

REPORT OF RECEIPTS AND DISBURSEMENTS

1 / 12

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE-PRESIDENT

1. NAME OF COMMITTEE (in full) BROWBACK FOR PRESIDENT INC	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported PO BOX 2008 2436 SW CAMELOT PL	2. IDENTIFICATION NUMBER C00430694
CITY, STATE, and ZIP CODE TOPEKA KS 66601	3. IS THIS REPORT FOR : <input type="checkbox"/> Primary <input type="checkbox"/> General

4. TYPE OF REPORT (Check here if this is a Termination Report.)

<input type="checkbox"/> April 15 Quarterly Report <input type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> October 15 Quarterly Report <input type="checkbox"/> January 31 Year End Report	Monthly Report Due On: <table style="width: 100%;"> <tr> <td><input type="checkbox"/> February 20</td> <td><input type="checkbox"/> June 20</td> <td><input type="checkbox"/> October 20</td> </tr> <tr> <td><input checked="" type="checkbox"/> March 20</td> <td><input type="checkbox"/> July 20</td> <td><input type="checkbox"/> November 20</td> </tr> <tr> <td><input type="checkbox"/> April 20</td> <td><input type="checkbox"/> August 20</td> <td><input type="checkbox"/> December 20</td> </tr> <tr> <td><input type="checkbox"/> May 20</td> <td><input type="checkbox"/> September 20</td> <td><input type="checkbox"/> January 31</td> </tr> </table> <input type="checkbox"/> Twelfth day report preceding _____ <div style="text-align: right;">(Type of Election)</div> election on _____ in the State of _____ <input type="checkbox"/> Thirtieth day report following the General Election on on _____	<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20	<input checked="" type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20	<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20	<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31
<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20											
<input checked="" type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20											
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20											
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31											

IS THIS REPORT AN AMENDMENT YES NO

5. COVERING PERIOD	FROM 02/01/2008	THROUGH 02/29/2008
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SUMMARY		
6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD	8055.05
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)	23292.39
8. SUBTOTAL (Lines 6 and 7)	.....	31347.44
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	.....	29621.06
10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8)	.....	1726.38
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	.....	0.00
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	.....	1799.00
13. EXPENDITURES SUBJECT TO LIMITATION	.....	4207749.16
NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES		
14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	.....	3580597.17
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	.....	4207749.16

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 T.C. Anderson	Date 06/23/2009
Signature of Treasurer	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of FEC FORM 3P are obsolete and should no longer be used.

For further information contact: Federal Election Commission 999 E Street, N.W. Washington, DC 20463	Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 3P (01/2001)
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DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS

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(PAGE 2, FEC FORM 3P)

Name of committee (in full) BROWBACK FOR PRESIDENT INC		Report Covering the Period From: 02/01/2008 To: 02/29/2008	
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	0.00	
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees	0.00	3603905.17	
(b) Political Party Committees	0.00	300.00	
(c) Other Political Committees	0.00	49435.00	
(d) The Candidate	0.00	0.00	
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))	0.00	3653640.17	
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	575000.00	
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate	0.00	0.00	
(b) Other Loans	0.00	0.00	
(c) TOTAL LOANS (Add 19(a) and 19(b))	0.00	0.00	
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating	5081.74	125262.93	
(b) Fundraising	0.00	0.00	
(c) Legal and Accounting	0.00	0.00	
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))	5081.74	125262.93	
21. OTHER RECEIPTS (Dividend, Interest, etc.)	18210.65	54032.94	
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)	23292.39	4407936.04	
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES	29621.06	4333012.09	
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00	
25. FUNDRAISING DISBURSEMENTS	0.00	0.00	
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	0.00	0.00	
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate	0.00	0.00	
(b) Other Repayments	0.00	0.00	
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	0.00	0.00	
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees	0.00	73043.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	0.00	0.00	
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))	0.00	73043.00	
29. OTHER DISBURSEMENTS	0.00	97.00	
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	29621.06	4406152.09	
III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00		

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE
 (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)
 (PAGE 3, FEC FORM 3P)

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1. NAME OF COMMITTEE (in full) BROWNBAC FOR PRESIDENT INC					
ADDRESS (number and street) PO BOX 2008 2436 SW CAMELOT PL					
CITY, STATE, and ZIP CODE TOPEKA KS 66601			2. IDENTIFICATION NUMBER C00430694		

ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	0.00	New Hampshire	0.00	0.00
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	0.00	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	0.00	0.00	South Carolina	0.00	0.00
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	0.00	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	0.00	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	0.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			TOTALS	0.00	0.00

Form/Schedule : **F3PA**

Transaction ID :

This amended report is being filed to reflect the debt to Martin Gillespie which is more fully explained in the memo attached to our amended January 31, 2008, year-end report. T.C. Anderson, Treasurer.

