

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
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-Q)

ADDRESS (number and street) 1201 15th Street NW
Suite 400
 Check if different than previously reported. (ACC)
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00358663
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 04 21 2009 through 06 30 2009

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 Sandra Yartin DePoy

Signature of Treasurer Electronically Filed by Sandra Yartin DePoy Date 07 29 2009

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

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

A. Form/Schedule : **F3XN**

Transaction ID :

Operating expenditures listed in the report were incurred on behalf of ARDA-ROC PAC. If a contribution was made to, or expenditure made on behalf of, another committee, that would be noted in the report. The \$15,000.00 receipt from Venable LLP is payment of their share of the cost of an event they co-hosted with ARDA-ROC PAC at the Republican National Convention. The original expense is included on ARDA-ROC PAC's Post-General Report. See disbursement dated 11/17/08 to Warehouse Productions, LLC.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PAC)

Report Covering the Period: From:

M	M
0	4

D	D
2	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		2252634.23
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	2715175.95									
(c) Total Receipts (from Line 19)	1068936.01	2246856.80								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3784111.96	4499491.03								
7. Total Disbursements (from Line 31)	287377.08	1002756.15								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3496734.88	3496734.88								
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)

Write or Type Committee Name

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	1011082.64	2175999.71
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1011082.64	2175999.71
(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)	1011082.64	2175999.71
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)	21098.00	21098.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	36755.37	49759.09
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))	1068936.01	2246856.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1068936.01	2246856.80

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	141752.08	580456.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	141752.08	580456.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	124625.00	313050.00
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.....	21000.00	109250.00
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))..	287377.08	1002756.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	287377.08	1002756.15

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	1011082.64	2175999.71
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1011082.64	2175999.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	141752.08	580456.15
37. Offsets to Operating Expenditures (from Line 15, page 3)	21098.00	21098.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	120654.08	559358.15

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 55
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.	Full Name (Last, First, Middle Initial) Collins, Robert	Date of Receipt MM / DD / YYYY 05 / 01 / 2009
	Mailing Address 911 7th Street, NE	Transaction ID: b542c4456a3eb90ec76
	City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 98.00
	FEC ID number of contributing federal political committee. C	Use of DC Arena Box
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 98.00

B.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Date of Receipt MM / DD / YYYY 05 / 18 / 2009
	Mailing Address 430 South Capitol Street, SE 2nd Floor	Transaction ID: 43da8584a52a90f5bf
	City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 6000.00
	FEC ID number of contributing federal political committee. C	Use of DC Arena Box
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6000.00

C.	Full Name (Last, First, Middle Initial) Venable LLP	Date of Receipt MM / DD / YYYY 04 / 29 / 2009
	Mailing Address 575 7th Street, NW	Transaction ID: 30774aae6c687dcc819
	City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 15000.00
	FEC ID number of contributing federal political committee. C	Reimbursement for RNC Convention Event
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00

SUBTOTAL of Receipts This Page (optional)	21098.00
TOTAL This Period (last page this line number only)	21098.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.	Full Name (Last, First, Middle Initial) Comerica Securities		Date of Receipt
	Mailing Address 201 W. Fort Street		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Detroit	MI	48226
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: a2f492498cf2d150cc5 Amount of Each Receipt this Period <input type="text" value="603.08"/> Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="3329.08"/>	

B.	Full Name (Last, First, Middle Initial) Comerica Securities		Date of Receipt
	Mailing Address 201 W. Fort Street		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Detroit	MI	48226
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: 4b232a25b1f6b578581 Amount of Each Receipt this Period <input type="text" value="582.69"/> Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="3329.08"/>	

C.	Full Name (Last, First, Middle Initial) Comerica Securities		Date of Receipt
	Mailing Address 201 W. Fort Street		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Detroit	MI	48226
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: acc51c5155a3acf620f Amount of Each Receipt this Period <input type="text" value="604.17"/> Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="3329.08"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1789.94"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 55
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.

Full Name (Last, First, Middle Initial)
Smith Barney

Mailing Address 1850 K Street, NW

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 46430.01

Date of Receipt: 04 / 30 / 2009
Transaction ID: 473041dde4f631dcb36
Amount of Each Receipt this Period: 16466.08
Interest

B.

Full Name (Last, First, Middle Initial)
Smith Barney

Mailing Address 1850 K Street, NW

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 46430.01

Date of Receipt: 05 / 31 / 2009
Transaction ID: ccabdbbd7ff2a7d2a22
Amount of Each Receipt this Period: 17317.42
Interest

C.

Full Name (Last, First, Middle Initial)
Smith Barney

Mailing Address 1850 K Street, NW

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 46430.01

Date of Receipt: 06 / 30 / 2009
Transaction ID: 69b2e9c168be032ec5a
Amount of Each Receipt this Period: 1181.93
Interest

SUBTOTAL of Receipts This Page (optional) ► 34965.43

TOTAL This Period (last page this line number only) ► 36755.37

**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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) American Resort Development Association</p> <p>Mailing Address 1201 15th Street NW Suite 400</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Rent, Salary, Utilities, Security, Copying</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: V470bb9d68f92411ba58</p> <p>Date of Disbursement 05 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 12500.00</p> <p>001 Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) American Resort Development Association</p> <p>Mailing Address 1201 15th Street NW Suite 400</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Rent, Salary, Utilities, Security, Copying</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: V37f39628db34eee58b5</p> <p>Date of Disbursement 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 12500.00</p> <p>001 Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) American Resort Development Association</p> <p>Mailing Address 1201 15th Street NW Suite 400</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement POL Tax Payment</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: V166628499649841146e</p> <p>Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 10000.00</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

