Bryn Mawr PA 19010

Purpose of Disbursement

Bank Service Chares

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 133

Date of Disbursement

/ /

Amount of Each Disbursement this Period

29.18

SUBTOTAL of Disbursements This Page (optional)

126.28

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
America's Foundation

A.

Full Name (Last, First, Middle Initial)

Bryn Mawr Trust Company

Mailing Address 801 Lancaster Avenue

City State Zip Code
Bryn Mawr PA 19010

Purpose of Disbursement

Bank Services Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 138

Date of Disbursement

/ /

Amount of Each Disbursement this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Bryn Mawr Trust Company

Mailing Address 801 Lancaster Avenue

City State Zip Code
Bryn Mawr PA 19010

Purpose of Disbursement

Bank Service Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 146

Date of Disbursement

/ /

Amount of Each Disbursement this Period

39.67

C.

Full Name (Last, First, Middle Initial)

Bryn Mawr Trust Company

Mailing Address 801 Lancaster Avenue

City State Zip Code
Bryn Mawr PA 19010

Purpose of Disbursement

Bank Service Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 152

Date of Disbursement

/ /

Amount of Each Disbursement this Period

75.00

SUBTOTAL of Disbursements This Page (optional)

189.67

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)
America's Foundation

A. Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company	Transaction ID: 153 Date of Disbursement
Mailing Address 801 Lancaster Avenue	<div> <div>11</div> <div>05</div> <div>2007</div> </div>
City State Zip Code Bryn Mawr PA 19010	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Service Charges Candidate Name	<div>24.44</div>
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) Bryn Mawr Trust Company	Transaction ID: 163 Date of Disbursement
Mailing Address 801 Lancaster Avenue	<div> <div>11</div> <div>30</div> <div>2007</div> </div>
City State Zip Code Bryn Mawr PA 19010	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Service Charges Candidate Name	<div>75.00</div>
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) Bryn Mawr Trust Company	Transaction ID: 167 Date of Disbursement
Mailing Address 801 Lancaster Avenue	<div> <div>12</div> <div>05</div> <div>2007</div> </div>
City State Zip Code Bryn Mawr PA 19010	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Service Charges Candidate Name	<div>38.03</div>
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)

137.47

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)
America's Foundation

A. Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company	Transaction ID: 171 Date of Disbursement
Mailing Address 801 Lancaster Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 1 / 2 0 0 7</div> </div>
City State Zip Code Bryn Mawr PA 19010	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Service Charges Candidate Name	<div> <div>75.00</div> <div>Category/Type</div> </div>
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) Capitol Resource Group, Inc.	Transaction ID: 102 Date of Disbursement
Mailing Address One Tower Bridge, Suite 1440 One Hundred Front Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 5 / 2 0 0 7</div> </div>
City State Zip Code West Conshohocken PA 19428	Amount of Each Disbursement this Period
Purpose of Disbursement Management Fees Candidate Name	<div> <div>10000.00</div> <div>Category/Type</div> </div>
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) Capitol Resource Group, Inc.	Transaction ID: 111 Date of Disbursement
Mailing Address One Tower Bridge, Suite 1440 One Hundred Front Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 6 / 2 0 0 7</div> </div>
City State Zip Code West Conshohocken PA 19428	Amount of Each Disbursement this Period
Purpose of Disbursement Management Fees Candidate Name	<div> <div>5000.00</div> <div>Category/Type</div> </div>
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)

15075.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
America's Foundation

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Capitol Resource Group, Inc.</p> <p>Mailing Address One Tower Bridge, Suite 1440 One Hundred Front Street</p> <p>City West Conshohocken State PA Zip Code 19428</p> <p>Purpose of Disbursement Management Fees</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>Transaction ID: 121 Date of Disbursement 08 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 10000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Capitol Resource Group, Inc.</p> <p>Mailing Address One Tower Bridge, Suite 1440 One Hundred Front Street</p> <p>City West Conshohocken State PA Zip Code 19428</p> <p>Purpose of Disbursement Management Fees</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>Transaction ID: 125 Date of Disbursement 08 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Capitol Resource Group, Inc.</p> <p>Mailing Address One Tower Bridge, Suite 1440 One Hundred Front Street</p> <p>City West Conshohocken State PA Zip Code 19428</p> <p>Purpose of Disbursement Management Fees</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>Transaction ID: 131 Date of Disbursement 08 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 10000.00</p>

SUBTOTAL of Disbursements This Page (optional)