**Schedule A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 5 / 12
	(check only one)	
<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b
<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a
<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
BROWBACK FOR PRESIDENT INC

A.	Full Name (Last, First, Middle Initial) Travelers Property Casualty		Date of Receipt
	Mailing Address P.O. Box 42021		<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 0 2 / 2 2 / 2 0 0 8
	City	State	Zip Code
	Hazelwood	MO	63042-1021
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2840.00
Name of Employer		Occupation	Overpayment of worker's comp i
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2840.00	
Transaction ID: SA20A.4938			

B.	Full Name (Last, First, Middle Initial) Verizon		Date of Receipt
	Mailing Address 3011 Hungary Springs Road 4th Floor		<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 0 2 / 2 0 / 2 0 0 8
	City	State	Zip Code
	Richmond	VA	23228
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2084.70
Name of Employer		Occupation	Refund of telephone deposit
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3134.90	
Transaction ID: SA20A.4939			

SUBTOTAL of Receipts This Page (optional)	4924.70
TOTAL This Period (last page this line number only)	4924.70

**Schedule A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 12
	(check only one)
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input type="checkbox"/> 17a <input type="checkbox"/> 19b
<input type="checkbox"/> 17b <input type="checkbox"/> 20a	<input type="checkbox"/> 17c <input type="checkbox"/> 20b
<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
BROWBACK FOR PRESIDENT INC

A.	Full Name (Last, First, Middle Initial) Nova List Company	Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8
	Mailing Address Suite 450	Amount of Each Receipt this Period 7129.49
	City State Zip Code Herndon VA 20171	
	FEC ID number of contributing federal political committee.	Income from mailing list renta Transaction ID: SA21.4940
	Name of Employer Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 39645.52		

B.	Full Name (Last, First, Middle Initial) Nova List Company	Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	Mailing Address Suite 450	Amount of Each Receipt this Period 11081.16
	City State Zip Code Herndon VA 20171	
	FEC ID number of contributing federal political committee.	Mail list rental income Transaction ID: SA21.4954
	Name of Employer Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 50726.68		

SUBTOTAL of Receipts This Page (optional)	▶	18210.65
TOTAL This Period (last page this line number only)	▶	18210.65

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BROWBACK FOR PRESIDENT INC

A.	Full Name (Last, First, Middle Initial) ADP EasyPay Mailing Address 100 Northwest Pt. Blvd. City Elk Grove Village State IL Zip Code 60007 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4941 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 8 Amount of Each Disbursement this Period 56.50 Category/Type
B.	Full Name (Last, First, Middle Initial) ADP EasyPay Mailing Address 100 Northwest Pt. Blvd. City Elk Grove Village State IL Zip Code 60007 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4942 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8 Amount of Each Disbursement this Period 24.00 Category/Type
C.	Full Name (Last, First, Middle Initial) ADP EasyPay Mailing Address 100 Northwest Pt. Blvd. City Elk Grove Village State IL Zip Code 60007 Purpose of Disbursement Payroll Taxes due October 2007 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: SB23.5037 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 8 Amount of Each Disbursement this Period 3857.45 101 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

3937.95

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

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BROWBACK FOR PRESIDENT INC

A.	Full Name (Last, First, Middle Initial) AT&T Mailing Address P.O. Box 930170 City Dallas State TX Zip Code 75393-0170 Purpose of Disbursement Telephone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4945 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8 Amount of Each Disbursement this Period 42.23 Category/ Type
B.	Full Name (Last, First, Middle Initial) Card Services Mailing Address PO Box 219736 City Kansas City State MO Zip Code 64121-9736 Purpose of Disbursement Credit card payment-SS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4946 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8 Amount of Each Disbursement this Period 79.92 Category/ Type
C.	Full Name (Last, First, Middle Initial) Cash Vault Mailing Address Government Office Complex City Washington State DC Zip Code 20004 Purpose of Disbursement Credit card expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4947 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 8 Amount of Each Disbursement this Period 79.92 Category/ Type [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	122.15
TOTAL This Period (last page this line number only) ▶	

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BROWBACK FOR PRESIDENT INC

A.

