

**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

LCR PAC

ADDRESS (number and street) 1050 Connecticut Ave NW  
Suite 400

Check if different than previously reported. (ACC)

WASHINGTON DC 20036

2. **FEC IDENTIFICATION NUMBER** C00405506

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

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

Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (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 01 01 2011 through 06 30 2011

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 Christian Berle

Signature of Treasurer Electronically Filed by Christian Berle Date 07 15 2011

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							
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**FEC FORM 3X**  
(Rev. 12/2004)

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

Write or Type Committee Name  
LCR PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		653.96
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	653.96									
(c) Total Receipts (from Line 19) .....	17585.00	17585.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	18238.96	18238.96								
7. Total Disbursements (from Line 31) .....	16002.50	16002.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2236.46	2236.46								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
LCR PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	14920.00	14920.00
(ii) Unitemized .....	2665.00	2665.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	17585.00	17585.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	17585.00	17585.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	17585.00	17585.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17585.00	17585.00

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.....	502.50	502.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	502.50	502.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	15500.00	15500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	16002.50	16002.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16002.50	16002.50

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) .....	17585.00	17585.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17585.00	17585.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	502.50	502.50
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	502.50	502.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
LCR PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Christian Berle	Date of Receipt MM / DD / YYYY 02 / 11 / 2011
	Mailing Address 1050 Connecticut Ave NW Suite 400	Transaction ID: SA11AI.4793
	City Washington State DC Zip Code 20002	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	contribution
	Name of Employer Log Cabin Republicans Occupation Director, Washington Office Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 550.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Christian Berle	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 1050 Connecticut Ave NW Suite 400	Transaction ID: SA11AI.4820
	City Washington State DC Zip Code 20002	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	contribution
	Name of Employer Log Cabin Republicans Occupation Director, Washington Office Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Christian Berle	Date of Receipt MM / DD / YYYY 03 / 14 / 2011
	Mailing Address 1050 Connecticut Ave NW Suite 400	Transaction ID: SA11AI.4826
	City Washington State DC Zip Code 20002	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Log Cabin Republicans Occupation Director, Washington Office Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	700.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 7 / 28  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LCR PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Christian Berle</p> <p>Mailing Address 1050 Connecticut Ave NW Suite 400</p> <p>City State Zip Code Washington DC 20002</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Log Cabin Republicans      Occupation: Director, Washington Office</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">800.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">03 / 31 / 2011</span></p> <p><b>Transaction ID:</b> SA11AI.4850</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">50.00</span></p> <p>Contribution</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Christian Berle</p> <p>Mailing Address 1050 Connecticut Ave NW Suite 400</p> <p>City State Zip Code Washington DC 20002</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Log Cabin Republicans      Occupation: Director, Washington Office</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">850.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">04 / 30 / 2011</span></p> <p><b>Transaction ID:</b> SA11AI.4862</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">50.00</span></p> <p>Contribution</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Christian Berle</p> <p>Mailing Address 1050 Connecticut Ave NW Suite 400</p> <p>City State Zip Code Washington DC 20002</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Log Cabin Republicans      Occupation: Director, Washington Office</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">870.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">04 / 30 / 2011</span></p> <p><b>Transaction ID:</b> SA11AI.4911</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">20.00</span></p> <p>contribution</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">120.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 28
	<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)  
LCR PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Christian Berle	Date of Receipt MM / DD / YYYY 06 / 01 / 2011
	Mailing Address 1050 Connecticut Ave NW Suite 400	<b>Transaction ID:</b> SA11AI.4877
	City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Log Cabin Republicans Occupation Director, Washington Office Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 920.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Christian Berle	Date of Receipt MM / DD / YYYY 06 / 07 / 2011
	Mailing Address 1050 Connecticut Ave NW Suite 400	<b>Transaction ID:</b> SA11AI.4890
	City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Log Cabin Republicans Occupation Director, Washington Office Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1920.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Peter Bertelsen	Date of Receipt MM / DD / YYYY 02 / 14 / 2011
	Mailing Address PO Box 11388	<b>Transaction ID:</b> SA11AI.4814
	City State Zip Code Bozeman MT 59719	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Prospera Business Network Occupation Program Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 28  
(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)  
LCR PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Peter Bertelsen</p> <p>Mailing Address PO Box 11388</p> <p>City State Zip Code Bozeman MT 59719</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Prospera Business Network Occupation Program Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">350.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">04 / 30 / 2011</span></p> <p><b>Transaction ID:</b> SA11AI.4898</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>contribution</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Michael J Carr, Jr.</p> <p>Mailing Address 410 Acoma St. #204</p> <p>City State Zip Code Denver CO 80204</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Aspirant Marketing Inc Occupation Consultant</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">02 / 11 / 2011</span></p> <p><b>Transaction ID:</b> SA11AI.4801</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>contribution</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Michael J Carr, Jr.</p> <p>Mailing Address 410 Acoma St. #204</p> <p>City State Zip Code Denver CO 80204</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Aspirant Marketing Inc Occupation Consultant</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">270.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">04 / 30 / 2011</span></p> <p><b>Transaction ID:</b> SA11AI.4949</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">20.00</span></p> <p>contribution</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">370.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 28