35000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.	Full Name (Last, First, Middle Initial) Aventum Mailing Address 1155 21st Street, NW Suite 330 City Washington State DC Zip Code 20006 Purpose of Disbursement Retainer & Expenses for PAC Fundraising Consulting 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: V0b24d30d8ddd42ebb65 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 9 Amount of Each Disbursement this Period 2525.00 Category/Type 001
B.	Full Name (Last, First, Middle Initial) Aventum Mailing Address 1155 21st Street, NW Suite 330 City Washington State DC Zip Code 20006 Purpose of Disbursement Retainer & Expenses for PAC Fundraising Consulting 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: Vf051d6ed6535c6f4acc Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 9 Amount of Each Disbursement this Period 2525.00 Category/Type 001
C.	Full Name (Last, First, Middle Initial) Aventum Mailing Address 1155 21st Street, NW Suite 330 City Washington State DC Zip Code 20006 Purpose of Disbursement Retainer & Expenses for PAC Fundraising Consulting 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: Vc6e6499efdb818742cb Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 9 Amount of Each Disbursement this Period 2540.02 Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	7590.02
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.	Full Name (Last, First, Middle Initial) Baker & Hostetler	Transaction ID: V43e5f7fa5bc0bbc06ca Date of Disbursement 06 / 23 / 2009
	Mailing Address Connecticut Avenue, NW Suite 1100	Amount of Each Disbursement this Period 27552.71
	City Washington State DC Zip Code 20006	
	Purpose of Disbursement Retainer and Expenses for Legal Services Candidate Name	001 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) Bockorny Group, Inc.	Transaction ID: V3bfbcd2eaf19643505f Date of Disbursement 04 / 21 / 2009
	Mailing Address L Street, NW	Amount of Each Disbursement this Period 10238.93
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Retainer and Expenses for Legislative Services Candidate Name	001 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) Bockorny Group, Inc.	Transaction ID: Vb0ef5ef57bf2f6a143f Date of Disbursement 05 / 19 / 2009
	Mailing Address L Street, NW	Amount of Each Disbursement this Period 9838.04
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Retainer and Expenses for Legislative Services Candidate Name	001 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)	47629.68
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.	Full Name (Last, First, Middle Initial) Bockorny Group, Inc. Mailing Address L Street, NW City Washington State DC Zip Code 20005 Purpose of Disbursement Retainer and Expenses for Legislative 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: Vfb2622ba12cd9d060c2 Date of Disbursement 06 / 23 / 2009 Amount of Each Disbursement this Period 9815.97 Category/Type 001
B.	Full Name (Last, First, Middle Initial) Columbia Books Mailing Address 8120 Woodmont Ave. Suite 110 City Bethesda State MD Zip Code 20814 Purpose of Disbursement Washington Representatives Books 2009 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: V0ccd1597ebdc15cf479 Date of Disbursement 05 / 19 / 2009 Amount of Each Disbursement this Period 463.20 Category/Type 001
C.	Full Name (Last, First, Middle Initial) D.C. Arena Mailing Address 601 F Street, NW City Washington State DC Zip Code 20004 Purpose of Disbursement Verizon Center Box Rental 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: Ve3ba0260a401e0668b3 Date of Disbursement 05 / 01 / 2009 Amount of Each Disbursement this Period 5000.00 Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	15279.17
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A. Full Name (Last, First, Middle Initial) D.C. Arena <hr/> Mailing Address 601 F Street, NW <hr/> City Washington State DC Zip Code 20004 Purpose of Disbursement Verizon Center Box Rental Candidate Name <hr/> 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: V6e80d463c622a0dd67c Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00 Category/Type: 001
B. Full Name (Last, First, Middle Initial) D.C. Arena <hr/> Mailing Address 601 F Street, NW <hr/> City Washington State DC Zip Code 20004 Purpose of Disbursement Verizon Center Box Rental Candidate Name <hr/> 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: V11330bc992886c7fee3 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00 Category/Type: 001
C. Full Name (Last, First, Middle Initial) Democracy Data & Communications <hr/> Mailing Address 44 Canal Center Plaza Suite 200 <hr/> City Alexandria State VA Zip Code 22314 Purpose of Disbursement Monthly Database Maintenance & Fees Candidate Name <hr/> 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: V44b73d5a83d3e663f0d Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 3000.00 Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)	▶	13000.00
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)
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A. Full Name (Last, First, Middle Initial) Democracy Data & Communications <hr/> Mailing Address 44 Canal Center Plaza Suite 200 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Monthly Database Maintenance & Fees Candidate Name <hr/> 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: V07c2e76c9c500283b48 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 62.50
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Democracy Data & Communications <hr/> Mailing Address 44 Canal Center Plaza Suite 200 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Monthly Database Maintenance & Fees Candidate Name <hr/> 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: V68ed569b67d165c99c0 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 3000.00
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Democracy Data & Communications <hr/> Mailing Address 44 Canal Center Plaza Suite 200 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Monthly Database Maintenance & Fees Candidate Name <hr/> 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: Ve47c5ce2c48e2ba940f Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3562.50
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<p>A. Full Name (Last, First, Middle Initial) Democracy Data & Communications</p> <p>Mailing Address 44 Canal Center Plaza Suite 200</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Monthly Database Maintenance & Fees 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: Vada6ceb351a9017eac2 Date of Disbursement 06 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) DePoy Sandra</p> <p>Mailing Address 1201 15th Street, NW Suite 400</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Reimbursement of Expenses 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: V7db894252acf290a4d3 Date of Disbursement 05 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1975.93</p> <p>001 Category/ Type</p> <p>See Attribution Below</p>
<p>C. Full Name (Last, First, Middle Initial) Levy Restaurants</p> <p>Mailing Address 601 F St, NW</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Reception 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: Vcd01e092b3440384b6b Date of Disbursement 05 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1975.93</p> <p>001 Category/ Type</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4975.93