25000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
America's Foundation

A. Full Name (Last, First, Middle Initial) Capitol Resource Group, Inc.	Transaction ID: 136 Date of Disbursement
Mailing Address One Tower Bridge, Suite 1440 One Hundred Front Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 7</div> </div>
City West Conshohocken State PA Zip Code 19428	Amount of Each Disbursement this Period
Purpose of Disbursement Management Fees Candidate Name	<div> <div>10000.00</div> </div>
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) Catterton Printing	Transaction ID: 175 Date of Disbursement
Mailing Address 100 Post Office Road	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 5 / 2 0 0 7</div> </div>
City Waldorf State MD Zip Code 20602	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs Candidate Name	<div> <div>2128.88</div> </div>
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) cmdi	Transaction ID: 200 Date of Disbursement
Mailing Address 7704 Leesburg Pike	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 7 / 2 0 0 7</div> </div>
City Falls Church State VA Zip Code 22043	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs Candidate Name	<div> <div>29144.93</div> </div>
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)

41273.81

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 112 / 137

<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)
America's Foundation

A. Full Name (Last, First, Middle Initial) cmdi Mailing Address 7704 Leesburg Pike	Transaction ID: 201 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 7 / 2 0 0 7</div> </div>
City Falls Church State VA Zip Code 22043 Purpose of Disbursement Database Maintenance Costs 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) ▼	Amount of Each Disbursement this Period <div>9395.28</div>
B. Full Name (Last, First, Middle Initial) cmdi Mailing Address 7704 Leesburg Pike	Transaction ID: 208 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 8 / 2 0 0 7</div> </div>
City Falls Church State VA Zip Code 22043 Purpose of Disbursement Direct Mail Costs 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) ▼	Amount of Each Disbursement this Period <div>16031.77</div>
C. Full Name (Last, First, Middle Initial) cmdi Mailing Address 7704 Leesburg Pike	Transaction ID: 211 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 9 / 2 0 0 7</div> </div>
City Falls Church State VA Zip Code 22043 Purpose of Disbursement Direct Mail Costs 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) ▼	Amount of Each Disbursement this Period <div>3060.40</div>

SUBTOTAL of Disbursements This Page (optional) ►

28487.45

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)
America's Foundation

A.

Full Name (Last, First, Middle Initial)
CTBS, LLC

Mailing Address 308 North Front Street
Suite 200

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement
Web Design Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 128

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
Direct Impressions, Inc.

Mailing Address 2100 Tomlynn Street

City Richmond State VA Zip Code 23230

Purpose of Disbursement
Direct Mail Costs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 185

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1316.95

C.

Full Name (Last, First, Middle Initial)
Direct Impressions, Inc.

Mailing Address 2100 Tomlynn Street

City Richmond State VA Zip Code 23230

Purpose of Disbursement
Direct Mail Costs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 189

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2495.43

SUBTOTAL of Disbursements This Page (optional)

8812.38

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)
America's Foundation

<p>A.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 177 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="27981.38"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 180 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="365.84"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Expenses</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>Transaction ID: 182 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2041.74"/></p>

SUBTOTAL of Disbursements This Page (optional)

30388.96

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)
America's Foundation

A.

Full Name (Last, First, Middle Initial)
HSP Direct

Mailing Address 13755 Sunrise Valley Drive
Suite 450

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Direct Mail Costs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 186

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2578.05

B.

Full Name (Last, First, Middle Initial)
HSP Direct

Mailing Address 13755 Sunrise Valley Drive
Suite 450

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 190

Date of Disbursement

/ /

Amount of Each Disbursement this Period

9510.34

C.

Full Name (Last, First, Middle Initial)
HSP Direct

Mailing Address 13755 Sunrise Valley Drive
Suite 450

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Direct Mail Costs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 196

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2172.87

SUBTOTAL of Disbursements This Page (optional)

14261.26

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)
America's Foundation

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Integram</p> <p>Mailing Address 8421 Hilltop Rd.</p> <p>City Fairfax State VA Zip Code 22031</p> <p>Purpose of Disbursement Direct Mail Costs</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>Transaction ID: 176 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25404.55"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Irides, LLC</p> <p>Mailing Address 1000 Wilson Blve, Suite 601</p> <p>City Arlington State VA Zip Code 22209</p> <p>Purpose of Disbursement Web Hosting</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>Transaction ID: 157 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="150.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) MDI Mail & Imaging</p> <p>Mailing Address 21721-A Filigree Court</p> <p>City Adhburn State VA Zip Code 20147</p> <p>Purpose of Disbursement Direct Mail Costs</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>Transaction ID: 209 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="14633.37"/></p>

