

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
REPUBLICAN MAJORITY CAMPAIGN

ADDRESS (number and street) 13421 MALENA DR  
 Check if different than previously reported. (ACC)  
SANTA ANA CA 92705

2. **FEC IDENTIFICATION NUMBER** C00442319  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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

5. Covering Period 07 01 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Randy Goodwin

Signature of Treasurer Electronically Filed by Randy Goodwin Date 10 15 2010

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

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

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

Write or Type Committee Name  
REPUBLICAN MAJORITY CAMPAIGN

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		245475.23
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	82809.22									
(c) Total Receipts (from Line 19) .....	409230.50	1503661.37								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	492039.72	1749136.60								
7. Total Disbursements (from Line 31) .....	405945.52	1663042.40								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	86094.20	86094.20								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	4714.15									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
REPUBLICAN MAJORITY CAMPAIGN

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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) .....	17476.76	36437.76
(ii) Unitemized .....	391753.74	1462223.61
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	409230.50	1498661.37
(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) .....	409230.50	1498661.37
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	5000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	409230.50	1503661.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	409230.50	1503661.37

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	377196.37	1561372.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	377196.37	1561372.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	9000.00
24. Independent Expenditure (use Schedule E) .....	26749.15	92170.17
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	500.00
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))..	405945.52	1663042.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	405945.52	1663042.40

**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) .....	409230.50	1498661.37
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	409230.50	1498661.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	377196.37	1561372.23
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	5000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	377196.37	1556372.23

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 64  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial) Gary Adams		Date of Receipt MM / DD / YYYY 08 / 25 / 2010
Mailing Address 3420-H W MacArthur Blvd		<b>Transaction ID:</b> SA11AI.6043
City Santa Ana	State CA	Zip Code 92704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Adams Properties	Occupation President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 319.00	

**B.**

Full Name (Last, First, Middle Initial) Gary Adams		Date of Receipt MM / DD / YYYY 09 / 07 / 2010
Mailing Address 3420-H W MacArthur Blvd		<b>Transaction ID:</b> SA11AI.6001
City Santa Ana	State CA	Zip Code 92704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Adams Properties	Occupation President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 569.00	

**C.**

Full Name (Last, First, Middle Initial) Gary Adams		Date of Receipt MM / DD / YYYY 09 / 09 / 2010
Mailing Address 3420-H W MacArthur Blvd		<b>Transaction ID:</b> SA11AI.6044
City Santa Ana	State CA	Zip Code 92704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 48.47
Name of Employer Adams Properties	Occupation President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 617.47	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	398.47
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 64  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN MAJORITY CAMPAIGN**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Gary Adams</p> <p>Mailing Address 3420-H W MacArthur Blvd</p> <p>City State Zip Code <b>Santa Ana CA 92704</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Adams Properties      Occupation President</p> <p>Receipt For:      Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼      <span style="border: 1px solid black; padding: 2px;">817.47</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">09 / 10 / 2010</span></p> <p><b>Transaction ID: SA11AI.6042</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">200.00</span></p> <p>Contribution</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Gary Adams</p> <p>Mailing Address 3420-H W MacArthur Blvd</p> <p>City State Zip Code <b>Santa Ana CA 92704</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Adams Properties      Occupation President</p> <p>Receipt For:      Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼      <span style="border: 1px solid black; padding: 2px;">1017.47</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">09 / 19 / 2010</span></p> <p><b>Transaction ID: SA11AI.6040</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">200.00</span></p> <p>Contribution</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Gary Adams</p> <p>Mailing Address 3420-H W MacArthur Blvd</p> <p>City State Zip Code <b>Santa Ana CA 92704</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Adams Properties      Occupation President</p> <p>Receipt For:      Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼      <span style="border: 1px solid black; padding: 2px;">1049.94</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">09 / 21 / 2010</span></p> <p><b>Transaction ID: SA11AI.6045</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">32.47</span></p> <p>Contribution</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">432.47</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 64

(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial)  
Gary Adams

Mailing Address 3420-H W MacArthur Blvd

City State Zip Code  
Santa Ana CA 92704

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

Name of Employer Occupation  
Adams Properties President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1149.94

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2010

Transaction ID: SA11AI.6041

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Nancy Callison

Mailing Address 106 Birch St

City State Zip Code  
Vacaville CA 95688

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

Name of Employer Occupation  
None Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2020.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 14 / 2010

Transaction ID: SA11AI.5955

Amount of Each Receipt this Period

400.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Sandra Cobb

Mailing Address 6 Roadrunner Rd

City State Zip Code  
Rolling Hills CA 90274

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

Name of Employer Occupation  
None Retired

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 11 / 2010

Transaction ID: SA11AI.6008

Amount of Each Receipt this Period

250.00

Contribution

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

750.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 64  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial)  
Michael Cullen

Mailing Address 6805 Broken Bough

City State Zip Code  
Corpus Christi TX 78413

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
219.86

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2010

Transaction ID: SA11AI.6030

Amount of Each Receipt this Period  
219.86

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Karen Duddlesten

Mailing Address 1000 Uptown Park Blvd

City State Zip Code  
Houstone TX 77040

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 12 / 2010

Transaction ID: SA11AI.5991

Amount of Each Receipt this Period  
250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Cecilia Engstrom

Mailing Address 1990 Lantern Hill Lane

City State Zip Code  
Dacula GA 30019

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

Name of Employer None Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 14 / 2010

Transaction ID: SA11AI.5995

Amount of Each Receipt this Period  
250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **719.86**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

<b>A.</b>	Full Name (Last, First, Middle Initial) Emerson Glazer	Date of Receipt MM / DD / YYYY 09 / 16 / 2010
	Mailing Address 9440 Santa Monica Bl	<b>Transaction ID:</b> SA11AI.5978
	City State Zip Code Beverly Hills CA 90210	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Emerik Properties Chairman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard Griffith	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3417 Milam St	<b>Transaction ID:</b> SA11AI.5988
	City State Zip Code Houston TX 77002	Amount of Each Receipt this Period 425.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Self Investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) D. G. Gumpertz	Date of Receipt MM / DD / YYYY 08 / 22 / 2010
	Mailing Address PO Box 2450	<b>Transaction ID:</b> SA11AI.5982
	City State Zip Code Toluca Lake CA 91610	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation None Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5925.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

<b>A.</b>	Full Name (Last, First, Middle Initial) Jim Jackson		Date of Receipt																					
	Mailing Address 7099 N FM 487		<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>9</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	2		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		1	2		2	0	1	0														
	City State Zip Code Rockdale TX 76567		<b>Transaction ID:</b> SA11AI.5984																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00																						
Name of Employer Balhalla Farms		Occupation President																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00																						