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A. Full Name (Last, First, Middle Initial) DePoy Sandra <hr/> Mailing Address 1201 15th Street, NW Suite 400 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Reimbursement of Expenses Candidate Name <hr/> 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: V5f19f46b9755a1293f3 Date of Disbursement 05 / 26 / 2009
	Amount of Each Disbursement this Period 10061.33
	See Attribution Below
	Category/Type: 001
B. Full Name (Last, First, Middle Initial) Amtrak <hr/> Mailing Address Union Station <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Train Fare Candidate Name <hr/> 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: Vfd30fc494149810b973 Date of Disbursement 05 / 26 / 2009
	Amount of Each Disbursement this Period 542.00
	[MEMO ITEM]
	Category/Type: 001
C. Full Name (Last, First, Middle Initial) Levy Restaurants <hr/> Mailing Address 601 F St, NW <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Reception Candidate Name <hr/> 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: Vf5906504cbb79a5b159 Date of Disbursement 05 / 26 / 2009
	Amount of Each Disbursement this Period 389.91
	[MEMO ITEM]
	Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) ▶

10061.33

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A. Levy Restaurants	Full Name (Last, First, Middle Initial)	Transaction ID: Vf2204257ab99f23a1b1
	Mailing Address 601 F St, NW	Date of Disbursement 05 / 26 / 2009
	City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period 1357.51
	Purpose of Disbursement Reception Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B. Levy Restaurants	Full Name (Last, First, Middle Initial)	Transaction ID: Vbd61fcac151204e684a
	Mailing Address 601 F St, NW	Date of Disbursement 05 / 26 / 2009
	City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period 2099.68
	Purpose of Disbursement Reception Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C. Southwest Airlines	Full Name (Last, First, Middle Initial)	Transaction ID: V075ee31f7e502129f62
	Mailing Address PO Box 36647	Date of Disbursement 05 / 26 / 2009
	City Dallas State TX Zip Code 75235	Amount of Each Disbursement this Period 433.20
	Purpose of Disbursement Airfare Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ► 0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.	Full Name (Last, First, Middle Initial) Sylvester Management Corp. Mailing Address PO Box 986 City Irmo State SC Zip Code 29063 Purpose of Disbursement FEC Conference 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: V54c925119101a27a3b0 Date of Disbursement 05 / 26 / 2009 Amount of Each Disbursement this Period 499.00 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) The Ritz-Carlton Mailing Address Two West Street City New York State NY Zip Code 10004 Purpose of Disbursement Reception 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: Vf3cd492de240b81bab8 Date of Disbursement 05 / 26 / 2009 Amount of Each Disbursement this Period 1000.00 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Walt Disney Parks & Resorts Mailing Address PO Box 10140 City Lake Buena Vista State FL Zip Code 32830 Purpose of Disbursement Lodging 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: V1bce93635fadfa6467a Date of Disbursement 05 / 26 / 2009 Amount of Each Disbursement this Period 850.11 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<p>A. Full Name (Last, First, Middle Initial) Washington Nationals</p> <p>Mailing Address 1500 South Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: Va1c5232733b118f4c3b</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1379.25"/></p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Riley Kevin</p> <p>Mailing Address 1201 15th Street, NW Suite 400</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel and Accomodations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: V4f9e99bd80a5c2ced91</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p> <p>See Attribution Below (So-ho)</p>
<p>C. Full Name (Last, First, Middle Initial) Riley Kevin</p> <p>Mailing Address 1201 15th Street, NW Suite 400</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Expense Reimbursement for Accomodations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: V5f2c06be924c73115fe</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="728.45"/></p> <p>See Attribution Below</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 55

<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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A. Full Name (Last, First, Middle Initial) Soho Grand Hotel <hr/> Mailing Address 310 West Broadway <hr/> City New York State NY Zip Code 10013 <hr/> Purpose of Disbursement Accomodations Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: Vd32905bef7bc9128e54 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 781.62 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) The Conrad Group <hr/> Mailing Address 426 C Street, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Retainer & Expenses for PAC Fundraising Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V222e55c44064c14bd21 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 3675.00

SUBTOTAL of Disbursements This Page (optional) ►

3675.00

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

141752.08

**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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.	Full Name (Last, First, Middle Initial) Aventum	Transaction ID: V33430c02f0512f9ac13 Date of Disbursement 05 / 12 / 2009
	Mailing Address 1155 21st Street, NW Suite 330	Amount of Each Disbursement this Period 650.00
	City Washington State DC Zip Code 20006	In-Kind
	Purpose of Disbursement Reception Candidate Name Judy Biggert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Aventum	Transaction ID: V305e7154cc296372703 Date of Disbursement 05 / 12 / 2009
	Mailing Address 1155 21st Street, NW Suite 330	Amount of Each Disbursement this Period 325.00
	City Washington State DC Zip Code 20006	In-Kind
	Purpose of Disbursement Reception Candidate Name Walter Herger, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) Aventum	Transaction ID: Vdf5cc5523bc22043182 Date of Disbursement 06 / 09 / 2009
	Mailing Address 1155 21st Street, NW Suite 330	Amount of Each Disbursement this Period 325.00
	City Washington State DC Zip Code 20006	In-Kind
	Purpose of Disbursement Reception Candidate Name Sam Johnson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