(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)  
LCR PAC

**A.**

Full Name (Last, First, Middle Initial)  
Stanley A Chadsey

Mailing Address 230 Park Avenue  
#1000

City State Zip Code  
New York NY 10169

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

Name of Employer Occupation  
Capital Planning Associates  
Planner

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID: SA11AI.4815

Amount of Each Receipt this Period

500.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Jeff Cook

Mailing Address 10 Grove Court

City State Zip Code  
Cold Spring NY 10516

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

Name of Employer Occupation  
Allegiance Strategies  
President

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
520.00

Date of Receipt

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

Transaction ID: SA11AI.4988

Amount of Each Receipt this Period

500.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Mr. R. Clarke Cooper

Mailing Address 1050 Connecticut Ave NW  
4th Floor

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation  
Log Cabin Republicans  
Executive Director

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID: SA11AI.4792

Amount of Each Receipt this Period

500.00

contribution

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

1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 28
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
LCR PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. R. Clarke Cooper	Date of Receipt MM / DD / YYYY 02 / 15 / 2011
	Mailing Address 1050 Connecticut Ave NW 4th Floor	<b>Transaction ID:</b> SA11AI.4794
	City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. <b>C</b>	contribution
	Name of Employer Log Cabin Republicans Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. R. Clarke Cooper	Date of Receipt MM / DD / YYYY 03 / 28 / 2011
	Mailing Address 1050 Connecticut Ave NW 4th Floor	<b>Transaction ID:</b> SA11AI.4827
	City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Log Cabin Republicans Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Drew English	Date of Receipt MM / DD / YYYY 03 / 22 / 2011
	Mailing Address 571 River Road	<b>Transaction ID:</b> SA11AI.4848
	City State Zip Code Johns Island SC 29455	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Carolina One Occupation Real Estate Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 28

(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)  
LCR PAC

**A.**

Full Name (Last, First, Middle Initial)  
Stephen Gale

Mailing Address 1548 Palos Verdes Dr. W

City State Zip Code  
Palos Verdes Est. CA 90274

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

Name of Employer Occupation  
Edison International Director

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

Date of Receipt

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

Transaction ID: SA11AI.4807

Amount of Each Receipt this Period

250.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Stephen Gale

Mailing Address 1548 Palos Verdes Dr. W

City State Zip Code  
Palos Verdes Est. CA 90274

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

Name of Employer Occupation  
Edison International Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.4900