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Jenner		Date of Receipt																					
	Mailing Address 1110 Meadowview Dr		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		2	0		2	0	1	0														
	City State Zip Code Decatur IL 62526		<b>Transaction ID:</b> SA11AI.5958																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00																						
Name of Employer None		Occupation Retired																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																						

<b>C.</b>	Full Name (Last, First, Middle Initial) Burt Jordan		Date of Receipt																					
	Mailing Address 31 Stonebriar Way		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		2	9		2	0	1	0														
	City State Zip Code Frisco TX 75034		<b>Transaction ID:</b> SA11AI.6014																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 219.86																						
Name of Employer ICI Inc		Occupation Real Estate Sales																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 219.86																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	969.86
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

<b>A.</b>	Full Name (Last, First, Middle Initial) Glen Kelley		Date of Receipt
	Mailing Address PO Box 218350		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Houston	TX	77218
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Atwood Oceanics		Occupation Vice President	Transaction ID: SA11AI.6016
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="219.86"/>	<input type="text" value="219.86"/>
Contribution			

<b>B.</b>	Full Name (Last, First, Middle Initial) Walter H Kleiner		Date of Receipt
	Mailing Address 1725 89th PI NE		<input type="text" value="07"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Clyde Hills	WA	98004
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer None		Occupation Retired	Transaction ID: SA11AI.5949
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
Contribution			

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Kramer		Date of Receipt
	Mailing Address 1233 N Gulfstream Ave Unit 140		<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Sarasota	FL	34236
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Investor	Transaction ID: SA11AI.5969
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="700.00"/>	<input type="text" value="100.00"/>
Contribution			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="569.86"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 64  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial)  
Bat Lang

Mailing Address 163 Challenger

City State Zip Code  
Kyle TX 78640

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 12 / 2010

Transaction ID: SA11AI.5993

Amount of Each Receipt this Period  
250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Joe Layman

Mailing Address PO Box 101

City State Zip Code  
Sun River MT 59483

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 219.86

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 29 / 2010

Transaction ID: SA11AI.6020

Amount of Each Receipt this Period  
219.86

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Diane Lenning

Mailing Address 966 Heron Circle

City State Zip Code  
Seal Beach CA 90740

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2010

Transaction ID: SA11AI.5980

Amount of Each Receipt this Period  
1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1469.86**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 64  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial)  
Diane Lenning

Mailing Address 966 Heron Circle

City Seal Beach State CA Zip Code 90740

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 09 / 27 / 2010  
**Transaction ID:** SA11AI.5983  
 Amount of Each Receipt this Period: 500.00  
 Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Don C Marcum

Mailing Address 427 Wonderwood Dr

City Charlotte State NC Zip Code 28211

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 07 / 2010  
**Transaction ID:** SA11AI.5965  
 Amount of Each Receipt this Period: 100.00  
 Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Mr Harold McVey

Mailing Address 426 Via Ventana Dr

City Mesquite State NV Zip Code 89027

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 08 / 2010  
**Transaction ID:** SA11AI.5964  
 Amount of Each Receipt this Period: 200.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 64  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial)  
Stephanie O'Leary

Mailing Address 71 Colfax Rd

City State Zip Code  
Skillman NJ 08558

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

Name of Employer None Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2010

**Transaction ID:** SA11AI.5962

Amount of Each Receipt this Period  
250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Gary Oscar

Mailing Address 530 Benforest Dr

City State Zip Code  
Severna Park MD 21146

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

Name of Employer U.S. Army Occupation Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

**Transaction ID:** SA11AI.6004

Amount of Each Receipt this Period  
250.00

Contribution

**C.**

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

Mailing Address 10104 Vanderbilt Circle

City State Zip Code  
Rockville MD 20850

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2010

**Transaction ID:** SA11AI.5997

Amount of Each Receipt this Period  
250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 64  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.**

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

Mailing Address 10104 Vanderbilt Circle

City State Zip Code  
Rockville MD 20850

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** SA11AI.6038

Amount of Each Receipt this Period  
25.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Kathy Perrizo

Mailing Address 6243 Parkhurst Dr

City State Zip Code  
Goleta CA 93117

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

Name of Employer Goleta Union School District Occupation Teacher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 11 / 2010

**Transaction ID:** SA11AI.6006

Amount of Each Receipt this Period  
250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Darryl Preedge

Mailing Address 318 Buena Vista

City State Zip Code  
Newport Beach CA 92661

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

Name of Employer Self Occupation Mortgage Banker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2010

**Transaction ID:** SA11AI.5953

Amount of Each Receipt this Period  
500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **775.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary Rayburn		Date of Receipt
	Mailing Address 5941 N E 14th Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 10 / 2010
	City	State	Zip Code
	Fort Lauderdale	FL	33334
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6028
Name of Employer None		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 219.86
			Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Harold Rhodes		Date of Receipt
	Mailing Address 282A Heritage Vlg		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 21 / 2010
	City	State	Zip Code
	Southbury	CT	06488
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6018
Name of Employer Delta Airlines		Occupation Pilot	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 219.86
			Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Steven Ridenour		Date of Receipt
	Mailing Address 515 S Hidalgo St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 29 / 2010
	City	State	Zip Code
	Mathis	TX	78368
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6034
Name of Employer None		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 219.86
			Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 659.58
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

<b>A.</b>	Full Name (Last, First, Middle Initial) Dennis Roth	Date of Receipt MM / DD / YYYY 07 / 31 / 2010
	Mailing Address 4082 Ridgedale Dr	<b>Transaction ID:</b> SA11AI.5989
	City State Zip Code Cincinnati OH 45247	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation GAIC IT Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Edwin C Sandham	Date of Receipt MM / DD / YYYY 08 / 30 / 2010
	Mailing Address 1964 SW Saint Andrews Dr	<b>Transaction ID:</b> SA11AI.5952
	City State Zip Code Palm City FL 34990	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation None Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William Squire	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 39523 Via Montalvo	<b>Transaction ID:</b> SA11AI.6010
	City State Zip Code Murrieta CA 92563	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation None Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	650.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