1300.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.	Full Name (Last, First, Middle Initial) Aventum	Transaction ID: V08b5793968cd7be6ee8 Date of Disbursement 06 / 09 / 2009
	Mailing Address 1155 21st Street, NW Suite 330	Amount of Each Disbursement this Period 650.00
	City Washington State DC Zip Code 20006	
	Purpose of Disbursement Reception Candidate Name Patrick Timothy McHenry Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	In-Kind
B.	Full Name (Last, First, Middle Initial) Aventum	Transaction ID: Vdc668f2962017c3cb33 Date of Disbursement 06 / 26 / 2009
	Mailing Address 1155 21st Street, NW Suite 330	Amount of Each Disbursement this Period 650.00
	City Washington State DC Zip Code 20006	
	Purpose of Disbursement Reception Candidate Name Lynn Jenkins Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	In-Kind
C.	Full Name (Last, First, Middle Initial) Aventum	Transaction ID: V68675e13838b49a9106 Date of Disbursement 06 / 26 / 2009
	Mailing Address 1155 21st Street, NW Suite 330	Amount of Each Disbursement this Period 325.00
	City Washington State DC Zip Code 20006	
	Purpose of Disbursement Reception Candidate Name Kevin Brady Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	In-Kind

SUBTOTAL of Disbursements This Page (optional)	▶	1625.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

<input 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A. Full Name (Last, First, Middle Initial) Bachus for Congress Committee <hr/> Mailing Address PO Box 131134 <hr/> City Birmingham State AL Zip Code 35213 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Spencer T. Bachus, III <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 06	Transaction ID: 4f828694fb8b80ef83b Date of Disbursement 06 / 26 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Bennet for Colorado <hr/> Mailing Address 1900 Grant Street Suite 1170 <hr/> City Denver State CO Zip Code 80203 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Michael F. Bennet <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District:	Transaction ID: c511120c298e8f6d64d Date of Disbursement 05 / 18 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Brady for Congress <hr/> Mailing Address PO Box 8277 <hr/> City the Woodlands State TX Zip Code 77387 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Kevin Brady <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 08	Transaction ID: 0808797cd07ab26e0b6 Date of Disbursement 06 / 09 / 2009
	Amount of Each Disbursement this Period 2175.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

12175.00

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

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

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

FOR LINE NUMBER: (check only one)

<input 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)
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.	Full Name (Last, First, Middle Initial) Citizens for Bunning	Transaction ID: 6f706112f84cd8b496e Date of Disbursement																			
	Mailing Address 1717 Dixie Highway Suite 180	<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>6</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	9		2	0	0	9												
	City Ft Wright State KY Zip Code 41011	Amount of Each Disbursement this Period																			
	Purpose of Disbursement 2010 Primary	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Jim Bunning	011 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Citizens for Bunning	Transaction ID: ebdaa960aca6b951f04 Date of Disbursement																			
	Mailing Address 1717 Dixie Highway Suite 180	<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>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	6		2	0	0	9												
	City Ft Wright State KY Zip Code 41011	Amount of Each Disbursement this Period																			
	Purpose of Disbursement 2010 Primary	<table border="1"><tr><td>4000.00</td></tr></table>	4000.00																		
4000.00																					
	Candidate Name Jim Bunning	011 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Committee To Elect Alan Grayson	Transaction ID: 8b65360ef0fc346ec22 Date of Disbursement																			
	Mailing Address PO Box 536447	<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>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	6		2	0	0	9												
	City Orlando State FL Zip Code 32853	Amount of Each Disbursement this Period																			
	Purpose of Disbursement 2010 Primary	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Alan Mark Grayson	011 Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>6000.00</td></tr></table>	6000.00
6000.00		
TOTAL 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 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)
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.	Full Name (Last, First, Middle Initial) Crowley for Congress	Transaction ID: 5ed3714a8f8ce0186b3 Date of Disbursement
	Mailing Address 84-56 Grand Avenue	<input type="text" value="05"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Elmhurst State NY Zip Code 11373	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary	<input type="text" value="5000.00"/>
	Candidate Name Joseph Crowley	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Friends of Bill Posey	Transaction ID: ea8194894edba57b88 Date of Disbursement
	Mailing Address PO Box 360877	<input type="text" value="06"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Melbourne State FL Zip Code 32936	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary	<input type="text" value="2000.00"/>
	Candidate Name Bill Posey	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Friends of John Boehner	Transaction ID: 68e51d6dfe086c752ba Date of Disbursement
	Mailing Address 7908 Cincinnati Dayton Road Suite I	<input type="text" value="06"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City West Chester State OH Zip Code 45069	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary	<input type="text" value="5000.00"/>
	Candidate Name John A. Boehner	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="12000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.	Full Name (Last, First, Middle Initial) Friends of John Thune	Transaction ID: 4e375fea13dd98a0991 Date of Disbursement
	Mailing Address 200 North Phillips Avenue Ste L101	<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Sioux Falls State SD Zip Code 57104	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary	<input type="text" value="2000.00"/>
	Candidate Name John R. Thune	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Friends of Sam Johnson	Transaction ID: 4180ec8f7d1e2b67e00 Date of Disbursement
	Mailing Address PO Box 860096	<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Plano State TX Zip Code 75086	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary	<input type="text" value="2175.00"/>
	Candidate Name Sam Johnson	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Friends of Schumer	Transaction ID: 29fbe9f531d26c1ee88 Date of Disbursement
	Mailing Address 509 Madison Ave Suite 1902	<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City New York State NY Zip Code 10022	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary	<input type="text" value="5000.00"/>
	Candidate Name Charles E. Schumer	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A. Full Name (Last, First, Middle Initial) Georgians for Isakson <hr/> Mailing Address Post Office Box 250116 <hr/> City Atlanta State GA Zip Code 30325 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Johnny Isakson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8bdc78cd55aff01a380 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Contribution

