

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

WESTERN REPRESENTATION PAC	

ADDRESS (number and street) **5549 KNOLL VIEW WAY**

Check if different than previously reported. (ACC)

SPARKS **NV** **89436**

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00461772				
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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:

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

(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12G)

Election on: [] [] [] in the State of []

(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)

Election on: 11 02 2010 in the State of []

5. Covering Period: 10 14 2010 through 11 22 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 Roger Stockton

Signature of Treasurer Electronically Filed by Roger Stockton Date: 04 18 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									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
WESTERN REPRESENTATION PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

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>X</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>	X	Y	Y	Y	2	0	1	0		1317.58
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	110894.36									
(c) Total Receipts (from Line 19)	79409.07	404904.43								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	190303.43	406222.01								
7. Total Disbursements (from Line 31)	142272.75	358191.33								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	48030.68	48030.68								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
WESTERN REPRESENTATION PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

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)	28904.25	111151.25
(ii) Unitemized	50504.82	293687.78
(iii) TOTAL (add Lines 11(a)(i) and (ii)	79409.07	404839.03
(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)	79409.07	404839.03
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	35.40
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	30.00
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))	79409.07	404904.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	79409.07	404904.43

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	59690.12	119037.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	59690.12	119037.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	7000.00	25100.00
24. Independent Expenditure (use Schedule E)	72082.63	210553.46
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	3500.00	3500.00
(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))	3500.00	3500.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	142272.75	358191.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	142272.75	358191.33

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)	79409.07	404839.03
34. Total Contribution Refunds (from Line 28(d))	3500.00	3500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	75909.07	401339.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	59690.12	119037.87
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	35.40
38. Net Operating Expenditures (subtract Line 37 from Line 36)	59690.12	119002.47

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

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

FOR LINE NUMBER: PAGE 6 / 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

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

Mailing Address 26565 Agoura Road

City State Zip Code
Calabasas CA 91302

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

Name of Employer Informa Research Services Occupation Lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.19440

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Stephanie Arcudi

Mailing Address 390 So Main st

City State Zip Code
Hopedale MA 01747

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

Name of Employer NA Occupation NA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11AI.21640

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
charles baca

Mailing Address 755 galaxy heights drive

City State Zip Code
la canada CA 91011

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

Name of Employer self Occupation retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.20638

Amount of Each Receipt this Period
250.00

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: (check only one)	PAGE 7 / 93
	<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)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) maryanne Bell	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 53 Grey Wing Pointe	Transaction ID: SA11AI.20285
	City State Zip Code Naples FL 34113	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer retired Occupation n a 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) Steve Berry	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 15600 SW Redstone Dr	Transaction ID: SA11AI.19986
	City State Zip Code Beaverton OR 97007	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Berry Consulting LLC Occupation Mechanical Engineer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) TOM BIRDNOW	Date of Receipt MM / DD / YYYY 10 / 23 / 2010
	Mailing Address 17024 ORCHARD AVE	Transaction ID: SA11AI.20406
	City State Zip Code OMAHA NE 68135	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer PROFESSIONAL LABEL CO Occupation EXECUTIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial)
John Blanchard
 Mailing Address 1613 Chelsea Rd
 City San Marino State CA Zip Code 91108
 Date of Receipt 10 / 16 / 2010
Transaction ID: SA11AI.20985
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer JBC Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 250.00

B. Full Name (Last, First, Middle Initial)
Roger Blauwkamp
 Mailing Address 494 E 64th St
 City Holland State MI Zip Code 49423
 Date of Receipt 10 / 17 / 2010
Transaction ID: SA11AI.20955
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer STM Mfg Inc Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1000.00

C. Full Name (Last, First, Middle Initial)
Randall Bock
 Mailing Address 372 Broadway
 City Revere State MA Zip Code 02151
 Date of Receipt 10 / 21 / 2010
Transaction ID: SA11AI.20531
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer self Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 93
	<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)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Pamela Boker		Date of Receipt
	Mailing Address 719 Bedford Road		<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
	Bedford Corners	NY	10549
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.20609
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		psychologist	<input type="text"/> 100.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 350.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Pamela Boker		Date of Receipt
	Mailing Address 719 Bedford Road		<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
	Bedford Corners	NY	10549
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.19897
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		psychologist	<input type="text"/> 50.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 400.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Pamela Boker		Date of Receipt
	Mailing Address 719 Bedford Road		<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
	Bedford Corners	NY	10549
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.19719
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		psychologist	<input type="text"/> 100.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 93
	<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)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Dan Boyd		Date of Receipt	
	Mailing Address 1400 West Third Ave		M M / D D / Y Y Y Y Y 10 / 15 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.21506
	Denver	CO	80223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer BOYD INVESTMENT CO		Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		350.00		

B.	Full Name (Last, First, Middle Initial) Dan Boyd		Date of Receipt	
	Mailing Address 1400 West Third Ave		M M / D D / Y Y Y Y Y 10 / 18 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.21432
	Denver	CO	80223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer BOYD INVESTMENT CO		Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		450.00		

C.	Full Name (Last, First, Middle Initial) Dan Boyd		Date of Receipt	
	Mailing Address 1400 West Third Ave		M M / D D / Y Y Y Y Y 10 / 20 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.21393
	Denver	CO	80223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer BOYD INVESTMENT CO		Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		550.00		

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 93
(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)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
W Chris Brancato

Mailing Address P O Box 436

City State Zip Code
east moriches NY 11940

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

Name of Employer Occupation
stifel nicolaus financial advisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.20516

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Carol Bremer

Mailing Address Box 110718

City State Zip Code
Big Bear Lake CA 92315

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

Name of Employer Occupation
None Retired Educator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.19967

Amount of Each Receipt this Period
600.00

C.