<b>A.</b>	Full Name (Last, First, Middle Initial) William Squire		Date of Receipt
	Mailing Address 39523 Via Montalvo		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 23 / 2010
	City	State	Zip Code
	Murrieta	CA	92563
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6037
Name of Employer None		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2.50
			Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Summers		Date of Receipt
	Mailing Address 2630 Baywood Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 29 / 2010
	City	State	Zip Code
	Midland	MI	48642
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6032
Name of Employer Dow Chemical		Occupation Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 219.86
			Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Kathy Switzer		Date of Receipt
	Mailing Address 7245 Fairbanks		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 20 / 2010
	City	State	Zip Code
	Houston	TX	77040
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6022
Name of Employer Halco Life Safety Systems		Occupation Administrative Assistant	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 219.86
			Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>442.22</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary Taylor		Date of Receipt
	Mailing Address 969 E Emerald Springs		<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Boiling Springs	SC	29316
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer None		Occupation Homemaker	Transaction ID: SA11AI.6026 Amount of Each Receipt this Period <input type="text" value="219.86"/> Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="219.86"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Adam Thropay		Date of Receipt
	Mailing Address 8115 DaCosta St		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Downey	CA	90240
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer None		Occupation Retired	Transaction ID: SA11AI.6012 Amount of Each Receipt this Period <input type="text" value="219.86"/> Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="219.86"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Larry Townsend		Date of Receipt
	Mailing Address 400 N Taylor Rd		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	McAllen	TX	78501
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer None		Occupation Retired	Transaction ID: SA11AI.6024 Amount of Each Receipt this Period <input type="text" value="219.86"/> Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="219.86"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="659.58"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

<b>A.</b>	Full Name (Last, First, Middle Initial) David Wiggins		Date of Receipt
	Mailing Address 2151 N Gulf Shore		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Naples FL 34102		<input type="text"/> 09 / <input type="text"/> 30 / <input type="text"/> 2010
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5999
	Name of Employer Self Occupation Investor		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		Contribution	

<b>B.</b>	Full Name (Last, First, Middle Initial) Hitchings Wilson		Date of Receipt
	Mailing Address 5075 Stonehill Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Colorado Springs CO 80918		<input type="text"/> 07 / <input type="text"/> 01 / <input type="text"/> 2010
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5956
	Name of Employer Solamo County Occupation Teaching Assistant		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		Contribution	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jennifer Wiltz		Date of Receipt
	Mailing Address PO Box 187		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Krotz Springs LA 70750		<input type="text"/> 08 / <input type="text"/> 02 / <input type="text"/> 2010
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5960
	Name of Employer None Occupation Retired		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		Contribution	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 64  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial) Gary Wiren		Date of Receipt MM / DD / YYYY 09 / 07 / 2010
Mailing Address 564 Greenway Dr		<b>Transaction ID:</b> SA11AI.6002
City N Palm Beach	State FL	Zip Code 33408
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Management Consulting	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Gary Wiren		Date of Receipt MM / DD / YYYY 09 / 24 / 2010
Mailing Address 564 Greenway Dr		<b>Transaction ID:</b> SA11AI.6036
City N Palm Beach	State FL	Zip Code 33408
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5.00
Name of Employer Self	Occupation Management Consulting	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

**C.**

Full Name (Last, First, Middle Initial) Thomas Young		Date of Receipt MM / DD / YYYY 08 / 19 / 2010
Mailing Address PO Box 86269		<b>Transaction ID:</b> SA11AI.5986
City Tucson	State AZ	Zip Code 85754
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Arizona Block	Occupation Owner	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	755.00
<b>TOTAL</b> This Period (last page this line number only) .....	17476.76

# 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 23 / 64

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) ADP  Mailing Address 8825 Aero Dr  City San Diego State CA Zip Code 92123  Purpose of Disbursement Payroll fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5841 Date of Disbursement 07 / 08 / 2010  Amount of Each Disbursement this Period 121.50	
B.	Full Name (Last, First, Middle Initial) ADP  Mailing Address 8825 Aero Dr  City San Diego State CA Zip Code 92123  Purpose of Disbursement Payroll fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5913 Date of Disbursement 09 / 01 / 2010  Amount of Each Disbursement this Period 111.00	
C.	Full Name (Last, First, Middle Initial) ADP  Mailing Address 8825 Aero Dr  City San Diego State CA Zip Code 92123  Purpose of Disbursement Tax/financial service Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5915 Date of Disbursement 09 / 02 / 2010  Amount of Each Disbursement this Period 64.86	

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

297.36

**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 24 / 64

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB21B.5919 Date of Disbursement 09 / 09 / 2010
	Mailing Address 8825 Aero Dr	Amount of Each Disbursement this Period 111.00
	City San Diego State CA Zip Code 92123	
	Purpose of Disbursement Payroll fees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.5840 Date of Disbursement 07 / 06 / 2010
	Mailing Address PO Box 360001	Amount of Each Disbursement this Period 5.95
	City Ft Lauderdale State FL Zip Code 33336	
	Purpose of Disbursement Merchant fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.5862 Date of Disbursement 08 / 03 / 2010
	Mailing Address PO Box 360001	Amount of Each Disbursement this Period 7.95
	City Ft Lauderdale State FL Zip Code 33336	
	Purpose of Disbursement Merchant Fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	124.90
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.5917 Date of Disbursement
	Mailing Address PO Box 360001	<input type="text" value="09"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Ft Lauderdale State FL Zip Code 33336	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant fee	<input type="text" value="7.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Charles Benninghoff	Transaction ID: SB21B.6055 Date of Disbursement
	Mailing Address PO Box 2806	<input type="text" value="08"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Rancho Cucamonga State CA Zip Code 92629	Amount of Each Disbursement this Period
	Purpose of Disbursement Meeting Expenses	<input type="text" value="657.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Charles Benninghoff	Transaction ID: SB21B.6056 Date of Disbursement
	Mailing Address PO Box 2806	<input type="text" value="08"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Rancho Cucamonga State CA Zip Code 92629	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel	<input type="text" value="347.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1011.95"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Mrs Nancy Benninghoff  Mailing Address PO Box 2806  City Rncho Cuca State CA Zip Code 91629  Purpose of Disbursement Web Site Maintenance Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5826 Date of Disbursement 07 / 01 / 2010	Amount of Each Disbursement this Period 2000.00
B.	Full Name (Last, First, Middle Initial) Blue Shield of California  Mailing Address 50 Beale St  City San Francisco State CA Zip Code 94105  Purpose of Disbursement Medical Insurance Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5824 Date of Disbursement 07 / 02 / 2010	Amount of Each Disbursement this Period 864.50
C.	Full Name (Last, First, Middle Initial) Blue Shield of California  Mailing Address 50 Beale St  City San Francisco State CA Zip Code 94105  Purpose of Disbursement Medical Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5884 Date of Disbursement 08 / 20 / 2010	Amount of Each Disbursement this Period 1729.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4593.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 64