B. Full Name (Last, First, Middle Initial) Grassley Committee Inc <hr/> Mailing Address PO Box 1000 <hr/> City Des Moines State IA Zip Code 50304 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Charles E. Grassley <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00b342170dc4595e8e3 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Contribution

C. Full Name (Last, First, Middle Initial) Great Land PAC <hr/> Mailing Address 607 14th Street NW Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name Great Land PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 76bd8bf2d7643d9b5e0 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 29 / 55

<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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<p>A. Full Name (Last, First, Middle Initial) Growth and Prosperity Political Action Committee</p> <p>Mailing Address 831 Linwood Court Suite 300</p> <p>City Birmingham State AL Zip Code 35222</p> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name Growth and Prosperity Political Action Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 6b6e4f48b6605048dac Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Hoosiers for Hill</p> <p>Mailing Address PO Box 1071</p> <p>City Seymour State IN Zip Code 47274</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Baron P. Hill</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: b52cf6fb663a5585c88 Date of Disbursement 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 2175.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Hoyer for Congress</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Steny H. Hoyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 66b197872554bfa7f75 Date of Disbursement 06 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12175.00

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

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

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

FOR LINE NUMBER: (check only one)

<input 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A. Full Name (Last, First, Middle Initial) Jobs, Opportunities and Education, PAC (JOE-PAC) <hr/> Mailing Address 84-54 Grand Avenue <hr/> City Elmhurst State NY Zip Code 11373 Purpose of Disbursement 2009 Contribution Candidate Name Jobs, Opportunities and Education, PAC (JOE-PAC) Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: cf75a42bdcc2e7bfe7 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
B. Full Name (Last, First, Middle Initial) Joe Donnelly for Congress <hr/> Mailing Address PO Box 1961 <hr/> City South Bend State IN Zip Code 46634 Purpose of Disbursement 2010 Primary Candidate Name Joe Donnelly Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 75ce56f784390b020af Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 2175.00
	011 Category/ Type
C. Full Name (Last, First, Middle Initial) Johanns for Senate Incorporated <hr/> Mailing Address 5555 South Street <hr/> City Lincoln State NE Zip Code 68506 Purpose of Disbursement 2014 Primary Candidate Name Michael Johanns Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 16c140189699c1dc654 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 5000.00
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	▶	12175.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A. Full Name (Last, First, Middle Initial) Lance for Congress <hr/> Mailing Address PO Box 225 <hr/> City Colonia State NJ Zip Code 07067 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Leonard Lance <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: af600104f1b40ea6c8e Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 3000.00
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) Lynn Jenkins for Congress <hr/> Mailing Address PO Box 1441 <hr/> City Topeka State KS Zip Code 66601 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Lynn Jenkins <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: eadec4db44e7af62966 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 2350.00
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) Maloney for Congress <hr/> Mailing Address 49 East 92nd Street <hr/> City New York State NY Zip Code 10128 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Carolyn B. Maloney <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5086ede55c19449f367 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

10350.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A. Full Name (Last, First, Middle Initial) McCotter Congressional Committee <hr/> Mailing Address PO Box 530788 <hr/> City Livonia State MI Zip Code 48153 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Thaddeus G. McCotter <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1a9e5b63c8363c2ad6f Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) McHenry for Congress <hr/> Mailing Address PO Box 1406 <hr/> City Hickory State NC Zip Code 28603 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Patrick Timothy McHenry <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: a95ce0ba23d7c6f9cca Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 4350.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mike Crapo for US Senate <hr/> Mailing Address PO Box 1948 <hr/> City Boise State ID Zip Code 83701 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Michael D. Crapo <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9376296e93b1467844a Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8350.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A. Full Name (Last, First, Middle Initial) Mike Crapo for US Senate <hr/> Mailing Address PO Box 1948 <hr/> City Boise State ID Zip Code 83701 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Michael D. Crapo <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District:	Transaction ID: 3bdcb1e26604586e024 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Moderate Democrats PAC <hr/> Mailing Address 426 C Street NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name Moderate Democrats PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 7f9d5543afc80499ffc Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Nelson 2012 <hr/> Mailing Address PO Box 8666 <hr/> City Omaha State NE Zip Code 68108 <hr/> Purpose of Disbursement 2012 Primary Candidate Name E. Benjamin Nelson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District:	Transaction ID: f8070d3389fda154168 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.	Full Name (Last, First, Middle Initial) Steve Israel for Congress Committee	Transaction ID: 9e42b342865ee14eaa5 Date of Disbursement																				
	Mailing Address PO Box 777	<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>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y												
	0	6		2	3		2	0	0	9												
City State Zip Code Deer Park NY 11729	Amount of Each Disbursement this Period <table border="1"><tr><td>1500.00</td></tr></table>	1500.00																				
1500.00																						
Purpose of Disbursement 2010 Primary Candidate Name Steve J. Israel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type																					
B.	Full Name (Last, First, Middle Initial) The Conrad Group	Transaction ID: Vea2c1f60c73d3f98626 Date of Disbursement																				
	Mailing Address 426 C Street, 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>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y												
	0	5		0	5		2	0	0	9												
City State Zip Code Washington DC 20002	Amount of Each Disbursement this Period <table border="1"><tr><td>325.00</td></tr></table>	325.00																				
325.00																						
Purpose of Disbursement Reception Candidate Name Linda T. Sanchez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type																					
C.	Full Name (Last, First, Middle Initial) The Conrad Group	Transaction ID: Vb5680d777ca290ec2f6 Date of Disbursement																				
	Mailing Address 426 C Street, 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>0</td><td>5</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	9		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y												
	0	5		1	9		2	0	0	9												
City State Zip Code Washington DC 20002	Amount of Each Disbursement this Period <table border="1"><tr><td>325.00</td></tr></table>	325.00																				
325.00																						
Purpose of Disbursement Reception Candidate Name Melissa Luburich Bean Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type																					