SUBTOTAL of Disbursements This Page (optional)

40187.92

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)
America's Foundation

A. Full Name (Last, First, Middle Initial)
Miller Investment Management, LP

Mailing Address One Tower Bridge
100 Front Street, Suite 1500

City West Conshohocken State PA Zip Code 19428

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 122

Date of Disbursement

08 / 10 / 2007

Amount of Each Disbursement this Period

4980.00

B. Full Name (Last, First, Middle Initial)
New Media Communications, Inc.

Mailing Address Summit of Richfield II
3046 Brecksville Road

City Richfield State OH Zip Code 44286

Purpose of Disbursement
Compensation for Fundraising Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 239

Date of Disbursement

07 / 16 / 2007

Amount of Each Disbursement this Period

3.67

C. Full Name (Last, First, Middle Initial)
New Media Communications, Inc.

Mailing Address Summit of Richfield II
3046 Brecksville Road

City Richfield State OH Zip Code 44286

Purpose of Disbursement
Compensation for Fundraising Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 240

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

6.29

SUBTOTAL of Disbursements This Page (optional)

4989.96

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)
America's Foundation

A.

Full Name (Last, First, Middle Initial)
New Media Communications, Inc.

Mailing Address Summit of Richfield II
3046 Brecksville Road

City Richfield State OH Zip Code 44286

Purpose of Disbursement
Compensation for Fundraising Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 241

Date of Disbursement

09 / 17 / 2007

Amount of Each Disbursement this Period

108.33

B.

Full Name (Last, First, Middle Initial)
New Media Communications, Inc.

Mailing Address Summit of Richfield II
3046 Brecksville Road

City Richfield State OH Zip Code 44286

Purpose of Disbursement
Compensation for Fundraising Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 242

Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

65.77

C.

Full Name (Last, First, Middle Initial)
Nova List Company

Mailing Address 13755 Sunrise Valley Drive
Suite 450

City Herndon State VA Zip Code 20171

Purpose of Disbursement
List Rental Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 179

Date of Disbursement

11 / 20 / 2007

Amount of Each Disbursement this Period

2679.27

SUBTOTAL of Disbursements This Page (optional)

2853.37

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)
America's Foundation

A. Full Name (Last, First, Middle Initial) Odell & Simms	Transaction ID: 202 Date of Disbursement
Mailing Address 7704 Leesburg Pike	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 7 / 2 0 0 7</div> </div>
City Leesburg State VA Zip Code 22043	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs	<div>8456.28</div>
Candidate Name	<div>Category/Type</div>
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) Odell & Simms	Transaction ID: 203 Date of Disbursement
Mailing Address 7704 Leesburg Pike	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 7 / 2 0 0 7</div> </div>
City Leesburg State VA Zip Code 22043	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs	<div>23868.67</div>
Candidate Name	<div>Category/Type</div>
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) Paychex, Inc	Transaction ID: 123 Date of Disbursement
Mailing Address Valley Forge Corporate Center 1100 Adams Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 0 / 2 0 0 7</div> </div>
City Norristown State PA Zip Code 19403	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Processing Fees	<div>55.25</div>
Candidate Name	<div>Category/Type</div>
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)

32380.20

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)
America's Foundation

A.

Full Name (Last, First, Middle Initial)

Paychex, Inc

Mailing Address Valley Forge Corporate Center
1100 Adams Avenue

City Norristown State PA Zip Code 19403

Purpose of Disbursement
Workers' Comp Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 124

Date of Disbursement

08 / 13 / 2007

Amount of Each Disbursement this Period

160.00

B.

Full Name (Last, First, Middle Initial)

Paychex, Inc

Mailing Address Valley Forge Corporate Center
1100 Adams Avenue

City Norristown State PA Zip Code 19403

Purpose of Disbursement
Workers' Comp Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 134

Date of Disbursement

09 / 07 / 2007

Amount of Each Disbursement this Period

20.56

C.

Full Name (Last, First, Middle Initial)

Paychex, Inc

Mailing Address Valley Forge Corporate Center
1100 Adams Avenue

City Norristown State PA Zip Code 19403

Purpose of Disbursement
Payroll Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 135

Date of Disbursement

09 / 10 / 2007

Amount of Each Disbursement this Period

12.50

SUBTOTAL of Disbursements This Page (optional)

193.06

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)
America's Foundation

A.