Amount of Each Receipt this Period

60.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Terry Hamilton

Mailing Address 2193 E. Loma Vista Street

City State Zip Code  
Pasadena CA 91104

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

Name of Employer Occupation  
Duarte Unified School District teacher

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

Date of Receipt

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

Transaction ID: SA11AI.4808

Amount of Each Receipt this Period

250.00

contribution

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

560.00

**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 / 28

(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)  
LCR PAC

**A.**

Full Name (Last, First, Middle Initial)  
Terry Hamilton

Mailing Address 2193 E. Loma Vista Street

City State Zip Code  
Pasadena CA 91104

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

Name of Employer Occupation  
Duarte Unified School District teacher

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y  
03 / 16 / 2011

Transaction ID: SA11AI.4846

Amount of Each Receipt this Period

150.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Terry Hamilton

Mailing Address 2193 E. Loma Vista Street

City State Zip Code  
Pasadena CA 91104

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

Name of Employer Occupation  
Duarte Unified School District teacher

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y  
04 / 30 / 2011

Transaction ID: SA11AI.4961

Amount of Each Receipt this Period

20.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
John Herrick

Mailing Address 529 South Flagler Drive  
TH2H

City State Zip Code  
West Palm Beach FL 33401

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

Name of Employer Occupation  
retired retired

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

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y  
01 / 31 / 2011

Transaction ID: SA11AI.4795

Amount of Each Receipt this Period

250.00

contribution

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

420.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 28		
	<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

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NAME OF COMMITTEE (In Full)  
LCR PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) John Herrick	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
	Mailing Address 529 South Flagler Drive TH2H	<b>Transaction ID:</b> SA11AI.4950
	City State Zip Code West Palm Beach FL 33401	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer retired Occupation retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Fred Karger	Date of Receipt MM / DD / YYYY 05 / 03 / 2011
	Mailing Address 2745 Woodstock Road	<b>Transaction ID:</b> SA11AI.4989
	City State Zip Code Los Angeles CA 90046	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Self Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jerry T Katlin	Date of Receipt MM / DD / YYYY 03 / 17 / 2011
	Mailing Address 8041 W 47TH ST	<b>Transaction ID:</b> SA11AI.4847
	City State Zip Code Overland Park KS 66203	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Phillips Resource Network, Inc Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	820.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 28  
(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)  
LCR PAC

**A.**

Full Name (Last, First, Middle Initial) Mark Knief		Date of Receipt MM / DD / YYYY 02 / 11 / 2011
Mailing Address 529 South 10th Street		<b>Transaction ID:</b> SA11AI.4813
City Minneapolis	State MN	Zip Code 55404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cargill Inc.	Occupation General Manager	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Mark Knief		Date of Receipt MM / DD / YYYY 04 / 12 / 2011
Mailing Address 529 South 10th Street		<b>Transaction ID:</b> SA11AI.4852
City Minneapolis	State MN	Zip Code 55404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Cargill Inc.	Occupation General Manager	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

**C.**

Full Name (Last, First, Middle Initial) Craig Max		Date of Receipt MM / DD / YYYY 02 / 23 / 2011
Mailing Address 1522 10th Street NW		<b>Transaction ID:</b> SA11AI.4817
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Attorney	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 28  
(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)  
LCR PAC

**A.**

Full Name (Last, First, Middle Initial) James McFarland		Date of Receipt MM / DD / YYYY 04 / 29 / 2011
Mailing Address 215 North Aberdeen Street B404		<b>Transaction ID:</b> SA11AI.4990
City Chicago	State IL	Zip Code 60607
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Northwestern Mutual	Occupation First Vice President	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

**B.**

Full Name (Last, First, Middle Initial) James McFarland		Date of Receipt MM / DD / YYYY 04 / 30 / 2011
Mailing Address 215 North Aberdeen Street B404		<b>Transaction ID:</b> SA11AI.4964
City Chicago	State IL	Zip Code 60607
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Northwestern Mutual	Occupation First Vice President	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