SUBTOTAL of Disbursements This Page (optional) ▶

2150.00

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

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

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

FOR LINE NUMBER: (check only one)

<input 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A. Full Name (Last, First, Middle Initial) The Conrad Group <hr/> Mailing Address 426 C Street, NE <hr/> City Washington State DC Zip Code 20002 Purpose of Disbursement Reception Candidate Name Baron P. Hill Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: Vd139e1fd03aadf77715 Date of Disbursement 06 / 09 / 2009
	Amount of Each Disbursement this Period 325.00 In-Kind
B. Full Name (Last, First, Middle Initial) The Conrad Group <hr/> Mailing Address 426 C Street, NE <hr/> City Washington State DC Zip Code 20002 Purpose of Disbursement Reception Candidate Name Joe Donnelly Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V41266b6c0a889de14cd Date of Disbursement 06 / 25 / 2009
	Amount of Each Disbursement this Period 325.00 In-Kind
C. Full Name (Last, First, Middle Initial) Victory Now PAC <hr/> Mailing Address 10605 Concord Street-Ste. 202 Suite 202 <hr/> City Kensington State MD Zip Code 20895 Purpose of Disbursement 2009 Contribution Candidate Name Victory Now PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 5e5c7cd1ba0e4c90bb5 Date of Disbursement 06 / 26 / 2009
	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

3150.00

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)

PAGE 37 / 55

<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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.

Full Name (Last, First, Middle Initial)

Yarmuth for Congress

Mailing Address 1819 Brownsboro Road
Suite 100

City State Zip Code
Louisville KY 40202

Purpose of Disbursement
2010 Primary

Candidate Name
John A. Yarmuth

Office Sought: House
 Senate
 President

State: KY District: 03

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: df42617edadf58c94ac

Date of Disbursement

05 / 12 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

124625.00

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 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A. Full Name (Last, First, Middle Initial) Bright for Senate <hr/> Mailing Address P.O. Box 589 <hr/> City Roebuck State SC Zip Code 29376 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28f581843e3dc13313e Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) California Democratic Party <hr/> Mailing Address 1107 Ninth Street, Suite 901 1100 O Street 95814 <hr/> City Sacramento State CA Zip Code 98514 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80ef3ad64f2c033ffc1 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 3000.00
	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Elliott for SC Senate <hr/> Mailing Address P.O. Box 3200 <hr/> City North Myrtle Beach State SC Zip Code 29582 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9eb0da0206c9fa00cef Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3750.00

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)
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.	Full Name (Last, First, Middle Initial) Friends for Brian Taniguchi	Transaction ID: 61a4ea72d9b67d30d91 Date of Disbursement
	Mailing Address 2140 Armstrong Street	<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Honolulu State HI Zip Code 96819	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<input type="text" value="150.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Friends for Brickwood	Transaction ID: 84cceaf9501d266eaaf Date of Disbursement
	Mailing Address P.O. Box 2816	<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Honolulu State HI Zip Code 96803	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<input type="text" value="150.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) Friends for Calvin Say	Transaction ID: aa61021414a0be86d3d Date of Disbursement
	Mailing Address 1984 10 Avenue	<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Honolulu State HI Zip Code 96816	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<input type="text" value="500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="800.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 40 / 55

<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)
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A. Full Name (Last, First, Middle Initial) Friends for Isaac W. Choy <hr/> Mailing Address 2733 East Manoa Road <hr/> City Honolulu State HI Zip Code 96822 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 264eb7c2886833711e5 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 100.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends for James Tokioka <hr/> Mailing Address 2512 Kanio Road <hr/> City Lihu State HI Zip Code 96766 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: f5ecd6b2ec51bb7175d Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Blake Oshiro <hr/> Mailing Address P.O. Box 1473 <hr/> City Aiea State HI Zip Code 96701 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: a87dd25c9951989c427 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 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)
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.	Full Name (Last, First, Middle Initial) Friends of Bob Herkes	Transaction ID: 6eec8cecb9bc09e9916 Date of Disbursement
	Mailing Address PO Box 313	<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Volcano State HI Zip Code 96785	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<input type="text" value="500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Friends of Chris Lee	Transaction ID: 0bbb0d33d92fdf5aa3b Date of Disbursement
	Mailing Address 111Kekili Street, Box 392	<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Kailua State HI Zip Code 96734	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<input type="text" value="100.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Friends of Clarence Nishihara	Transaction ID: bb3e187c562d77ac3e0 Date of Disbursement
	Mailing Address P.O. Box 971293	<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Waipahu State HI Zip Code 96797	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<input type="text" value="500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1100.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.	Full Name (Last, First, Middle Initial) Friends of Colleen	Transaction ID: 14c00c20c6ab0e8e3b2
	Mailing Address 92-1019 Koio Drive	Date of Disbursement 05 / 29 / 2009
	City Kapolei State HI Zip Code 96822	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Nonfederal Contribution Candidate Name	011 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) Friends of David Ige	Transaction ID: 2a98829cf31a126ad1f
	Mailing Address 98-635 Kaahele Street	Date of Disbursement 05 / 29 / 2009
	City Aiea State HI Zip Code 96701	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Nonfederal Contribution Candidate Name	011 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) Friends of Denny Coffman	Transaction ID: dfdcae080ddb52aefbe
	Mailing Address 77-258 HOOKAANA STREET	Date of Disbursement 05 / 29 / 2009
	City Kailua-Kona State HI Zip Code 96740	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement Nonfederal Contribution Candidate Name	011 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)	850.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