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Darshan Brahmbhatt	Transaction ID: SB21B.5828 Date of Disbursement 07 / 15 / 2010
	Mailing Address 932 D Street	Amount of Each Disbursement this Period 10.00
	City Ramona State CA Zip Code 92065	
	Purpose of Disbursement Data Extraction	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cagle Cartoons	Transaction ID: SB21B.5860 Date of Disbursement 08 / 03 / 2010
	Mailing Address PO Box 22342	Amount of Each Disbursement this Period 45.00
	City Santa Barbara State CA Zip Code 93121	
	Purpose of Disbursement Graphics for Website	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Cagle Cartoons	Transaction ID: SB21B.5916 Date of Disbursement 09 / 03 / 2010
	Mailing Address PO Box 22342	Amount of Each Disbursement this Period 45.00
	City Santa Barbara State CA Zip Code 93121	
	Purpose of Disbursement Graphics for website	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 64

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) California Bank & Trust	Transaction ID: SB21B.5871 Date of Disbursement
	Mailing Address PO Box 489	<input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Lawndale State CA Zip Code 90260	Amount of Each Disbursement this Period
	Purpose of Disbursement Wire Fee	<input type="text" value="30.00"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) California Bank & Trust	Transaction ID: SB21B.5921 Date of Disbursement
	Mailing Address PO Box 489	<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City Lawndale State CA Zip Code 90260	Amount of Each Disbursement this Period
	Purpose of Disbursement Wire fee	<input type="text" value="12.00"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) California Bank & Trust	Transaction ID: SB21B.5922 Date of Disbursement
	Mailing Address PO Box 489	<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Lawndale State CA Zip Code 90260	Amount of Each Disbursement this Period
	Purpose of Disbursement Wire fee	<input type="text" value="12.00"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="54.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) California Bank & Trust Mailing Address PO Box 489 City Lawndale State CA Zip Code 90260 Purpose of Disbursement Wire fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5923 Date of Disbursement 09 / 22 / 2010	Amount of Each Disbursement this Period 12.00
B.	Full Name (Last, First, Middle Initial) California Bank & Trust Mailing Address PO Box 489 City Lawndale State CA Zip Code 90260 Purpose of Disbursement Wire fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5926 Date of Disbursement 09 / 27 / 2010	Amount of Each Disbursement this Period 12.00
C.	Full Name (Last, First, Middle Initial) Card Service International Mailing Address PO Box 5180 City Simi Valley State CA Zip Code 93062 Purpose of Disbursement Credit Card Discount Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5933 Date of Disbursement 07 / 31 / 2010	Amount of Each Disbursement this Period 624.32

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

**648.32**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Card Service International <hr/> Mailing Address PO Box 5180 <hr/> City Simi Valley State CA Zip Code 93062 <hr/> Purpose of Disbursement Credit Card Discount 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: SB21B.5942 Date of Disbursement 08 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 518.83
B.	Full Name (Last, First, Middle Initial) Card Service International <hr/> Mailing Address PO Box 5180 <hr/> City Simi Valley State CA Zip Code 93062 <hr/> Purpose of Disbursement Credit Card Discount 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: SB21B.5948 Date of Disbursement 09 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 900.43
C.	Full Name (Last, First, Middle Initial) Cinderella Cleaning Service <hr/> Mailing Address c/o 932 D St <hr/> City Ramona State CA Zip Code 92065 <hr/> Purpose of Disbursement Cleaning Service 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: SB21B.5851 Date of Disbursement 08 / 12 / 2010 <hr/> Amount of Each Disbursement this Period 300.00

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

1719.26

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

<p><b>A.</b> Full Name (Last, First, Middle Initial) Crown SEO</p> <p>Mailing Address PO Box 2806</p> <p>City Rancho Cucamonga State CA Zip Code 91729</p> <p>Purpose of Disbursement Web Management Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6059</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6325.61"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Betty Doomey</p> <p>Mailing Address 932 D Street</p> <p>City Ramona State CA Zip Code 92065</p> <p>Purpose of Disbursement Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5825</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="319.38"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Betty Doomey</p> <p>Mailing Address 932 D Street</p> <p>City Ramona State CA Zip Code 92065</p> <p>Purpose of Disbursement Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5881</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="183.63"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6828.62"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

<b>A.</b>	Full Name (Last, First, Middle Initial) Federal Express Mailing Address 18062 Yorba City Tustin State CA Zip Code 92780 Purpose of Disbursement Shipping fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.5839 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 1 0	Amount of Each Disbursement this Period 30.25
<b>B.</b>	Full Name (Last, First, Middle Initial) Federal Express Mailing Address 18062 Yorba City Tustin State CA Zip Code 92780 Purpose of Disbursement Shipping Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.5872 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 29.56
<b>C.</b>	Full Name (Last, First, Middle Initial) FNMS Mailing Address 1620 Dodge St City Omaha State NE Zip Code 68197 Purpose of Disbursement Set Up Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.6049 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 1 0	Amount of Each Disbursement this Period 413.91

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

**473.72**

**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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.5829 Date of Disbursement 07 / 16 / 2010
	Mailing Address 13421 Malena Dr	Amount of Each Disbursement this Period 550.00
	City Santa Ana State CA Zip Code 92705	
	Purpose of Disbursement Medical Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.5831 Date of Disbursement 07 / 28 / 2010
	Mailing Address 13421 Malena Dr	Amount of Each Disbursement this Period 1100.00
	City Santa Ana State CA Zip Code 92705	
	Purpose of Disbursement Medical Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.5855 Date of Disbursement 08 / 02 / 2010
	Mailing Address 13421 Malena Dr	Amount of Each Disbursement this Period 1100.00
	City Santa Ana State CA Zip Code 92705	
	Purpose of Disbursement Accounting Fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.5856 Date of Disbursement
	Mailing Address 13421 Malena Dr	<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Santa Ana State CA Zip Code 92705	Amount of Each Disbursement this Period
	Purpose of Disbursement Management Fee	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.5854 Date of Disbursement
	Mailing Address 13421 Malena Dr	<input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City Santa Ana State CA Zip Code 92705	Amount of Each Disbursement this Period
	Purpose of Disbursement Medical	<input type="text" value="550.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.5852 Date of Disbursement
	Mailing Address 13421 Malena Dr	<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City Santa Ana State CA Zip Code 92705	Amount of Each Disbursement this Period
	Purpose of Disbursement Accounting Fee	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2550.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Randy Goodwin  Mailing Address 13421 Malena Dr  City Santa Ana State CA Zip Code 92705  Purpose of Disbursement Medical Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5849 Date of Disbursement 08 / 23 / 2010  Amount of Each Disbursement this Period 550.00
B.	Full Name (Last, First, Middle Initial) Grassroots  Mailing Address PO Box 2806  City Rancho Cucamonga State CA Zip Code 91729  Purpose of Disbursement Email 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: SB21B.6057 Date of Disbursement 09 / 30 / 2010  Amount of Each Disbursement this Period 8404.00
C.	Full Name (Last, First, Middle Initial) Healthplan Services  Mailing Address 932 D St  City Ramona State CA Zip Code 92065  Purpose of Disbursement Medical Ins Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5822 Date of Disbursement 07 / 01 / 2010  Amount of Each Disbursement this Period 53.98