Full Name (Last, First, Middle Initial)
Cash Vault

Transaction ID: SB23.4961
Date of Disbursement

Mailing Address Government Office Complex

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	0	8

City Washington State DC Zip Code 20004

Amount of Each Disbursement this Period

79.92

Purpose of Disbursement
Credit card expense

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

[MEMO ITEM]

State: District:

B.

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

Transaction ID: SB23.4962
Date of Disbursement

Mailing Address 13755 Sunrise Valley Dr.
Suite 450

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

City Herndon State VA Zip Code 20171

Amount of Each Disbursement this Period

3257.98

Purpose of Disbursement
Web Fundraising by SMARTech

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

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

Transaction ID: SB23.5036
Date of Disbursement

Mailing Address 13755 Sunrise Valley Dr.
Suite 450

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

City Herndon State VA Zip Code 20171

Amount of Each Disbursement this Period

6619.04

Purpose of Disbursement
Direct Mail Piece Services

101

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

9877.02

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

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Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 12

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

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NAME OF COMMITTEE (In Full)
BROWBACK FOR PRESIDENT INC

A. Full Name (Last, First, Middle Initial) Sunrise Data Services <hr/> Mailing Address 13755 Sunrise Valley Drive Suite 450 <hr/> City Herndon State VA Zip Code 20171 <hr/> Purpose of Disbursement Data Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5038 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1204.14
	Category/ Type 101
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Rob Wasinger <hr/> Mailing Address 10638 Timberidge Rd. <hr/> City Fairfax Station State VA Zip Code 22039-2406 <hr/> Purpose of Disbursement Salary due October 2007 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5035 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 14479.80
	Category/ Type 101
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

15683.94

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

29621.06

Schedule D-P
DEBTS AND OBLIGATIONS
Excluding Loans

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

FOR LINE NUMBER: (check only one) 11 12

NAME OF COMMITTEE (In Full)
 BROWNBAC FOR PRESIDENT INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ADP EasyPay			Nature of Debt (Purpose): Payroll taxes due for October
Mailing Address 100 Northwest Pt. Blvd.			
City Elk Grove Village	State IL	ZIP Code 60007	

Outstanding Balance Beginning This Period 3857.45		Transaction ID: SD12.5011	
Amount Incurred This Period 0.00	Payment This Period 3857.45	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Department of the Treasury			Nature of Debt (Purpose): 2007 Fed. Corporate Tax
Mailing Address Internal Revenue Service Center			
City Ogden	State UT	ZIP Code 84201-0001	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD12.5018	
Amount Incurred This Period 1417.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1417.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HSP Direct			Nature of Debt (Purpose): Direct Mail Piece Expenses
Mailing Address 13755 Sunrise Valley Dr. Suite 450			
City Herndon	State VA	ZIP Code 20171	

Outstanding Balance Beginning This Period 6619.04		Transaction ID: SD12.5014	
Amount Incurred This Period 0.00	Payment This Period 6619.04	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional).....	▶	1417.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

Schedule D-P
DEBTS AND OBLIGATIONS
Excluding Loans

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

FOR LINE NUMBER: (check only one) 11 12

NAME OF COMMITTEE (In Full)
 BROWNBAC FOR PRESIDENT INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kansas Corporate Income Tax			Nature of Debt (Purpose): 2007 State Income Tax
Mailing Address 915 SW Harrison St.			
City Topeka	State KS	ZIP Code 66699-0001	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD12.5019	
Amount Incurred This Period <input type="text" value="382.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="382.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sunrise Data Services			Nature of Debt (Purpose): Data Services
Mailing Address 13755 Sunrise Valley Drive Suite 450			
City Herndon	State VA	ZIP Code 20171	

Outstanding Balance Beginning This Period <input type="text" value="1204.14"/>		Transaction ID: SD12.5013	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1204.14"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Rob Wasinger			Nature of Debt (Purpose): Salary due October 5, 2007
Mailing Address 10638 Timberidge Rd.			
City Fairfax Station	State VA	ZIP Code 22039-2406	

Outstanding Balance Beginning This Period <input type="text" value="14479.80"/>		Transaction ID: SD12.5016	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="14479.80"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	382.00
2) TOTALS This Period (last page this line number only).....	1799.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	1799.00