Full Name (Last, First, Middle Initial)
Paychex, Inc

Mailing Address Valley Forge Corporate Center
1100 Adams Avenue

City Norristown State PA Zip Code 19403

Purpose of Disbursement
Workers' Comp Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 154

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

119.00

B.

Full Name (Last, First, Middle Initial)
Pemcor, Inc.

Mailing Address 30 Clipper Road

City West Conshohocken State PA Zip Code 19428

Purpose of Disbursement
PAC Printing & Reproduction

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 158

Date of Disbursement

11 / 17 / 2007

Amount of Each Disbursement this Period

2992.30

C.

Full Name (Last, First, Middle Initial)
Sisk Mailing Service, Inc.

Mailing Address 203 Log Canoe Circle

City Stevensville State MD Zip Code 21666

Purpose of Disbursement
Direct Mail Costs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 191

Date of Disbursement

12 / 20 / 2007

Amount of Each Disbursement this Period

1290.47

SUBTOTAL of Disbursements This Page (optional)

4401.77

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)
America's Foundation

A. Full Name (Last, First, Middle Initial) Sisk Mailing Service, Inc.	Transaction ID: 195 Date of Disbursement																				
Mailing Address 203 Log Canoe Circle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	7		2	0	0	7												
City State Zip Code Stevensville MD 21666	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs	<table border="1"> <tr> <td colspan="10">13282.65</td> </tr> </table>	13282.65																			
13282.65																					
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) Sunrise Data Services	Transaction ID: 178 Date of Disbursement																				
Mailing Address 13755 Sunrise Valley Drive Suite 450	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	5		2	0	0	7												
City State Zip Code Herndon VA 20171	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs	<table border="1"> <tr> <td colspan="10">339.08</td> </tr> </table>	339.08																			
339.08																					
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) Sunrise Data Services	Transaction ID: 192 Date of Disbursement																				
Mailing Address 13755 Sunrise Valley Drive Suite 450	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	0		2	0	0	7												
City State Zip Code Herndon VA 20171	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Expenses	<table border="1"> <tr> <td colspan="10">353.08</td> </tr> </table>	353.08																			
353.08																					
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)

13974.81

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)
America's Foundation

A.

Full Name (Last, First, Middle Initial)
Union League of Philadelphia

Mailing Address 140 South Broad Street

City Philadelphia State PA Zip Code 19102-3083

Purpose of Disbursement
Fundraising Event Costs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 108

Date of Disbursement

07 / 23 / 2007

Amount of Each Disbursement this Period

617.06

B.

Full Name (Last, First, Middle Initial)
Union League of Philadelphia

Mailing Address 140 South Broad Street

City Philadelphia State PA Zip Code 19102-3083

Purpose of Disbursement
Fundraising Event Costs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 126

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

1838.34

C.

Full Name (Last, First, Middle Initial)
Union League of Philadelphia

Mailing Address 140 South Broad Street

City Philadelphia State PA Zip Code 19102-3083

Purpose of Disbursement
Fundraising Event Costs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 159

Date of Disbursement

11 / 17 / 2007

Amount of Each Disbursement this Period

937.64

SUBTOTAL of Disbursements This Page (optional)

3393.04

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 124 / 137

<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)
America's Foundation

A.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address 900 Brentwood Rd, NE #118

City Washington State DC Zip Code 20066-9612

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 184

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address 900 Brentwood Rd, NE #118

City Washington State DC Zip Code 20066-9612

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 193

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Verizon

Mailing Address P.O. Box 28000

City Lehigh Valley State PA Zip Code 18002-0646

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 160

Date of Disbursement

/ /

Amount of Each Disbursement this Period

702.25

SUBTOTAL of Disbursements This Page (optional)

2202.25

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 125 / 137

<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)
America's Foundation

A. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 41556	Transaction ID: 109 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 3 / 2 0 0 7</div> </div>
City Philadelphia State PA Zip Code 19101-1464 Purpose of Disbursement Telephone 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) ▼	Amount of Each Disbursement this Period <div>884.05</div>
B. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 41556	Transaction ID: 112 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 6 / 2 0 0 7</div> </div>
City Philadelphia State PA Zip Code 19101-1464 Purpose of Disbursement Telephone 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) ▼	Amount of Each Disbursement this Period <div>810.61</div>
C. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 41556	Transaction ID: 161 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 7 / 2 0 0 7</div> </div>
City Philadelphia State PA Zip Code 19101-1464 Purpose of Disbursement Telephone 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) ▼	Amount of Each Disbursement this Period <div>82.17</div>

SUBTOTAL of Disbursements This Page (optional)

1776.83

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)
America's Foundation

A.