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

Mailing Address 10 WEst Stillforest

City State Zip Code
Houston TX 77024

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

Name of Employer Occupation
self retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.20746

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 93
(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)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Jack Buzbee

Mailing Address 200 E Douglas St

City State Zip Code
De Soto IL 62924

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 ▼ 540.00

Date of Receipt
MM / DD / YYYY
10 / 27 / 2010

Transaction ID: SA11AI.19883

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Carolina Casperson

Mailing Address 522 North State Rd. suite 102

City State Zip Code
Briarcliff Manor NY 10510

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

Name of Employer self Occupation singer songwriter

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2010

Transaction ID: SA11AI.20786

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Carolina Casperson

Mailing Address 522 North State Rd. suite 102

City State Zip Code
Briarcliff Manor NY 10510

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

Name of Employer self Occupation singer songwriter

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2010

Transaction ID: SA11AI.20822

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial)
Carolina Casperson

Mailing Address 522 North State Rd. suite 102

City State Zip Code
Briarcliff Manor NY 10510

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

Name of Employer self Occupation
self singer songwriter

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.20587

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
Carolina Casperson

Mailing Address 522 North State Rd. suite 102

City State Zip Code
Briarcliff Manor NY 10510

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

Name of Employer self Occupation
self singer songwriter

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.20453

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Carolina Casperson

Mailing Address 522 North State Rd. suite 102

City State Zip Code
Briarcliff Manor NY 10510

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

Name of Employer self Occupation
self singer songwriter

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.20340

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **175.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) John Chilton		Date of Receipt
	Mailing Address 14804 Lake Forest Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 4 / 2 0 1 0
	City	State	Zip Code
	Dallas	TX	75254
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.21281
Name of Employer Self		Occupation Rancher	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

B.	Full Name (Last, First, Middle Initial) randall clark		Date of Receipt
	Mailing Address 12519 sandstone run		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 9 / 2 0 1 0
	City	State	Zip Code
	carmel	IN	46033
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.20845
Name of Employer Windsor Group LTD		Occupation CFP	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

C.	Full Name (Last, First, Middle Initial) Greg Clements		Date of Receipt
	Mailing Address 507 W Dalton Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 6 / 2 0 1 0
	City	State	Zip Code
	Round Lake	IL	60073
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.20133
Name of Employer Grainger		Occupation Program 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"/> 100.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 600.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Ralph Clinard	Date of Receipt MM / DD / YYYY 10 / 14 / 2010
	Mailing Address 3306Chartreuse Way	Transaction ID: SA11AI.21288
	City State Zip Code Houston TX 77082	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00

B.	Full Name (Last, First, Middle Initial) Ralph Clinard	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 3306Chartreuse Way	Transaction ID: SA11AI.21158
	City State Zip Code Houston TX 77082	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00

C.	Full Name (Last, First, Middle Initial) Ralph Clinard	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 3306Chartreuse Way	Transaction ID: SA11AI.21179
	City State Zip Code Houston TX 77082	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00

SUBTOTAL of Receipts This Page (optional)	125.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 93
	<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)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Ralph Clinard		Date of Receipt
	Mailing Address 3306Chartreuse Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 0 / 2 0 1 0
	City	State	Zip Code
	Houston	TX	77082
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.20562
Name of Employer N/A		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"/> 25.00
		<input type="text"/> 900.00	

B.	Full Name (Last, First, Middle Initial) Ralph Clinard		Date of Receipt
	Mailing Address 3306Chartreuse Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 1 / 2 0 1 0
	City	State	Zip Code
	Houston	TX	77082
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.20502
Name of Employer N/A		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"/> 50.00
		<input type="text"/> 950.00	

C.	Full Name (Last, First, Middle Initial) Ralph Clinard		Date of Receipt
	Mailing Address 3306Chartreuse Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Houston	TX	77082
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.20445
Name of Employer N/A		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"/> 25.00
		<input type="text"/> 975.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 100.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 93
	<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)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Ralph Clinard		Date of Receipt
	Mailing Address 3306Chartreuse Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 6 / 2 0 1 0
	City	State	Zip Code
	Houston	TX	77082
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.20149
Name of Employer N/A		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"/> 50.00
		<input type="text"/> 1025.00	

B.	Full Name (Last, First, Middle Initial) Kim Conant		Date of Receipt
	Mailing Address 14735 Poway Mesa Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 0 / 2 0 1 0
	City	State	Zip Code
	Poway	CA	92064
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.21395
Name of Employer PUSD		Occupation Ret. Teacher	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"/> 100.00
		<input type="text"/> 800.00	

C.	Full Name (Last, First, Middle Initial) Kim Conant		Date of Receipt
	Mailing Address 14735 Poway Mesa Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 6 / 2 0 1 0
	City	State	Zip Code
	Poway	CA	92064
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.19991
Name of Employer PUSD		Occupation Ret. Teacher	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"/> 100.00
		<input type="text"/> 900.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 93
	<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)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Patrick Davis		Date of Receipt
	Mailing Address 2419 b fisk lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 7 / 2 0 1 0
	City	State	Zip Code
	Redondo Beach	CA	90278
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.19813
Name of Employer Patrick C. Davis, CLU		Occupation Insurance Sales	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 ▼ 225.00	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) Richard Davis		Date of Receipt
	Mailing Address 10213 Wendover Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 8 / 2 0 1 0
	City	State	Zip Code
	Vienna	VA	22181
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.21441
Name of Employer NA		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 ▼ 300.00	<input type="text"/> 300.00

C.	Full Name (Last, First, Middle Initial) salvatore de Maria		Date of Receipt
	Mailing Address 1713 West Vista Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	City	State	Zip Code
	vista	CA	92083
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.21104
Name of Employer self		Occupation self	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 ▼ 300.00	<input type="text"/> 100.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 450.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 93
	<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)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Ermilo Dilley		Date of Receipt MM / DD / YYYY 10 / 15 / 2010		
	Mailing Address 5404 Hidden Oaks Lane		Transaction ID: SA11AI.21181		
	City Arlington	State TX	Zip Code 76017	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer TPCCC	Occupation Physican			
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) Peter Durfee		Date of Receipt MM / DD / YYYY 10 / 27 / 2010		
	Mailing Address 45 Deerfield Drive		Transaction ID: SA11AI.19901		
	City Scituate	State RI	Zip Code 02857	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Beacon Mutual Insurance Company	Occupation Accountant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) James Edwards		Date of Receipt MM / DD / YYYY 10 / 19 / 2010		
	Mailing Address 801 South Garner Street		Transaction ID: SA11AI.20846		
	City State College	State PA	Zip Code 16801	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Clearfield Hospital	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 475.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 93

(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)
WESTERN REPRESENTATION PAC

A.