**C.**

Full Name (Last, First, Middle Initial) James McFarland		Date of Receipt MM / DD / YYYY 05 / 11 / 2011
Mailing Address 215 North Aberdeen Street B404		<b>Transaction ID:</b> SA11AI.4867
City Chicago	State IL	Zip Code 60607
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Northwestern Mutual	Occupation First Vice President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>370.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
LCR PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Marcia Mills	Date of Receipt MM / DD / YYYY 02 / 11 / 2011
	Mailing Address 555 Massachusetts Ave NW #403	<b>Transaction ID:</b> SA11AI.4805
	City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Marcia J Mills Attorney at Law Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Marcia Mills	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
	Mailing Address 555 Massachusetts Ave NW #403	<b>Transaction ID:</b> SA11AI.4984
	City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Marcia J Mills Attorney at Law Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 310.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Len Olds	Date of Receipt MM / DD / YYYY 02 / 11 / 2011
	Mailing Address 2284 Temple Hills Dr	<b>Transaction ID:</b> SA11AI.4809
	City State Zip Code Laguna Beach CA 92651	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	560.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 28  
(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)  
LCR PAC

**A.**

Full Name (Last, First, Middle Initial) Len Olds		Date of Receipt MM / DD / YYYY 04 / 30 / 2011
Mailing Address 2284 Temple Hills Dr		<b>Transaction ID:</b> SA11AI.4967
City Laguna Beach	State CA	Zip Code 92651
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Retired	Occupation Retired	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

**B.**

Full Name (Last, First, Middle Initial) Hugh G Rouse		Date of Receipt MM / DD / YYYY 02 / 11 / 2011
Mailing Address 2284 Temple Hills Drive		<b>Transaction ID:</b> SA11AI.4810
City Laguna Beach	State CA	Zip Code 92651
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer retired	Occupation retired	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Michael Sorrell		Date of Receipt MM / DD / YYYY 02 / 11 / 2011
Mailing Address 3888 W Sahara Ave #3		<b>Transaction ID:</b> SA11AI.4812
City Las Vegas	State NV	Zip Code 89102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Retired	Occupation Retired	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5270.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 19 / 28  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LCR PAC

**A.** Full Name (Last, First, Middle Initial)  
William H Thibaut  
 Mailing Address PO Box 1373  
 City State Zip Code  
 Donaldsville LA 70346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The McCall Company Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00  
 Date of Receipt MM / DD / YYYY  
 02 / 11 / 2011  
**Transaction ID:** SA11AI.4803  
 Amount of Each Receipt this Period  
 500.00  
 contribution

**B.** Full Name (Last, First, Middle Initial)  
William H Thibaut  
 Mailing Address PO Box 1373  
 City State Zip Code  
 Donaldsville LA 70346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The McCall Company Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00  
 Date of Receipt MM / DD / YYYY  
 04 / 30 / 2011  
**Transaction ID:** SA11AI.4979  
 Amount of Each Receipt this Period  
 10.00  
 contribution

**C.** Full Name (Last, First, Middle Initial)  
David Trebing  
 Mailing Address 3900 Connecticut Ave NW  
 #802-A  
 City State Zip Code  
 Washington DC 20016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Daimler Lobbyist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00  
 Date of Receipt MM / DD / YYYY  
 06 / 24 / 2011  
**Transaction ID:** SA11AI.4891  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 760.00  
**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 / 28  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
LCR PAC

**A.** Full Name (Last, First, Middle Initial)  
Michael Turney

Mailing Address 1805 Line Avenue

City State Zip Code  
Shreveport LA 71101

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

Name of Employer Michael Turner Agency      Occupation Owner

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

Date of Receipt  

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

**Transaction ID:** SA11AI.4858

Amount of Each Receipt this Period  
250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Tom Wahl, Jr.

Mailing Address 3495 East Ave

City State Zip Code  
Rochester NY 14618

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

Name of Employer Morgan Stanley      Occupation Wealth Advisor

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

Date of Receipt  

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

**Transaction ID:** SA11AI.4818

Amount of Each Receipt this Period  
250.00

contribution

**C.** Full Name (Last, First, Middle Initial)  
Tom Wahl, Jr.

Mailing Address 3495 East Ave

City State Zip Code  
Rochester NY 14618

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

Name of Employer Morgan Stanley      Occupation Wealth Advisor

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      270.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	1	1

**Transaction ID:** SA11AI.4923

Amount of Each Receipt this Period  
20.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **520.00**