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

9007.98

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Healthplan Services	Transaction ID: SB21B.5850 Date of Disbursement
	Mailing Address 932 D St	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/>
	City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period
	Purpose of Disbursement Medical	<input type="text" value="45.64"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Healthplan Services	Transaction ID: SB21B.5879 Date of Disbursement
	Mailing Address 932 D St	<input type="text" value="08"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/>
	City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period
	Purpose of Disbursement Medical	<input type="text" value="51.90"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kaiser Permanente	Transaction ID: SB21B.5823 Date of Disbursement
	Mailing Address 4647 Zion Ave	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="01"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/>
	City San Diego State CA Zip Code 92120	Amount of Each Disbursement this Period
	Purpose of Disbursement Medical Insurance	<input type="text" value="263.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="360.54"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Kaiser Permanente	Transaction ID: SB21B.5830
	Mailing Address 4647 Zion Ave	Date of Disbursement MM / DD / YYYY 07 / 19 / 2010
	City San Diego State CA Zip Code 92120	Amount of Each Disbursement this Period 263.00
	Purpose of Disbursement Medical Ins Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kaiser Permanente	Transaction ID: SB21B.5886
	Mailing Address 4647 Zion Ave	Date of Disbursement MM / DD / YYYY 08 / 25 / 2010
	City San Diego State CA Zip Code 92120	Amount of Each Disbursement this Period 263.00
	Purpose of Disbursement Medical Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Gary Kleep	Transaction ID: SB21B.5878
	Mailing Address 932 D Street	Date of Disbursement MM / DD / YYYY 09 / 15 / 2010
	City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period 2850.00
	Purpose of Disbursement Rent/3 months Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3376.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) New York Times	Transaction ID: SB21B.5843 Date of Disbursement 07 / 30 / 2010
	Mailing Address 1 Times Square	Amount of Each Disbursement this Period 32.63
	City New York State NY Zip Code 10020	
	Purpose of Disbursement Research	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) New York Times	Transaction ID: SB21B.5870 Date of Disbursement 08 / 16 / 2010
	Mailing Address 1 Times Square	Amount of Each Disbursement this Period 32.63
	City New York State NY Zip Code 10020	
	Purpose of Disbursement Research	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) New York Times	Transaction ID: SB21B.5918 Date of Disbursement 09 / 13 / 2010
	Mailing Address 1 Times Square	Amount of Each Disbursement this Period 32.63
	City New York State NY Zip Code 10020	
	Purpose of Disbursement Research	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>97.89</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Paypal	Transaction ID: SB21B.6047 Date of Disbursement
	Mailing Address 2211 N 1st St	<input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City San Jose State CA Zip Code 95131	Amount of Each Disbursement this Period
	Purpose of Disbursement Processing Fees	<input type="text" value="2592.54"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5928 Date of Disbursement
	Mailing Address 1201 S Alma School Rd	<input type="text" value="07"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone/mail communication	<input type="text" value="18010.69"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5929 Date of Disbursement
	Mailing Address 1201 S Alma School Rd	<input type="text" value="07"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone/mail communication	<input type="text" value="35126.63"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

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

**55729.86**

**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)  
REPUBLICAN MAJORITY CAMPAIGN

A. Political Advertising	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.5930	
	Mailing Address 1201 S Alma School Rd	Date of Disbursement 07 / 19 / 2010	
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period 24678.00	
	Purpose of Disbursement Phone/mail communication	Category/Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

B. Political Advertising	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.5932	
	Mailing Address 1201 S Alma School Rd	Date of Disbursement 07 / 26 / 2010	
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period 28496.32	
	Purpose of Disbursement Phone/Mail communication	Category/Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

C. Political Advertising	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.5934	
	Mailing Address 1201 S Alma School Rd	Date of Disbursement 08 / 02 / 2010	
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period 26235.18	
	Purpose of Disbursement Phone/mail communication	Category/Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>79409.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

<p><b>A.</b> Full Name (Last, First, Middle Initial) Political Advertising</p> <p>Mailing Address 1201 S Alma School Rd</p> <p>City Mesa State AZ Zip Code 85210</p> <p>Purpose of Disbursement Phone/mail communication</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5935 <b>Date of Disbursement</b> 08 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 20454.93</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Political Advertising</p> <p>Mailing Address 1201 S Alma School Rd</p> <p>City Mesa State AZ Zip Code 85210</p> <p>Purpose of Disbursement Phone/mail communication</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5936 <b>Date of Disbursement</b> 08 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 24686.99</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Political Advertising</p> <p>Mailing Address 1201 S Alma School Rd</p> <p>City Mesa State AZ Zip Code 85210</p> <p>Purpose of Disbursement Phone/mail communication</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5940 <b>Date of Disbursement</b> 08 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 16549.80</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>61691.72</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5941 Date of Disbursement
	Mailing Address 1201 S Alma School Rd	<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone/mail communication	<input type="text" value="22902.60"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5943 Date of Disbursement
	Mailing Address 1201 S Alma School Rd	<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone/mail communication	<input type="text" value="28152.29"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5944 Date of Disbursement
	Mailing Address 1201 S Alma School Rd	<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone/mail communication	<input type="text" value="26430.92"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5946 Date of Disbursement
	Mailing Address 1201 S Alma School Rd	<input type="text" value="09"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone/mail communication	<input type="text" value="19810.99"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5947 Date of Disbursement
	Mailing Address 1201 S Alma School Rd	<input type="text" value="09"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone/mail communication	<input type="text" value="33755.39"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Postmaster	Transaction ID: SB21B.5842 Date of Disbursement
	Mailing Address 2202 Grand Ave	<input type="text" value="07"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Santa Ana State CA Zip Code 92705	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="137.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="53703.38"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Registrar of Voters	Transaction ID: SB21B.5882 Date of Disbursement
	Mailing Address 1300 S Grand Ave	<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Santa Ana State CA Zip Code 92705	Amount of Each Disbursement this Period
	Purpose of Disbursement Voter File	<input type="text" value="220.75"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Response Enterprises	Transaction ID: SB21B.5847 Date of Disbursement
	Mailing Address 284 Shalom Rd	<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Waynesboro State VA Zip Code 22980	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing fees	<input type="text" value="8498.35"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Donna Smith	Transaction ID: SB21B.5880 Date of Disbursement
	Mailing Address 932 D Street	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period
	Purpose of Disbursement Wages	<input type="text" value="102.20"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8821.30"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) United Printing and Mailing	Transaction ID: SB21B.5931 Date of Disbursement
	Mailing Address 4833 S 38th St	<input type="text" value="07"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Phoenix State AZ Zip Code 85040	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing	<input type="text" value="1418.19"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) United Printing and Mailing	Transaction ID: SB21B.5939 Date of Disbursement
	Mailing Address 4833 S 38th St	<input type="text" value="08"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Phoenix State AZ Zip Code 85040	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing	<input type="text" value="1178.85"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) United Printing and Mailing	Transaction ID: SB21B.5937 Date of Disbursement
	Mailing Address 4833 S 38th St	<input type="text" value="09"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Phoenix State AZ Zip Code 85040	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing	<input type="text" value="2701.90"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5298.94"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address 272 E Via Rancho Parkway</p> <p>City Escondido State CA Zip Code 92025</p> <p>Purpose of Disbursement Phone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5821</p> <p>Date of Disbursement 07 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 137.94</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address 272 E Via Rancho Parkway</p> <p>City Escondido State CA Zip Code 92025</p> <p>Purpose of Disbursement Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5853</p> <p>Date of Disbursement 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 136.71</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address 272 E Via Rancho Parkway</p> <p>City Escondido State CA Zip Code 92025</p> <p>Purpose of Disbursement Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5885</p> <p>Date of Disbursement 08 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 136.70</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>411.35</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>37645.90</b>