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

Mailing Address 408 Kelly Plantation Rd

City State Zip Code
Destin FL 32541

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

Name of Employer commercial real estate Occupation self

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: SA11AI.21276

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Herb Fair

Mailing Address 7816 E. San Miguel Ave

City State Zip Code
Scottsdale AZ 85250

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

Name of Employer Restaurant Profit Management Services, Occupation Consultant

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

Date of Receipt

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

Transaction ID: SA11AI.20625

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Marilyn Faust

Mailing Address 123 Montclair

City State Zip Code
Beaumont TX 77707

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

Name of Employer substitute Occupation teacher

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.25

Date of Receipt

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

Transaction ID: SA11AI.20177

Amount of Each Receipt this Period

30.25

SUBTOTAL of Receipts This Page (optional)

530.25

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 21 / 93
	<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)
WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial)
Mary Lee Fleischer

Mailing Address 501 Herondo Street

City State Zip Code
Hermosa Beach CA 90254

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

Name of Employer Occupation
Self-Advocate Legal Search Legal Recruiter

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 26 / 2010

Transaction ID: SA11AI.19978

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Richard Frachtman

Mailing Address 11530 Raintree Cir

City State Zip Code
Houston TX 77024

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

Name of Employer Occupation
Self MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2010

Transaction ID: SA11AI.21614

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Donald Frye

Mailing Address 12 Gage Ct.

City State Zip Code
Houston TX 77024

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

Name of Employer Occupation
Self Geophysicist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
10 / 25 / 2010

Transaction ID: SA11AI.20369

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 93
(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)
WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial)
Linda Gilchrist

Mailing Address 190 W Continental Rd

City State Zip Code
Green Valley AZ 85622

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 ▼ 225.00

Date of Receipt: 10 / 16 / 2010
Transaction ID: SA11AI.21008
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
LEYLA GILES

Mailing Address 4142 W 175 ST

City State Zip Code
TORRANCE CA 90504

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

Name of Employer N/A Occupation N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 19 / 2010
Transaction ID: SA11AI.20627
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Gloria Gill

Mailing Address 767 Rocky Branch Lane

City State Zip Code
Evans GA 30809

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

Name of Employer Club Car Occupation Editor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 10 / 20 / 2010
Transaction ID: SA11AI.20598
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 375.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 93
(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)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Gloria Gill

Mailing Address 767 Rocky Branch Lane

City State Zip Code
Evans GA 30809

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

Name of Employer Occupation
Club Car Editor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.19739

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
arthur girton

Mailing Address 407 avenue of the states

City State Zip Code
chester PA 19013

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

Name of Employer Occupation
self attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.20332

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 1913 Yellowstone Dr

City State Zip Code
Lampasas TX 76550

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

Name of Employer Occupation
State Comptroller's Office Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.21045

Amount of Each Receipt this Period
500.00

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 24 / 93
(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)
WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial)
Ralph Goehring

Mailing Address 10900 Rockridge Way

City Bakersfield State CA Zip Code 93311

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

Name of Employer Self-employed Occupation Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2010

Transaction ID: SA11AI.20048

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Richard Graf

Mailing Address 17 Bromley Tr

City Flemington State NJ Zip Code 08822

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

Name of Employer Coldwell Banker Occupation Realtor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 28 / 2010

Transaction ID: SA11AI.19734

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Teresa Graham

Mailing Address 5143 NE Laurelcree Lane

City Seattle State WA Zip Code 98105

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

Name of Employer Self Occupation Business owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2010

Transaction ID: SA11AI.20629

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 93
	<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)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Michael Gully	Date of Receipt
	Mailing Address 1406 North 54th Street	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 4 / 2 0 1 0
	City State Zip Code Quincy IL 62305	Transaction ID: SA11AI.20399
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 250.00
	Name of Employer Occupation Gully Transportation Vice-President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) John Haesler	Date of Receipt
	Mailing Address 24 San Ramon	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 7 / 2 0 1 0
	City State Zip Code Irvine CA 92612	Transaction ID: SA11AI.20917
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 50.00
	Name of Employer Occupation CoreLink Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 300.00	

C.	Full Name (Last, First, Middle Initial) Hal Haltom	Date of Receipt
	Mailing Address 1510 Harness Oaks	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 7 / 2 0 1 0
	City State Zip Code Houston TX 77077	Transaction ID: SA11AI.19871
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 250.00
	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 ▼ <input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 550.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 93
(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)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Edward Harhager

Mailing Address 15485 Wooster St. N.W.

City North Lawrence State OH Zip Code 44666

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

Name of Employer Sonoco Packaging Co. Occupation Manufacturing Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.20610

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Brent Harris

Mailing Address 5804 N 160th Ave

City Omaha State NE Zip Code 68116

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

Name of Employer Acorn Plumbing Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.19514

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Carol Harris

Mailing Address 2046 Brookhaven Ave

City Placenta State CA Zip Code 92870

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

Name of Employer RLH Industries, Inc. Occupation Credit Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.19504

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **450.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Lee Holmes

Mailing Address 530 W. O'Brien Dr.

City Hagatna State GU Zip Code 96910

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

Name of Employer SOUTHERN MEDIA, INC. Occupation manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt: 10 / 19 / 2010
Transaction ID: SA11AI.20615
 Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
Bill Horn

Mailing Address 8420 Gladys court

City Fort Worth State TX Zip Code 76116

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

Name of Employer Horn ranch Occupation Self

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 22 / 2010
Transaction ID: SA11AI.20446
 Amount of Each Receipt this Period: 50.00

C.