Full Name (Last, First, Middle Initial)
Virginia Davis Partners, LLC

Mailing Address 834 Beechwood Dr.

City State Zip Code
Havertown PA 19083

Purpose of Disbursement
Management Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 101

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
Virginia Davis Partners, LLC

Mailing Address 834 Beechwood Dr.

City State Zip Code
Havertown PA 19083

Purpose of Disbursement
Management Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 127

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

C.

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

Mailing Address 1753 Pinnacle Drive

City State Zip Code
McLean VA 22102

Purpose of Disbursement
Bank Service Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 172

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.00

SUBTOTAL of Disbursements This Page (optional)

10015.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
America's Foundation

A.

Full Name (Last, First, Middle Initial)

Wachovia Bank

Mailing Address 1753 Pinnacle Drive

City Mclean State VA Zip Code 22102

Purpose of Disbursement

Bank Service Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 194

Date of Disbursement

12 / 21 / 2007

Amount of Each Disbursement this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Wachovia Bank

Mailing Address 1753 Pinnacle Drive

City Mclean State VA Zip Code 22102

Purpose of Disbursement

Bank Service Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 197

Date of Disbursement

07 / 12 / 2007

Amount of Each Disbursement this Period

100.65

C.

Full Name (Last, First, Middle Initial)

Wachovia Bank

Mailing Address 1753 Pinnacle Drive

City Mclean State VA Zip Code 22102

Purpose of Disbursement

Bank Service Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 204

Date of Disbursement

08 / 08 / 2007

Amount of Each Disbursement this Period

101.32

SUBTOTAL of Disbursements This Page (optional)

216.97

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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)
America's Foundation

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Wachovia Bank</p> <p>Mailing Address 1753 Pinnacle Drive</p> <p>City Mclean State VA Zip Code 22102</p> <p>Purpose of Disbursement Bank Service Charges</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>Transaction ID: 205 Date of Disbursement 08 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 151.69</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Wachovia Bank</p> <p>Mailing Address 1753 Pinnacle Drive</p> <p>City Mclean State VA Zip Code 22102</p> <p>Purpose of Disbursement Bank Service Charges</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>Transaction ID: 207 Date of Disbursement 09 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 114.76</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Wachovia Bank</p> <p>Mailing Address 1753 Pinnacle Drive</p> <p>City Mclean State VA Zip Code 22102</p> <p>Purpose of Disbursement Bank Service Charges</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>Transaction ID: 210 Date of Disbursement 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 60.59</p>

SUBTOTAL of Disbursements This Page (optional)

327.04

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

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NAME OF COMMITTEE (In Full)
America's Foundation

A. Full Name (Last, First, Middle Initial) Wachovia Bank	Transaction ID: 212 Date of Disbursement
Mailing Address 1753 Pinnacle Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 9 / 2 0 0 7</div> </div>
City Mclean State VA Zip Code 22102	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Service Charges	<div> <div></div> <div>28.64</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
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) Wachovia Bank	Transaction ID: 213 Date of Disbursement
Mailing Address 1753 Pinnacle Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 1 / 2 0 0 7</div> </div>
City Mclean State VA Zip Code 22102	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Service Charges	<div> <div></div> <div>24.33</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
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) Wachovia Bank	Transaction ID: 217 Date of Disbursement
Mailing Address 1753 Pinnacle Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 0 7</div> </div>
City Mclean State VA Zip Code 22102	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Service Charges	<div> <div></div> <div>64.32</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
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)

117.29

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 130 / 137

<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)
America's Foundation

A. Full Name (Last, First, Middle Initial) Wachovia Bank	Transaction ID: 221 Date of Disbursement
Mailing Address 1753 Pinnacle Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 9 / 2 0 0 7</div> </div>
City Mclean State VA Zip Code 22102	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Service Charges Candidate Name	<div> <div>234.79</div> <div>Category/Type</div> </div>
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) Wachovia Bank	Transaction ID: 226 Date of Disbursement
Mailing Address 1753 Pinnacle Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 2 / 2 0 0 7</div> </div>
City Mclean State VA Zip Code 22102	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Service Charges Candidate Name	<div> <div>28.13</div> <div>Category/Type</div> </div>
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) Wachovia Bank	Transaction ID: 230 Date of Disbursement
Mailing Address 1753 Pinnacle Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 0 7</div> </div>
City Mclean State VA Zip Code 22102	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Service Charges Candidate Name	<div> <div>69.06</div> <div>Category/Type</div> </div>
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)