<input 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)
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A. Full Name (Last, First, Middle Initial) Friends of Donna M. Kim <hr/> Mailing Address 1528 Onipaa Street <hr/> City Honolulu State HI Zip Code 96819 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> 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: a3f2dbb0d09293fa2ae Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/Type
	State: District:
B. Full Name (Last, First, Middle Initial) Friends of Dwight Takamine <hr/> Mailing Address c/o 624 12th Avenue <hr/> City Honolulu State HI Zip Code 96816 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> 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: 06aad8f2c74889b51df Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 150.00
	011 Category/Type
	State: District:
C. Full Name (Last, First, Middle Initial) Friends of Gil Keith-Agaran <hr/> Mailing Address P.O. Box 848 <hr/> City Wailuku State HI Zip Code 97793 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> 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: 09dc04bb235c6d8c11f Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 100.00
	011 Category/Type
	State: District:

SUBTOTAL of Disbursements This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

<input 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)
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A. Full Name (Last, First, Middle Initial) Friends of Glenn Wakai <hr/> Mailing Address 1541 Ala Lani Street <hr/> City Honolulu State HI Zip Code 96819 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: acffbf02bc2c3731 eac Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	011 Category/ Type
	State: District:
B. Full Name (Last, First, Middle Initial) Friends of Jerry Chang <hr/> Mailing Address 218 S. Wilder Road <hr/> City Hilo State HI Zip Code 96720 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: e4ebf6b95b15cd54a24 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	011 Category/ Type
	State: District:
C. Full Name (Last, First, Middle Initial) Friends of Jill Tokuda <hr/> Mailing Address P.O. Box 6068 <hr/> City Kaneohe State HI Zip Code 96744 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: d856cb070deb5d3afe9 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 150.00
	011 Category/ Type
	State: District:

SUBTOTAL of Disbursements This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 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)
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.	Full Name (Last, First, Middle Initial) Friends of Joey Manaham	Transaction ID: Odac9385db743e8ab63 Date of Disbursement																			
	Mailing Address 1250 Richard Lane A408	<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>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	9												
	City Honolulu State HI Zip Code 96819	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<table border="1"><tr><td>250.00</td></tr></table>	250.00																		
250.00																					
	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) Friends of Joey Manaham	Transaction ID: e9ddb7de4d10a77808c Date of Disbursement																			
	Mailing Address 1250 Richard Lane A408	<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>5</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	9		2	0	0	9												
	City Honolulu State HI Zip Code 96819	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<table border="1"><tr><td>250.00</td></tr></table>	250.00																		
250.00																					
	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) Friends of Jon Riki Karamatsu	Transaction ID: 1a846576a19836c8526 Date of Disbursement																			
	Mailing Address P.O. Box 970146	<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>5</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	9		2	0	0	9												
	City Waipahu State HI Zip Code 96797	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<table border="1"><tr><td>150.00</td></tr></table>	150.00																		
150.00																					
	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)	<table border="1"><tr><td>650.00</td></tr></table>	650.00
650.00		
TOTAL 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)

PAGE 46 / 55

<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)
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.	Full Name (Last, First, Middle Initial) Friends of Joseph Souki	Transaction ID: 747bfc9cfb7f6daa7d Date of Disbursement
	Mailing Address P.O. Box 632	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="09"/> <input type="text" value="09"/>
	City Wailuku State HI Zip Code 96793	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<input type="text" value="250.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Friends of Lynn Finnegan	Transaction ID: 7bdba235f6c6d6b4a2e Date of Disbursement
	Mailing Address 99-195 Ohekani Loop	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="09"/> <input type="text" value="09"/>
	City Aiea State HI Zip Code 96701	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<input type="text" value="250.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Friends of Marcus R. Oshiro	Transaction ID: b3f646b4017223aa3d6 Date of Disbursement
	Mailing Address P.O. Box 861149	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="09"/> <input type="text" value="09"/>
	City Wahiawa State HI Zip Code 96786	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<input type="text" value="250.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 47 / 55