Full Name (Last, First, Middle Initial)
Heidi Hurst-Hobbs

Mailing Address 701 W Jackson, #503

City Chicago State IL Zip Code 60661

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

Name of Employer BP Occupation Ops Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 22 / 2010
Transaction ID: SA11AI.20450
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Marc Iverson		Date of Receipt
	Mailing Address 6037 Sharon Rd		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Charlotte	NC	28210
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.21233
Name of Employer none		Occupation disabled	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" value="1000.00"/>
		<input type="text" value="1500.00"/>	

B.	Full Name (Last, First, Middle Initial) Marc Iverson		Date of Receipt
	Mailing Address 6037 Sharon Rd		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Charlotte	NC	28210
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.20612
Name of Employer none		Occupation disabled	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" value="1000.00"/>
		<input type="text" value="2500.00"/>	

C.	Full Name (Last, First, Middle Initial) Michelle Joanou		Date of Receipt
	Mailing Address 5663 Bramblewood R.		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	La Canada	CA	91011
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.20918
Name of Employer NA		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" value="100.00"/>
		<input type="text" value="350.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2100.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 93
(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)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
brice jones

Mailing Address po box 971

City State Zip Code
ross CA 94957

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

Name of Employer self Occupation farmer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: SA11AI.20906

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
brice jones

Mailing Address po box 971

City State Zip Code
ross CA 94957

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

Name of Employer self Occupation farmer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: SA11AI.20912

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Christopher Jones

Mailing Address 411 W. Wellons St.

City State Zip Code
Smithfield NC 27577

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

Name of Employer Stallings Insurance Occupation insurance agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
355.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.21304

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **1025.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 93
(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)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Christopher Jones

Mailing Address 411 W. Wellons St.

City State Zip Code
Smithfield NC 27577

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

Name of Employer Stallings Insurance Occupation insurance agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: SA11AI.21213

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Christopher Jones

Mailing Address 411 W. Wellons St.

City State Zip Code
Smithfield NC 27577

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

Name of Employer Stallings Insurance Occupation insurance agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.20875

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Christopher Jones

Mailing Address 411 W. Wellons St.

City State Zip Code
Smithfield NC 27577

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

Name of Employer Stallings Insurance Occupation insurance agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2010

Transaction ID: SA11AI.20520

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 93

(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)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Christopher Jones

Mailing Address 411 W. Wellons St.

City State Zip Code
Smithfield NC 27577

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

Name of Employer Occupation
Stallings Insurance insurance agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt

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

Transaction ID: SA11AI.19892

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Christopher Jones

Mailing Address 411 W. Wellons St.

City State Zip Code
Smithfield NC 27577

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

Name of Employer Occupation
Stallings Insurance insurance agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 505.00

Date of Receipt

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

Transaction ID: SA11AI.19742

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Neil Kadisha

Mailing Address 9420 Wilshire Blvd #400

City State Zip Code
Beverly Hills CA 90212

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

Name of Employer Occupation
OMNINET CAPITAL CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.21550

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

1075.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 93
(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)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Karl Kail

Mailing Address 85 Eastpoint Road

City Montrose State PA Zip Code 18801

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

Name of Employer Self Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2010
Transaction ID: SA11AI.21457
 Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Karl Kail

Mailing Address 85 Eastpoint Road

City Montrose State PA Zip Code 18801

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

Name of Employer Self Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 26 / 2010
Transaction ID: SA11AI.20341
 Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
James Kilpatrick

Mailing Address 3801 Manchaca # 56

City Austin State TX Zip Code 78704

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

Name of Employer retired Occupation retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2010
Transaction ID: SA11AI.20687
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 225.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 93
(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)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Thomas Lancaster

Mailing Address 605 San Elijo St.

City San Diego State CA Zip Code 92106

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 ▼ 550.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: SA11AI.20359
 Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Charles Lax

Mailing Address 909 Belvoir Circle

City Newport News State VA Zip Code 23608

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

Name of Employer Metro Machine Corp Occupation computer analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt: 10 / 20 / 2010
Transaction ID: SA11AI.21403
 Amount of Each Receipt this Period: 20.00

C.

Full Name (Last, First, Middle Initial)
Charles Lax

Mailing Address 909 Belvoir Circle

City Newport News State VA Zip Code 23608

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

Name of Employer Metro Machine Corp Occupation computer analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 10 / 26 / 2010
Transaction ID: SA11AI.20214
 Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 295.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 93
(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)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Charles Lax

Mailing Address 909 Belvoir Circle

City State Zip Code
Newport News VA 23608

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

Name of Employer Metro Machine Corp Occupation computer analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt
MM / DD / YYYY
10 / 28 / 2010

Transaction ID: SA11AI.19758

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Dwight Lowell

Mailing Address 901 Cima del Mundo Rd.

City State Zip Code
Montecito CA 93108

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

Name of Employer NA Occupation retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
10 / 17 / 2010

Transaction ID: SA11AI.20913

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Don MacDougall

Mailing Address 5 Beard Way

City State Zip Code
Wellesley MA 02482

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

Name of Employer Adage Occupation Equity Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 26 / 2010

Transaction ID: SA11AI.20318

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **375.00**

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 35 / 93		
	<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

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)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Gary McGuinness	Date of Receipt MM / DD / YYYY 10 / 28 / 2010
	Mailing Address 21 Bayberry Road	Transaction ID: SA11AI.19787
	City Groton State MA Zip Code 01450	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Textron Occupation Engineer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Clifton McWilliams	Date of Receipt MM / DD / YYYY 10 / 28 / 2010
	Mailing Address 7502 Waning Star Court	Transaction ID: SA11AI.19581
	City Spring State TX Zip Code 77379	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Dew Point Contol, LLC Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Donna Moore	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 7314 Troulon Dr	Transaction ID: SA11AI.20108
	City Houston State TX Zip Code 77074	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NA Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	375.00
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 36 / 93
	<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)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Lora Mowat		Date of Receipt MM / DD / YYYY 10 / 18 / 2010		
	Mailing Address PO Box 8414		Transaction ID: SA11AI.20851		
	City South Lake Tahoe	State CA	Zip Code 96158	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Chase Int'l South Tahoe Realty	Occupation Office Administrator	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Carroll Mueller		Date of Receipt MM / DD / YYYY 10 / 24 / 2010		
	Mailing Address 2800 Mason Ave.		Transaction ID: SA11AI.20387		
	City Las Vegas	State NV	Zip Code 89102	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer retired	Occupation teacher	Aggregate Year-to-Date 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) pat murphy		Date of Receipt MM / DD / YYYY 10 / 26 / 2010		
	Mailing Address w267 n2899 woodland dr.		Transaction ID: SA11AI.20195		
	City pewaukee	State WI	Zip Code 53072	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer self	Occupation health care	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 93
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
pat murphy

Mailing Address w267 n2899 woodland dr.