**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 / 64

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)  
MCCLUNG, RUTH CRAWFORD

Mailing Address 3963 W PROSPERITY MINE PL

City TUCSON State AZ Zip Code 85745

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: AZ District: 07

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5873

Date of Disbursement

08 / 23 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

2000.00

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Response Enterprises			Nature of Debt (Purpose): Credit Card Processing
Mailing Address 284 Shalom Rd			
City Waynesboro	State VA	ZIP Code 22980	

Outstanding Balance Beginning This Period 3620.05		<b>Transaction ID: SD10.5563</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3620.05	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Response Enterprises			Nature of Debt (Purpose): Credit Card Processing
Mailing Address 284 Shalom Rd			
City Waynesboro	State VA	ZIP Code 22980	

Outstanding Balance Beginning This Period 1094.10		<b>Transaction ID: SD10.5564</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1094.10	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	4714.15
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	4714.15
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	4714.15



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Aristotle, Inc

Mailing Address  
205 Pennsylvania Ave

City State Zip Code  
Washington DC 20003

Purpose of Expenditure  
Voter file

Category/  
Type 004

Name of Federal Candidate supported or Opposed by expenditure:  
LYNNE TORGERSON

Calendar Year-To-Date Per Election  
for Office Sought 1926.60

Date  
MM / DD / YYYY  
09 / 16 / 2010

Amount  
1926.60

Transaction ID: SE.5908

Office Sought:  House State: MN  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Cagle Cartoons

Mailing Address  
PO Box 22342

City State Zip Code  
Santa Barbara CA 93121

Purpose of Expenditure  
Artwork for Website

Category/  
Type 004

Name of Federal Candidate supported or Opposed by expenditure:  
CHARLIE CRIST

Calendar Year-To-Date Per Election  
for Office Sought 45.00

Date  
MM / DD / YYYY  
07 / 02 / 2010

Amount  
45.00

Transaction ID: SE.5834

Office Sought:  House State: FL  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....	1971.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin  
Signature

Date MM / DD / YYYY  
10 / 15 / 2010

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN		FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle, Initial) of Payee  
California Bank & Trust

---

Mailing Address  
PO Box 489

---

City Lawndale	State CA	Zip Code 90260
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---

Purpose of Expenditure Wire Fee	Category/ Type 001
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---

Name of Federal Candidate supported or Opposed by expenditure:  
MARCO RUBIO

---

Calendar Year-To-Date Per Election for Office Sought  
17207.79

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

Amount  
30.00

Transaction ID: SE.5833

Office Sought:  House State: FL  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
California Bank & Trust

---

Mailing Address  
PO Box 489

---

City Lawndale	State CA	Zip Code 90260
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---

Purpose of Expenditure Wire fee	Category/ Type 001
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---

Name of Federal Candidate supported or Opposed by expenditure:  
CHARLIE CRIST

---

Calendar Year-To-Date Per Election for Office Sought  
6504.37

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

Amount  
30.00

Transaction ID: SE.5836

Office Sought:  House State: FL  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin  
Signature

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

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
California Bank & Trust

---

Mailing Address  
PO Box 489

---

City Lawndale	State CA	Zip Code 90260
Purpose of Expenditure Wire fee		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>

---

Name of Federal Candidate supported or Opposed by expenditure:  
MARCO RUBIO

---

Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">17237.79</span>
---	--

Date  
07 / 30 / 2010

Amount  
30.00

**Transaction ID:** SE.5838

Office Sought:  House State: FL  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
California Bank & Trust

---

Mailing Address  
PO Box 489

---

City Lawndale	State CA	Zip Code 90260
Purpose of Expenditure Wire Fee		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>

---

Name of Federal Candidate supported or Opposed by expenditure:  
MARCO RUBIO

---

Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">19306.33</span>
---	--

Date  
08 / 13 / 2010

Amount  
30.00

**Transaction ID:** SE.5867

Office Sought:  House State: FL  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">60.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </span>
(c) <b>TOTAL</b> Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin  
Signature

Date 10 / 15 / 2010

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN		FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle, Initial) of Payee  
California Bank & Trust

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Mailing Address  
PO Box 489

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City Lawndale	State CA	Zip Code 90260
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Purpose of Expenditure Wire Fee	Category/ Type 001
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---

Name of Federal Candidate supported or Opposed by expenditure:  
CHARLIE CRIST

---

Calendar Year-To-Date Per Election for Office Sought	8541.00
---	---------

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

Amount  
30.00

Transaction ID: SE.5876

Office Sought:  House State: FL  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
California Bank & Trust

---

Mailing Address  
PO Box 489

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City Lawndale	State CA	Zip Code 90260
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Purpose of Expenditure Wire fee	Category/ Type 001
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---

Name of Federal Candidate supported or Opposed by expenditure:  
MARCO RUBIO

---

Calendar Year-To-Date Per Election for Office Sought	10870.03
---	----------

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

Amount  
30.00

Transaction ID: SE.5912

Office Sought:  House State: FL  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin  
Signature