<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)
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.	Full Name (Last, First, Middle Initial) Friends of Mark Nakashima	Transaction ID: 046650c5bf4ee3fc1d8 Date of Disbursement																			
	Mailing Address P.O. Box 438	<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>5</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	2	9	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5	/	2	9	/	2	0	0	9												
	City Honokaa State HI Zip Code 96727	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	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) Friends of Michael Magaoay	Transaction ID: ec3ef8b463725accbba Date of Disbursement																			
	Mailing Address P.O. Box 977	<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>4</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	2	4	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4	/	2	4	/	2	0	0	9												
	City Waialua State HI Zip Code 96791	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	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) Friends of Michelle Kidani	Transaction ID: 59055263e999c66d526 Date of Disbursement																			
	Mailing Address P.O. Box 894515	<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>5</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	2	9	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5	/	2	9	/	2	0	0	9												
	City Mililani State HI Zip Code 96789	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	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)	<table border="1"><tr><td>450.00</td></tr></table>	450.00
450.00		
TOTAL 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 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)
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.	Full Name (Last, First, Middle Initial) Friends of Pono Chong	Transaction ID: bb1d9862db6f48b878a
	Mailing Address 287 Hamalua Drive	Date of Disbursement 05 / 29 / 2009
	City Kailua State HI Zip Code 96734	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Nonfederal Contribution Candidate Name	011 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) Friends of Roland Sagum	Transaction ID: 1f5038c23474a9b2616
	Mailing Address P.O. Box 25	Date of Disbursement 05 / 29 / 2009
	City Lawai State HI Zip Code 96765	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Nonfederal Contribution Candidate Name	011 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) Friends of Roslyn Baker	Transaction ID: 13f90b1a30d38cfd084
	Mailing Address P.O. Box 10394	Date of Disbursement 05 / 29 / 2009
	City Lahaina State HI Zip Code 96761	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement Nonfederal Contribution Candidate Name	011 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)	800.00
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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.	Full Name (Last, First, Middle Initial) Friends of Ryan Yamane	Transaction ID: 2c508b1368ae6478a6b Date of Disbursement
	Mailing Address 94-1466 Okupu Street	<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Waipahu State HI Zip Code 96797	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<input type="text" value="150.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Friends of Scott Saiki	Transaction ID: 0ee5b95fc34e839762c Date of Disbursement
	Mailing Address P.O. Box 12022	<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Honolulu State HI Zip Code 96828-1022	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<input type="text" value="150.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) Friends of Sylvia Luke	Transaction ID: 02a06880d59879aa990 Date of Disbursement
	Mailing Address P.O. Box 2804	<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Honolulu State HI Zip Code 96803	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<input type="text" value="150.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

450.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.	Full Name (Last, First, Middle Initial) Good Friends of Kyle Yamashita	Transaction ID: ad22226d20e1d5f5e31 Date of Disbursement
	Mailing Address P.O. Box 880989	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Pukalani State HI Zip Code 96788	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<input type="text" value="250.00"/> <input type="text" value="011"/> 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) Jim Battle for House District 57	Transaction ID: 4d21cb0c5b2f5f7f058 Date of Disbursement
	Mailing Address P.O. Box 536	<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Nichols State SC Zip Code 29581	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<input type="text" value="250.00"/> <input type="text" value="011"/> 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) Kevin de Leon for Assembly 2010	Transaction ID: 7c0cb858df3a0d9b431 Date of Disbursement
	Mailing Address 1100 O Street, Suite 200	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<input type="text" value="3000.00"/> <input type="text" value="011"/> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.	Full Name (Last, First, Middle Initial) Martin for Senate	Transaction ID: 0b3f997b8edc5bbcd3f Date of Disbursement
	Mailing Address 2741 Glenn Springs Road	<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City Spartanburg State SC Zip Code 29302	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<input type="text" value="500.00"/> 011 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) McConnell for Senate	Transaction ID: 3480bf98f232632ac4a Date of Disbursement
	Mailing Address 300 Senate Street	<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City Columbia State SC Zip Code 29202	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<input type="text" value="500.00"/> 011 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) McKelvey for House	Transaction ID: 8887d2d8c6090bbce36 Date of Disbursement
	Mailing Address P.O. Box 847	<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Lahaina State HI Zip Code 96761	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<input type="text" value="150.00"/> 011 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) ▶

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 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A. Full Name (Last, First, Middle Initial) Mulvaney for Senate <hr/> Mailing Address 550 Ralph Hood Road <hr/> City Indian Land State SC Zip Code 29707 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5672ef4954df81cd117 Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2009
	Amount of Each Disbursement this Period 500.00
	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Padilla for Senate <hr/> Mailing Address 1127 11th Street Suite 505 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: a61a105f36acb79dee2 Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2009
	Amount of Each Disbursement this Period 1000.00
	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Peeler for Senate <hr/> Mailing Address P.O. Box 7431 <hr/> City Columbia State SC Zip Code 29202 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: d8567082ddb8d2e5c22 Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2009
	Amount of Each Disbursement this Period 500.00
	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

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

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

FOR LINE NUMBER: (check only one)

<input 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)
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A. Full Name (Last, First, Middle Initial) Re-Elect Garry Smith to the State House Mailing Address 210 Foxhound Road City Simpsonville State SC Zip Code 29680 Purpose of Disbursement Nonfederal Contribution 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: 7454479ed75e502d888 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00 Category/Type: 011
B. Full Name (Last, First, Middle Initial) Rita Allison for State House Mailing Address P.O. Box 93 City Lyman State SC Zip Code 29356 Purpose of Disbursement Nonfederal Contribution 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: 78226ff7f1d02831484 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00 Category/Type: 011
C. Full Name (Last, First, Middle Initial) Rose for Senate Mailing Address 409 Central Avenue City Summerville State SC Zip Code 29483 Purpose of Disbursement Nonfederal Contribution 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: 556958cb9a711a85c52 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00 Category/Type: 011

SUBTOTAL of Disbursements This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

<input 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)
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A. Full Name (Last, First, Middle Initial) Sandifer for the House <hr/> Mailing Address 112 Cardinal Drive <hr/> City Seneca State SC Zip Code 29672 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: df36343e21b981463fe Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Shan's Friends <hr/> Mailing Address P.O. Box 2578 <hr/> City Wailuku State HI Zip Code 96793 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 03196d68b26f9a8a591 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Shoopman for Senate <hr/> Mailing Address 4455 Skyland Drive <hr/> City Greer State SC Zip Code 29651 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 736410ca9eb7955fe0f Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1250.00
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)

PAGE 55 / 55

<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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.

Full Name (Last, First, Middle Initial)

Time for Barbara Marumoto

Mailing Address P.O. Box 2274

City Honolulu State HI Zip Code 96804

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 405e91c6f281a80b98b

Date of Disbursement

05 / 29 / 2009

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) ▶

250.00

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

2100.00