City State Zip Code
pewaukee WI 53072

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

Name of Employer self Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.19625

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Thomas Murphy

Mailing Address P. O. Box 301

City State Zip Code
Boxford MA 01921

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

Name of Employer na Occupation na

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
398.00

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

Transaction ID: SA11AI.21248

Amount of Each Receipt this Period
199.00

C.

Full Name (Last, First, Middle Initial)
Al Nader

Mailing Address 3519 Rodesco Ct SE

City State Zip Code
Puyallup WA 98374

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

Name of Employer Retired Occupation None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.21122

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **549.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 93

(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)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Don Naeve

Mailing Address 1230 Eastwick Circle

City State Zip Code
Murphy TX 75094

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

Name of Employer Occupation
retired retired

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

Date of Receipt

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

Transaction ID: SA11AI.20931

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
Don Naeve

Mailing Address 1230 Eastwick Circle

City State Zip Code
Murphy TX 75094

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

Name of Employer Occupation
retired retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.20702

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
Don Nester

Mailing Address 4803 Lindale

City State Zip Code
Wichita Falls TX 76310

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

Name of Employer Occupation
ConocoPhillips Pipeline Specialist

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

Date of Receipt

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

Transaction ID: SA11AI.20189

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) David Partain	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 1604 South Adams Avenue	Transaction ID: SA11AI.21439
	City State Zip Code Roswell NM 88203	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Eastern New Mexico University- Roswell Occupation retired military/university instructor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Sandra Patnovic	Date of Receipt MM / DD / YYYY 10 / 14 / 2010
	Mailing Address 317 Delaware Circle	Transaction ID: SA11AI.21308
	City State Zip Code Newark DE 19711	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Summit Industrial Corporation Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Marie Therese Pero	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 3037 122ndPI. NE	Transaction ID: SA11AI.21133
	City State Zip Code Bellevue WA 98005	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00	

SUBTOTAL of Receipts This Page (optional)	475.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 93
(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)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial) James Perry		Date of Receipt MM / DD / YYYY 10 / 26 / 2010
Mailing Address 206 SE 10th Terr		Transaction ID: SA11AI.20043
City Ft.Lauderdale	State FL	Zip Code 33301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer self	Occupation retired neurologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.

Full Name (Last, First, Middle Initial) Orlin Rajala		Date of Receipt MM / DD / YYYY 10 / 19 / 2010
Mailing Address 23905 Clinton Keith Rd.		Transaction ID: SA11AI.20634
City Wildomar	State CA	Zip Code 92595
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) James Ricketts		Date of Receipt MM / DD / YYYY 10 / 26 / 2010
Mailing Address 2 Little Harbor Way		Transaction ID: SA11AI.20311
City Annapolis	State MD	Zip Code 21403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation N/A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1275.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 93
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial)
christopher robert

Mailing Address 535 fox hill road

City State Zip Code
bernardston MA 01337

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

Name of Employer Occupation
new chapter,inc. sales management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.20295

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
John Rose

Mailing Address 7261 Gold Creek Way

City State Zip Code
San Jose CA 95120

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

Name of Employer Occupation
Oracle engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.19953

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Bradley Rowan

Mailing Address 1318 Morgan Circle

City State Zip Code
Canonsburg PA 15317

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

Name of Employer Occupation
Dell, Inc programmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.21295

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **410.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 93
(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)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Geral Sartwell

Mailing Address 4313 Baywood way

City State Zip Code
Sacramento CA 95864

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

Name of Employer Occupation
N/A Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.19574

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Robert Schmucker

Mailing Address 116 Deer Track Court

City State Zip Code
Warner Robins GA 31088

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

Name of Employer Occupation
n/a Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.20309

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Martin Silver

Mailing Address 134 Hidden Ponds Cir

City State Zip Code
Smithtown NY 11787

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

Name of Employer Occupation
na na

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.21566

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **400.00**

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

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

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

FOR LINE NUMBER: PAGE 43 / 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Emerson Snider

Mailing Address 4200 Mary Walk

City Norcross State GA Zip Code 30092

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

Name of Employer Emerson Snider & Associates, LLC Occupation JDE Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt: 10 / 17 / 2010
Transaction ID: SA11AI.20950
Amount of Each Receipt this Period: 25.00

B.

Full Name (Last, First, Middle Initial)
Emerson Snider

Mailing Address 4200 Mary Walk

City Norcross State GA Zip Code 30092

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

Name of Employer Emerson Snider & Associates, LLC Occupation JDE Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 10 / 21 / 2010
Transaction ID: SA11AI.20528
Amount of Each Receipt this Period: 20.00

C.

Full Name (Last, First, Middle Initial)
Emerson Snider

Mailing Address 4200 Mary Walk

City Norcross State GA Zip Code 30092

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

Name of Employer Emerson Snider & Associates, LLC Occupation JDE Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 10 / 26 / 2010
Transaction ID: SA11AI.20306
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 70.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 93
(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)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Emerson Snider

Mailing Address 4200 Mary Walk

City Norcross State GA Zip Code 30092

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

Name of Employer Emerson Snider & Associates, LLC Occupation JDE Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 28 / 2010
Transaction ID: SA11AI.19788
Amount of Each Receipt this Period 25.00

B.

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

Mailing Address 28190 Hiwall Court

City Csastle Rock State CO Zip Code 80109

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

Name of Employer Self Occupation Lawyer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2010
Transaction ID: SA11AI.20926
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Jeffrey Spragens

Mailing Address 7426 Fisher Island Dr.