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

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Daniel Paul Diaz

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Mailing Address  
709 Garden Drive

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City Pompano Beach	State FL	Zip Code 34243
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Purpose of Expenditure Consulting Fees	Category/ Type 001
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Name of Federal Candidate supported or Opposed by expenditure:  
MARCO RUBIO

---

Calendar Year-To-Date Per Election for Office Sought	1810.42
---	---------

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

Amount  
1810.42

Transaction ID: SE.5832

Office Sought:  House State: FL  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_

Full Name (Last, First, Middle, Initial) of Payee  
Daniel Paul Diaz

---

Mailing Address  
709 Garden Drive

---

City Pompano Beach	State FL	Zip Code 34243
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Purpose of Expenditure Consulting Fees	Category/ Type 001
---	--------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
CHARLIE CRIST

---

Calendar Year-To-Date Per Election for Office Sought	6474.37
---	---------

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

Amount  
2142.46

Transaction ID: SE.5835

Office Sought:  House State: FL  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	3952.88
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin  
Signature

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

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Daniel Paul Diaz

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Mailing Address  
709 Garden Drive

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City Pompano Beach	State FL	Zip Code 34243
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Purpose of Expenditure Consulting fees	Category/ Type 001
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Name of Federal Candidate supported or Opposed by expenditure:  
MARCO RUBIO

---

Calendar Year-To-Date Per Election for Office Sought	1981.54
---	---------

Date  
MM / DD / YYYY  
07 / 30 / 2010

Amount  
1981.54

Transaction ID: SE.5837

Office Sought:  House State: FM  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Daniel Paul Diaz

---

Mailing Address  
709 Garden Drive

---

City Pompano Beach	State FL	Zip Code 34243
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Purpose of Expenditure Consulting Fee	Category/ Type 001
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Name of Federal Candidate supported or Opposed by expenditure:  
MARCO RUBIO

---

Calendar Year-To-Date Per Election for Office Sought	19276.33
---	----------

Date  
MM / DD / YYYY  
08 / 13 / 2010

Amount  
2038.54

Transaction ID: SE.5866

Office Sought:  House State: FL  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	4020.08
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin  
Signature

Date MM / DD / YYYY  
10 / 15 / 2010

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Daniel Paul Diaz

---

Mailing Address  
709 Garden Drive

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City Pompano Beach	State FL	Zip Code 34243
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Purpose of Expenditure Consulting Fee	Category/ Type 001
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---

Name of Federal Candidate supported or Opposed by expenditure:  
CHARLIE CRIST

---

Calendar Year-To-Date Per Election for Office Sought	8511.00
---	---------

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

---

Amount  
2006.63

---

Transaction ID: SE.5868

---

Office Sought:  House State: FL  
 Senate District: \_\_\_\_\_  
 Presidential

---

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Daniel Paul Diaz

---

Mailing Address  
709 Garden Drive

---

City Pompano Beach	State FL	Zip Code 34243
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Purpose of Expenditure Consulting fee	Category/ Type 001
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Name of Federal Candidate supported or Opposed by expenditure:  
MARCO RUBIO

---

Calendar Year-To-Date Per Election for Office Sought	10840.03
---	----------

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

---

Amount  
2299.03

---

Transaction ID: SE.5911

---

Office Sought:  House State: FL  
 Senate District: \_\_\_\_\_  
 Presidential

---

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	4305.66
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin  
Signature

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

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Randy Goodwin

Mailing Address  
13421 Malena Dr

City State Zip Code  
Santa Ana CA 92705

Purpose of Expenditure Category/Type  
Writing/Design fee 004

Name of Federal Candidate supported or Opposed by expenditure:  
CHRISTINE O'DONNELL

Calendar Year-To-Date Per Election for Office Sought 1000.00

Date  
MM / DD / YYYY  
09 / 02 / 2010

Amount  
1000.00

Transaction ID: SE.5903

Office Sought:  House State: DE  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Randy Goodwin

Mailing Address  
13421 Malena Dr

City State Zip Code  
Santa Ana CA 92705

Purpose of Expenditure Category/Type  
Postage Reimbursement 003

Name of Federal Candidate supported or Opposed by expenditure:  
SHARRON E ANGLE

Calendar Year-To-Date Per Election for Office Sought 29394.38

Date  
MM / DD / YYYY  
09 / 03 / 2010

Amount  
440.00

Transaction ID: SE.5894

Office Sought:  House State: NV  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	1440.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin  
Signature

Date  
MM / DD / YYYY  
10 / 15 / 2010



# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Randy Goodwin

---

Mailing Address  
13421 Malena Dr

---

City Santa Ana	State CA	Zip Code 92705
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---

Purpose of Expenditure Writing/Design fee	Category/ Type 004
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---

Name of Federal Candidate supported or Opposed by expenditure:  
JOSEPH W MILLER

---

Calendar Year-To-Date Per Election for Office Sought	1000.00
---	---------

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

Amount  
1000.00

Transaction ID: SE.5899

Office Sought:  House State: AK  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Randy Goodwin

---

Mailing Address  
13421 Malena Dr

---

City Santa Ana	State CA	Zip Code 92705
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---

Purpose of Expenditure Writing/Design fee	Category/ Type 004
--	--------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
VAN TRAN

---

Calendar Year-To-Date Per Election for Office Sought	550.00
---	--------

Date  
M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0

Amount  
550.00

Transaction ID: SE.5902

Office Sought:  House State: CA  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	1550.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	_____
(c) TOTAL Independent Expenditures .....	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin  
Signature

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

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Randy Goodwin

---

Mailing Address  
13421 Malena Dr

---

City Santa Ana	State CA	Zip Code 92705
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---

Purpose of Expenditure Writing/Design fee	Category/ Type 003
--	--------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
VAN TRAN

---

Calendar Year-To-Date Per Election for Office Sought	1550.00
---	---------

Date  
M M / D D / Y Y Y Y  
09 / 15 / 2010

Amount  
1000.00

Transaction ID: SE.5897

Office Sought:  House State: CA  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Randy Goodwin

---

Mailing Address  
13421 Malena Dr

---

City Santa Ana	State CA	Zip Code 92705
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Purpose of Expenditure Postage Reimbursement	Category/ Type 003
---	--------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
SHARRON E ANGLE

---

Calendar Year-To-Date Per Election for Office Sought	30304.33
---	----------

Date  
M M / D D / Y Y Y Y  
09 / 20 / 2010

Amount  
880.00

Transaction ID: SE.5895

Office Sought:  House State: NV  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	1880.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	_____
(c) TOTAL Independent Expenditures .....	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin  
Signature