331.98

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

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NAME OF COMMITTEE (In Full)
America's Foundation

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Wachovia Bank</p> <p>Mailing Address 1753 Pinnacle Drive</p> <p>City Mclean State VA Zip Code 22102</p> <p>Purpose of Disbursement Bank Service Charges</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>Transaction ID: 234 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 16.83</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Wachovia Bank</p> <p>Mailing Address 1753 Pinnacle Drive</p> <p>City Mclean State VA Zip Code 22102</p> <p>Purpose of Disbursement Bank Service Charges</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>Transaction ID: 238 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 15.92</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Washington Intelligence Bureau</p> <p>Mailing Address 4128 Pepsi Place</p> <p>City Chantilly State VA Zip Code 20151</p> <p>Purpose of Disbursement Postage</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>Transaction ID: 173 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)

1032.75

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)
America's Foundation

A.

Full Name (Last, First, Middle Initial)

Washington Intelligence Bureau

Mailing Address 4128 Pepsi Place

City
Chantilly

State
VA

Zip Code
20151

Purpose of Disbursement
List Rental Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 183

Date of Disbursement

MM / DD / YYYY
11 / 29 / 2007

Amount of Each Disbursement this Period

664.88

SUBTOTAL of Disbursements This Page (optional)

664.88

TOTAL This Period (last page this line number only)

335600.77

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input checked="" 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)
America's Foundation

A.

Full Name (Last, First, Middle Initial)
Republican Party of Pennsylvania

Mailing Address 717 North Second Street

City Harrisburg State PA Zip Code 17102

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 168

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

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)

PAGE 134 / 137

<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)
America's Foundation

A.

Full Name (Last, First, Middle Initial)
Bill Shuster for Congress

Mailing Address PO Box 27

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Campaign Contribution - Primary

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 09

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: 162

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00

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)

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

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NAME OF COMMITTEE (In Full)
America's Foundation

A. Full Name (Last, First, Middle Initial) Committee for Tim Butler	Transaction ID: 151 Date of Disbursement
Mailing Address 720 West 21st Street	<div> <div>10</div> <div>31</div> <div>2007</div> </div>
City Erie State PA Zip Code 16502	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution Candidate Name	<div>500.00</div>
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) ▼	<div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Friends of Kim Ward	Transaction ID: 137 Date of Disbursement
Mailing Address 1747 Pennsylvania Ave, NW Suite 1200	<div> <div>09</div> <div>17</div> <div>2007</div> </div>
City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution Candidate Name	<div>1000.00</div>
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) ▼	<div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) Federal Election Commission	Transaction ID: 107 Date of Disbursement
Mailing Address Firststar - Government Lockbox FEC # 1005 Convention Plaza	<div> <div>07</div> <div>12</div> <div>2007</div> </div>
City St. Louis State MO Zip Code 63101	Amount of Each Disbursement this Period
Purpose of Disbursement Agreement Candidate Name	<div>5000.00</div>
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) ▼	<div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
America's Foundation

A.

Full Name (Last, First, Middle Initial)
Federal Election Commission

Mailing Address Firststar - Government Lockbox FEC #
1005 Convention Plaza

City State Zip Code
St. Louis MO 63101

Purpose of Disbursement
Agreement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 129

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4604.45

SUBTOTAL of Disbursements This Page (optional)

4604.45

TOTAL This Period (last page this line number only)

11104.45

Form/Schedule: **F3XN**

Transaction ID:

ALL EXPENDITURES ON SCHEDULE B, LINE 21(B) WERE PAC EXPENSES. REIMBURSEMENTS REPRESENT EXPENSES INCURRED ON BEHALF OF AMERICA'S FOUNDATION THAT WERE REIMBURSED AT THE EXACT AMOUNT CHARGED AT THE TIME THE EXPENSE WAS INCURRED. EVERYONE ASSOCIATED WITH AMERICA'S FOUNDATION IS MADE FULLY AWARE THAT IT IS REQUIRED TO PAY FOR GOODS AND SERVICES AT THE USUAL AND NORMAL CHARGE, AND AT NO TIME HAS THE COMMITTEE REQUESTED OR RECEIVED ANY DISCOUNT FOR GOODS OR SERVICES PROVIDED TO IT.