City Fisher Island State FL Zip Code 33109

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

Name of Employer SafeStitch Medical, Inc. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 23 / 2010
Transaction ID: SA11AI.20421
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **525.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Terry Spragens		Date of Receipt
	Mailing Address PO Box 03133314		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Sioux Falls	SD	57186
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation	Transaction ID: SA11AI.20404
self		businessman	
Receipt For:		Aggregate Year-to-Date	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) JUANITA STEWART		Date of Receipt
	Mailing Address 1390 Ranch House Dr		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Fairview	TX	75069
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation	Transaction ID: SA11AI.20699
self		retired	
Receipt For:		Aggregate Year-to-Date	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>	<input type="text" value="100.00"/>
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) JUANITA STEWART		Date of Receipt
	Mailing Address 1390 Ranch House Dr		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Fairview	TX	75069
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation	Transaction ID: SA11AI.20749
self		retired	
Receipt For:		Aggregate Year-to-Date	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="350.00"/>	<input type="text" value="100.00"/>
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="450.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 93
	<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)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Ruth Steyn	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 3356 Whippoorwill Ln	Transaction ID: SA11AI.20201
	City State Zip Code Oxford MS 38655	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00

B.	Full Name (Last, First, Middle Initial) robert stoutenburg	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 11610 bliven rd	Transaction ID: SA11AI.19540
	City State Zip Code bancroft MI 48414	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self Occupation retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

C.	Full Name (Last, First, Middle Initial) George Strandmann	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 2402 Pemberton Pkwy	Transaction ID: SA11AI.20501
	City State Zip Code Austin TX 78703	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer none Occupation none Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 93
(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)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Alexander Stuckey

Mailing Address 2302 NW Harvard Walk

City Bentonville State AR Zip Code 72712

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

Name of Employer none Occupation none

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2010
Transaction ID: SA11AI.20181
Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Richard Sungaila

Mailing Address 1827 Port Stanhope Pl

City Newport Beach State CA Zip Code 92660

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

Name of Employer Self Employed Occupation Real Estate & Property Managmnt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2010
Transaction ID: SA11AI.20662
Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Marilyn Taylor

Mailing Address 804 Tobaccoport Road

City Bumpus Mills State TN Zip Code 37028

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

Name of Employer NA Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2010
Transaction ID: SA11AI.21449
Amount of Each Receipt this Period 250.00

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: (check only one)	PAGE 48 / 93
	<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	

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)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Marilyn Taylor	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 804 Tobaccoport Road	Transaction ID: SA11AI.21326
	City State Zip Code Bumpus Mills TN 37028	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NA Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) David Ter Horst	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 220 Raintree Drive	Transaction ID: SA11AI.20255
	City State Zip Code Zionsville IN 46077	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer TLF Inc Occupation Engineer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

C.	Full Name (Last, First, Middle Initial) Randy Thompson	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 10204 Aurora Drive	Transaction ID: SA11AI.20503
	City State Zip Code Fort Worth TX 76108	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NA Occupation NA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 350.00	

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 49 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial) Lucia Uihlein		Date of Receipt MM / DD / YYYY 10 / 27 / 2010
Mailing Address 715 Lands End Drive		Transaction ID: SA11AI.19917
City Longboat Key	State FL	Zip Code 34228
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer NA	Occupation homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1550.00	

B.

Full Name (Last, First, Middle Initial) Bart Valls		Date of Receipt MM / DD / YYYY 10 / 19 / 2010
Mailing Address 4370 E. Perry Pkwy.		Transaction ID: SA11AI.20681
City Greenwood Village	State CO	Zip Code 80121
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Self	Occupation Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Sharon Waite		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 8301 w Business HWY 83		Transaction ID: SA11AI.19521
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Self	Occupation Agriculture	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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 50 / 93
(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)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
George Webb

Mailing Address 129 Bell Pt.

City State Zip Code
Sneads Ferry NC 28460

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

Name of Employer Snoopy's Hot Dogs Occupation manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.21312

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Howard Weiss

Mailing Address 8355 Lakeside Dr

City State Zip Code
Reno NV 89511

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

Name of Employer NA Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.20487

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
larry welch

Mailing Address po box 545

City State Zip Code
clark fork ID 83811

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

Name of Employer retired Occupation pilot

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

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

Transaction ID: SA11AI.21091

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **275.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 93
(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)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
larry welch

Mailing Address po box 545

City clark fork State ID Zip Code 83811

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

Name of Employer retired Occupation pilot

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 10 / 17 / 2010
Transaction ID: SA11AI.20907
 Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial)
larry welch

Mailing Address po box 545

City clark fork State ID Zip Code 83811

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

Name of Employer retired Occupation pilot

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt: 10 / 20 / 2010
Transaction ID: SA11AI.20551
 Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
Clare Wentworth

Mailing Address 4113 Santa Fe Trail

City Dryden State MI Zip Code 48428

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

Name of Employer Thor Industries Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.20881
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial)
Ronald Wilfer

Mailing Address 5599 Chena Hot Springs Rd

City State Zip Code
Fairbanks AK 99712

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

Name of Employer: Burn Right Products, LLC Occupation: Business owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 28 / 2010
Transaction ID: SA11AI.19599
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Aleta Marie Winterling

Mailing Address 5470 Robin Cir

City State Zip Code
Yorba Linda CA 92866

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

Name of Employer: NA Occupation: Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 11 / 02 / 2010
Transaction ID: SA11AI.21601
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Aleta Marie Winterling

Mailing Address 5470 Robin Cir

City State Zip Code
Yorba Linda CA 92866

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

Name of Employer: NA Occupation: Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 11 / 02 / 2010
Transaction ID: SA11AI.21602
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 450.00

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

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

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

FOR LINE NUMBER: PAGE 53 / 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial)
Aleta Marie Winterling
Mailing Address 5470 Robin Cir
City Yorba Linda State CA Zip Code 92866
FEC ID number of contributing federal political committee. **C**
Name of Employer NA Occupation Homemaker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 02 / 2010
Transaction ID: SA11AI.21607
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Paul Wittke
Mailing Address 935 Highland Point Dr.
City Knoxville State TN Zip Code 37919
FEC ID number of contributing federal political committee. **C**
Name of Employer Eye Care Centers, PLLC Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00
Date of Receipt 10 / 21 / 2010
Transaction ID: SA11AI.20519
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Andrew Woodgeard
Mailing Address 2061 E County Line Rd
City Springfield State OH Zip Code 45502
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation N/A
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 19 / 2010
Transaction ID: SA11AI.20781
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 375.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 93
(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)
WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial)
David Youberg

Mailing Address 215 S. 10th st.