Date M M / D D / Y Y Y Y  
10 / 15 / 2010

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Randy Goodwin

---

Mailing Address  
13421 Malena Dr

---

City Santa Ana	State CA	Zip Code 92705
-------------------	-------------	-------------------

---

Purpose of Expenditure Writing/Design fee	Category/ Type 003
--	--------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
RUTH CRAWFORD MCCLUNG

---

Calendar Year-To-Date Per Election for Office Sought	3575.92
---	---------

Date  
M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 1 0

---

Amount  
1000.00

Transaction ID: SE.5896

---

Office Sought:  House State: AZ  
 Senate District: \_\_\_\_\_  
 Presidential

---

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
 2010

Full Name (Last, First, Middle, Initial) of Payee  
Highbeam.com

---

Mailing Address  
1122 Parkway Ave

---

City New York	State NY	Zip Code 10014
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Purpose of Expenditure Research	Category/ Type 004
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---

Name of Federal Candidate supported or Opposed by expenditure:  
SHARRON E ANGLE

---

Calendar Year-To-Date Per Election for Office Sought	26924.43
---	----------

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

---

Amount  
29.95

Transaction ID: SE.5845

---

Office Sought:  House State: NV  
 Senate District: \_\_\_\_\_  
 Presidential

---

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
 2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	1029.95
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin  
Signature

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

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Highbeam.com

Mailing Address  
1122 Parkway Ave

City State Zip Code  
New York NY 10014

Purpose of Expenditure Category/Type  
Research 004

Name of Federal Candidate supported or Opposed by expenditure:  
SHARRON E ANGLE

Calendar Year-To-Date Per Election for Office Sought 28954.38

Date  
MM / DD / YYYY  
08 / 09 / 2010

Amount  
29.95

Transaction ID: SE.5865

Office Sought:  House State: NV  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Highbeam.com

Mailing Address  
1122 Parkway Ave

City State Zip Code  
New York NY 10014

Purpose of Expenditure Category/Type  
Research 004

Name of Federal Candidate supported or Opposed by expenditure:  
SHARRON E ANGLE

Calendar Year-To-Date Per Election for Office Sought 29424.33

Date  
MM / DD / YYYY  
09 / 08 / 2010

Amount  
29.95

Transaction ID: SE.5907

Office Sought:  House State: NV  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	59.90
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin  
Signature

Date  
MM / DD / YYYY  
10 / 15 / 2010

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
William Saracino

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Mailing Address  
3625 Angelus Ave

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City Glendale	State CA	Zip Code 91208
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Purpose of Expenditure Writing fee	Category/ Type 001
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Name of Federal Candidate supported or Opposed by expenditure:  
BARBARA BOXER

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Calendar Year-To-Date Per Election for Office Sought	150.00
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Date  
M M / D D / Y Y Y Y  
0 9 / 2 6 / 2 0 1 0

Amount  
150.00

Transaction ID: SE.5888

Office Sought:  House State: CA  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
William Saracino

---

Mailing Address  
3625 Angelus Ave

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City Glendale	State CA	Zip Code 91208
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Purpose of Expenditure Writing fee	Category/ Type 001
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Name of Federal Candidate supported or Opposed by expenditure:  
BARNEY FRANK

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Calendar Year-To-Date Per Election for Office Sought	150.00
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Date  
M M / D D / Y Y Y Y  
0 9 / 2 6 / 2 0 1 0

Amount  
150.00

Transaction ID: SE.5891

Office Sought:  House State: MA  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	300.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	_____
(c) TOTAL Independent Expenditures .....	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin \_\_\_\_\_ Date M M / D D / Y Y Y Y  
Signature 1 0 / 1 5 / 2 0 1 0

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
James Sills

Mailing Address  
c/o 932 D St

City Ramona	State CA	Zip Code 92065
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Purpose of Expenditure Research	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>
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Name of Federal Candidate supported or Opposed by expenditure:  
HARRY REID

Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">27924.43</span>
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Date  

M 0	M 7	/	D 2	D 2	/	Y 2	Y 0	Y 1	Y 0
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Amount  
1000.00

Transaction ID: SE.5820

Office Sought:  House State: NV  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
 2010

Full Name (Last, First, Middle, Initial) of Payee  
James Sills

Mailing Address  
c/o 932 D St

City Ramona	State CA	Zip Code 92065
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Purpose of Expenditure Research	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>
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Name of Federal Candidate supported or Opposed by expenditure:  
SHARRON E ANGLE

Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">28924.43</span>
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Date  

M 0	M 8	/	D 0	D 9	/	Y 2	Y 0	Y 1	Y 0
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Amount  
1000.00

Transaction ID: SE.5859

Office Sought:  House State: NV  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
 2010

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 20px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin  
Signature

Date 

M 1	M 0	/	D 1	5	/	Y 2	0	1	0
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# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
James Sills

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Mailing Address  
c/o 932 D St

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City Ramona	State CA	Zip Code 92065
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Purpose of Expenditure Research	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:  
RUTH CRAWFORD MCCLUNG

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Calendar Year-To-Date Per Election for Office Sought	1000.00
---	---------

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

---

Amount  
1000.00

Transaction ID: SE.5901

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Office Sought:  House State: AZ  
 Senate District: \_\_\_\_\_  
 Presidential

---

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
The Data Group

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Mailing Address  
425 South Avalon Park Bl

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City Orlando	State FL	Zip Code 32828
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Purpose of Expenditure Voter List	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:  
RUTH CRAWFORD MCCLUNG

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Calendar Year-To-Date Per Election for Office Sought	2575.92
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Date  
M M / D D / Y Y Y Y  
0 9 / 0 9 / 2 0 1 0

---

Amount  
1575.92

Transaction ID: SE.5905

---

Office Sought:  House State: AZ  
 Senate District: \_\_\_\_\_  
 Presidential

---

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	2575.92
(b) SUBTOTAL of Unitemized Independent Expenditures .....	_____
(c) TOTAL Independent Expenditures .....	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin  
Signature

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

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN		FEC IDENTIFICATION NUMBER <b>C</b> C00442319	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee West & Thompson		Date M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 1 0	
Mailing Address 610 Opperman Dr		Amount 1483.16	
City State Zip Code Eagan MN 55123		Transaction ID: SE.5819	
Purpose of Expenditure Legal Research		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: HARRY REID		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		26894.48	

(a) SUBTOTAL of Itemized Independent Expenditures .....	1483.16
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	26749.15
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Randy Goodwin Signature	Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0