**TOTAL** This Period (last page this line number only) ..... ► **14920.00**

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LCR PAC

A.	Full Name (Last, First, Middle Initial) Blackbaud Internet Solutions	Transaction ID: SB21B.4821 Date of Disbursement																			
	Mailing Address 2000 Daniel Island Drive	<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>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	4		2	0	1	1												
	City Charleston State SC Zip Code 29492	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Merchant Service Fees	<table border="1"><tr><td>334.39</td></tr></table>	334.39																		
334.39																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Blackbaud Internet Solutions	Transaction ID: SB21B.4825 Date of Disbursement																			
	Mailing Address 2000 Daniel Island Drive	<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>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	9		2	0	1	1												
	City Charleston State SC Zip Code 29492	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Merchant Service Fee	<table border="1"><tr><td>35.49</td></tr></table>	35.49																		
35.49																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Blackbaud Internet Solutions	Transaction ID: SB21B.4838 Date of Disbursement																			
	Mailing Address 2000 Daniel Island Drive	<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>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	1	1												
	City Charleston State SC Zip Code 29492	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Merchant Service Fee	<table border="1"><tr><td>25.74</td></tr></table>	25.74																		
25.74																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>395.62</td></tr></table>	395.62
395.62		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LCR PAC

A.	Full Name (Last, First, Middle Initial) Blackbaud Internet Solutions	Transaction ID: SB21B.4851 Date of Disbursement
	Mailing Address 2000 Daniel Island Drive	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City Charleston State SC Zip Code 29492	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Service Fee	<input type="text" value="42.02"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Blackbaud Internet Solutions	Transaction ID: SB21B.4856 Date of Disbursement
	Mailing Address 2000 Daniel Island Drive	<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City Charleston State SC Zip Code 29492	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Service Fee	<input type="text" value="11.18"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Blackbaud Internet Solutions	Transaction ID: SB21B.4863 Date of Disbursement
	Mailing Address 2000 Daniel Island Drive	<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City Charleston State SC Zip Code 29492	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Service Fee	<input type="text" value="19.23"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="72.43"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
LCR PAC

A.	Full Name (Last, First, Middle Initial) Blackbaud Internet Solutions	Transaction ID: SB21B.4869 Date of Disbursement
	Mailing Address 2000 Daniel Island Drive	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="24"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="11"/> <input type="text" value="11"/> <input type="text" value="11"/>
	City Charleston State SC Zip Code 29492	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Service Fee Candidate Name	<input type="text" value="13.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Blackbaud Internet Solutions	Transaction ID: SB21B.4876 Date of Disbursement
	Mailing Address 2000 Daniel Island Drive	<input type="text" value="06"/> <input type="text" value="06"/> / <input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="11"/> <input type="text" value="11"/> <input type="text" value="11"/>
	City Charleston State SC Zip Code 29492	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Service Fee Candidate Name	<input type="text" value="0.67"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Blackbaud Internet Solutions	Transaction ID: SB21B.4880 Date of Disbursement
	Mailing Address 2000 Daniel Island Drive	<input type="text" value="06"/> <input type="text" value="06"/> / <input type="text" value="24"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="11"/> <input type="text" value="11"/> <input type="text" value="11"/>
	City Charleston State SC Zip Code 29492	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Service Fee Candidate Name	<input type="text" value="6.67"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="20.34"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="488.39"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LCR PAC

**A.** Full Name (Last, First, Middle Initial)  
**CHARLIE DENT FOR CONGRESS**

Mailing Address PO BOX 442

City ALLENTOWN State PA Zip Code 18105

Purpose of Disbursement  
Contribution

Candidate Name  
**CHARLES W REP DENT**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 15

**Transaction ID:** SB23.4881

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
**FITZPATRICK FOR CONGRESS**

Mailing Address PO Box 185

City Langhorne State PA Zip Code 19047

Purpose of Disbursement  
Contribtuion

Candidate Name  
**MICHAEL G FITZPATRICK**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 08