City State Zip Code
Sac City IA 50583

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

Name of Employer self Occupation Retired Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 14 / 2010
Transaction ID: SA11AI.21283
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Rexford Young

Mailing Address 303 Old Lakeshore Rd #H-4

City State Zip Code
Gilford NH 03249

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

Name of Employer NA Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 15 / 2010
Transaction ID: SA11AI.21632
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Shawn Younger

Mailing Address 1276 N. Wayne Street #200

City State Zip Code
Arlington VA 22201

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

Name of Employer Convergencz Occupation Developer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 26 / 2010
Transaction ID: SA11AI.20271
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 55 / 93	
	(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"/> 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)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Daniel Zucchi		Date of Receipt	
	Mailing Address 161 Locust Rd		M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.21309
	Briarcliff Manor	NY	10510	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		100.00	
Name of Employer self		Occupation		
		Media, Marketing, Communications		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		225.00		
<input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	28904.25

**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 56 / 93

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

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

NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Kurt Azaroff	Transaction ID: SB21B.19405 Date of Disbursement 11 / 01 / 2010
	Mailing Address 1288 Fairhill Ln NE	Amount of Each Disbursement this Period 2000.00
	City ATLANTA State GA Zip Code 30319	
	Purpose of Disbursement Contract services Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Best Buy	Transaction ID: SB21B.19372 Date of Disbursement 10 / 18 / 2010
	Mailing Address #1014	Amount of Each Disbursement this Period 1344.38
	City Sparks State NV Zip Code 89436	
	Purpose of Disbursement Video equipment Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Blue Swarm LLC	Transaction ID: SB21B.21745 Date of Disbursement 11 / 22 / 2010
	Mailing Address 70 Broadway	Amount of Each Disbursement this Period 5304.53
	City Westford State MA Zip Code 01886	
	Purpose of Disbursement Web donation collection fees Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	8648.91
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)
WESTERN REPRESENTATION PAC

<p>A. Full Name (Last, First, Middle Initial) Charity Call LLC</p> <p>Mailing Address 6204 W Utica St</p> <p>City Broken Arrow State OK Zip Code 74011</p> <p>Purpose of Disbursement Web donation 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>Transaction ID: SB21B.19350</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <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="1000.00"/></p> <p>Category/Type: <input type="text" value="003"/></p>
<p>B. Full Name (Last, First, Middle Initial) Clifton Yin</p> <p>Mailing Address 1410 North Quinn Street, #1</p> <p>City Arlington State VA Zip Code 22209</p> <p>Purpose of Disbursement Contract 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>Transaction ID: SB21B.19348</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <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="600.00"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>C. Full Name (Last, First, Middle Initial) Continental Airlines</p> <p>Mailing Address P.O. Box 4607</p> <p>City Houston State TX Zip Code 77210</p> <p>Purpose of Disbursement Airline ticket</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.19368</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <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="475.40"/></p> <p>Category/Type: <input type="text" value="002"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

<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)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Continental Airlines

Transaction ID: SB21B.19402
Date of Disbursement

Mailing Address P.O. Box 4607

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

City Houston State TX Zip Code 77210

Amount of Each Disbursement this Period

Purpose of Disbursement
airline ticket

002
Category/ Type

525.30

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Days Inn

Transaction ID: SB21B.19355
Date of Disbursement

Mailing Address 4621 Shelbyville Road

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

City Louisville State KY Zip Code 40208

Amount of Each Disbursement this Period

Purpose of Disbursement
Hotel room

002
Category/ Type

293.08

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
FedEx

Transaction ID: SB21B.19361
Date of Disbursement

Mailing Address 3690 Research Way

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

City Carson City State NV Zip Code 89706

Amount of Each Disbursement this Period

Purpose of Disbursement
Banner

004
Category/ Type

167.65

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

986.03

TOTAL This Period (last page this line number only)

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**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)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: SB21B.19373
	Mailing Address 3690 Research Way	Date of Disbursement 10 / 18 / 2010
	City Carson City State NV Zip Code 89706	Amount of Each Disbursement this Period 32.35
	Purpose of Disbursement postage Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: SB21B.19386
	Mailing Address 3690 Research Way	Date of Disbursement 10 / 21 / 2010
	City Carson City State NV Zip Code 89706	Amount of Each Disbursement this Period 24.76
	Purpose of Disbursement postage Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: SB21B.19394
	Mailing Address 3690 Research Way	Date of Disbursement 10 / 28 / 2010
	City Carson City State NV Zip Code 89706	Amount of Each Disbursement this Period 24.76
	Purpose of Disbursement postage Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

81.87

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
WESTERN REPRESENTATION PAC

<p>A. Full Name (Last, First, Middle Initial) FedEx</p> <p>Mailing Address 3690 Research Way</p> <p>City Carson City State NV Zip Code 89706</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.19395</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <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="25.63"/></p>
<p>B. Full Name (Last, First, Middle Initial) FedEx</p> <p>Mailing Address 3690 Research Way</p> <p>City Carson City State NV Zip Code 89706</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.19396</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <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="25.63"/></p>
<p>C. Full Name (Last, First, Middle Initial) FedEx</p> <p>Mailing Address 3690 Research Way</p> <p>City Carson City State NV Zip Code 89706</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.19397</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <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="28.33"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