**Transaction ID:** SB23.4857

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF DAVE REICHERT**

Mailing Address P. O. Box 53322

City Bellevue State WA Zip Code 98015

Purpose of Disbursement  
Contribution

Candidate Name  
**DAVE REICHERT**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WA District: 08

**Transaction ID:** SB23.4839

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LCR PAC

<b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH Mailing Address P. O. Box 189 City Mount Kisco State NY Zip Code 10549 Purpose of Disbursement Debt Retirement Contribution Candidate Name NAN HAYWORTH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4840 Date of Disbursement 03 / 03 / 2011
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH Mailing Address P. O. Box 189 City Mount Kisco State NY Zip Code 10549 Purpose of Disbursement Contribution Candidate Name NAN HAYWORTH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4870 Date of Disbursement 05 / 02 / 2011
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) MIKE GIN FOR CONGRESS Mailing Address 518 CLUSTER LANE City REDONDO BEACH State CA Zip Code 90278 Purpose of Disbursement Contribution Candidate Name MIKE GIN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36 Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General	Transaction ID: SB23.4871 Date of Disbursement 05 / 10 / 2011
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General

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

**3500.00**

**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 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)  
LCR PAC

A.	Full Name (Last, First, Middle Initial) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>	<b>Transaction ID: SB23.4885</b>
	Mailing Address <b>320 FIRST STREET SE</b>	Date of Disbursement MM / DD / YYYY <b>03 / 30 / 2011</b>
	City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20003</b>	Amount of Each Disbursement this Period <b>2500.00</b>
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) <b>ONE NATION PAC</b>	<b>Transaction ID: SB23.4886</b>
	Mailing Address <b>PO BOX 10144</b>	Date of Disbursement MM / DD / YYYY <b>02 / 14 / 2011</b>
	City <b>PALM DESERT</b> State <b>CA</b> Zip Code <b>92255</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) <b>RICHARD HANNA FOR CONGRESS COMMITTEE</b>	<b>Transaction ID: SB23.4888</b>
	Mailing Address <b>2308 GENESEE STREET</b>	Date of Disbursement MM / DD / YYYY <b>03 / 01 / 2011</b>
	City <b>UTICA</b> State <b>NY</b> Zip Code <b>13502</b>	Amount of Each Disbursement this Period <b>500.00</b>
	Purpose of Disbursement contribution	Category/ Type
	Candidate Name <b>RICHARD HANNA</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>NY</b> District: <b>24</b>	

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

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

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

FOR LINE NUMBER:  
(check only one)

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<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)  
LCR PAC

A.	Full Name (Last, First, Middle Initial) RICHARD HANNA FOR CONGRESS COMMITTEE	Transaction ID: SB23.4892 Date of Disbursement
	Mailing Address 2308 GENESEE STREET	<input type="text" value="06"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City UTICA State NY Zip Code 13502	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="2000.00"/>
	Candidate Name RICHARD HANNA	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SCOTT BROWN FOR US SENATE COMMITTEE INC	Transaction ID: SB23.4842 Date of Disbursement
	Mailing Address P.O. BOX 395	<input type="text" value="03"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City WRENTHAM State MA Zip Code 02903	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="1000.00"/>
	Candidate Name SCOTT P BROWN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS	Transaction ID: SB23.4822 Date of Disbursement
	Mailing Address 4679 WINTERSET DRIVE	<input type="text" value="02"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City COLUMBUS State OH Zip Code 43220	Amount of Each Disbursement this Period
	Purpose of Disbursement debt retirement contribution	<input type="text" value="1000.00"/>
	Candidate Name STEVE STIVERS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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<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)  
LCR PAC

A.

Full Name (Last, First, Middle Initial)  
TOM REED FOR CONGRESS

Mailing Address 99 W 1ST STREET

City CORNING State NY Zip Code 14830

Purpose of Disbursement  
contribution

Candidate Name  
THOMAS W II REED

Office Sought:  House  
 Senate  
 President  
State: NY District: 29

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.4893

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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