79.59

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)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: SB21B.19399
	Mailing Address 3690 Research Way	Date of Disbursement 11 / 01 / 2010
	City Carson City State NV Zip Code 89706	Amount of Each Disbursement this Period 27.46
	Purpose of Disbursement postage	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: SB21B.19400
	Mailing Address 3690 Research Way	Date of Disbursement 11 / 01 / 2010
	City Carson City State NV Zip Code 89706	Amount of Each Disbursement this Period 28.33
	Purpose of Disbursement postage	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Innovative Networks Inc	Transaction ID: SB21B.19392
	Mailing Address 1811 Newman PI	Date of Disbursement 10 / 23 / 2010
	City Carson City State NV Zip Code 89703	Amount of Each Disbursement this Period 326.85
	Purpose of Disbursement Website hosting	001 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:	

SUBTOTAL of Disbursements This Page (optional)	382.64
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)
WESTERN REPRESENTATION PAC

<p>A. Full Name (Last, First, Middle Initial) Innovative Networks Inc</p> <p>Mailing Address 1811 Newman Pl</p> <p>City Carson City State NV Zip Code 89703</p> <p>Purpose of Disbursement website hosting and support</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.19418</p> <p>Date of Disbursement</p> <p><input type="text" value="11"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="750.00"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>B. Full Name (Last, First, Middle Initial) Paul Jackson</p> <p>Mailing Address 3870 Royer ct.</p> <p>City Reno State NV Zip Code 89509</p> <p>Purpose of Disbursement Contract 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>Transaction ID: SB21B.19362</p> <p>Date of Disbursement</p> <p><input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>C. Full Name (Last, First, Middle Initial) Nick Kump</p> <p>Mailing Address 2806 Normington Drive</p> <p>City Sacramento State CA Zip Code 95833</p> <p>Purpose of Disbursement Contract 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>Transaction ID: SB21B.19407</p> <p>Date of Disbursement</p> <p><input type="text" value="11"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="450.00"/></p> <p>Category/Type: <input type="text" value="001"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="2200.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Ace McClellan	Transaction ID: SB21B.19390 Date of Disbursement 10 / 23 / 2010
	Mailing Address 424 Sheep Camp Dr.	Amount of Each Disbursement this Period 490.00
	City Dayton State NV Zip Code 89403	
	Purpose of Disbursement Contract services Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paramount Communications Group	Transaction ID: SB21B.19389 Date of Disbursement 10 / 23 / 2010
	Mailing Address 525-K East Market St #114	Amount of Each Disbursement this Period 3082.67
	City Leesburg State VA Zip Code 20176	
	Purpose of Disbursement Email service Candidate Name	003 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) Paramount Communications Group	Transaction ID: SB21B.19346 Date of Disbursement 11 / 11 / 2010
	Mailing Address 525-K East Market St #114	Amount of Each Disbursement this Period 3848.79
	City Leesburg State VA Zip Code 20176	
	Purpose of Disbursement Email service Candidate Name	003 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) ►

7421.46

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)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) PayPal	Transaction ID: SB21B.21746 Date of Disbursement 11 / 22 / 2010
	Mailing Address 2211 N. First Street	Amount of Each Disbursement this Period 695.52
	City San Jose State CA Zip Code 95131	
	Purpose of Disbursement Web donation collection fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bryan Shroyer	Transaction ID: SB21B.19375 Date of Disbursement 10 / 19 / 2010
	Mailing Address 2806 Normington Drive	Amount of Each Disbursement this Period 600.00
	City Sacramento State CA Zip Code 95833	
	Purpose of Disbursement per diem Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bryan Shroyer	Transaction ID: SB21B.19404 Date of Disbursement 11 / 01 / 2010
	Mailing Address 2806 Normington Drive	Amount of Each Disbursement this Period 3500.00
	City Sacramento State CA Zip Code 95833	
	Purpose of Disbursement Contract services Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4795.52
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)
WESTERN REPRESENTATION PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Southwest Airlines</p> <p>Mailing Address P.O. Box 36647 - 1CR</p> <p>City Dallas State TX Zip Code 75235</p> <p>Purpose of Disbursement Airline ticket</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.19370</p> <p>Date of Disbursement 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 497.10</p> <p>002 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Southwest Airlines</p> <p>Mailing Address P.O. Box 36647 - 1CR</p> <p>City Dallas State TX Zip Code 75235</p> <p>Purpose of Disbursement Airline ticket</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.19388</p> <p>Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 178.70</p> <p>002 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Southwest Airlines</p> <p>Mailing Address P.O. Box 36647 - 1CR</p> <p>City Dallas State TX Zip Code 75235</p> <p>Purpose of Disbursement Airline ticket</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.19398</p> <p>Date of Disbursement 10 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 851.10</p> <p>002 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1526.90

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

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)
WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial) Southwest Airlines Mailing Address P.O. Box 36647 - 1CR City Dallas State TX Zip Code 75235 Purpose of Disbursement airline ticket 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.19401 Date of Disbursement 11 / 01 / 2010
	Amount of Each Disbursement this Period 433.40
	002 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B. Full Name (Last, First, Middle Initial) Dustin Stockton Mailing Address 5549 Knoll View Way City Sparks State NV Zip Code 89436 Purpose of Disbursement per diem 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.19360 Date of Disbursement 10 / 15 / 2010
	Amount of Each Disbursement this Period 400.00
	002 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C. Full Name (Last, First, Middle Initial) Dustin Stockton Mailing Address 5549 Knoll View Way City Sparks State NV Zip Code 89436 Purpose of Disbursement Salary 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.19411 Date of Disbursement 10 / 27 / 2010
	Amount of Each Disbursement this Period 1500.00
	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2333.40
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)
WESTERN REPRESENTATION PAC

<p>A. Full Name (Last, First, Middle Initial) Dustin Stockton</p> <p>Mailing Address 5549 Knoll View Way</p> <p>City Sparks State NV Zip Code 89436</p> <p>Purpose of Disbursement travel expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.19409</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <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="1500.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Dustin Stockton</p> <p>Mailing Address 5549 Knoll View Way</p> <p>City Sparks State NV Zip Code 89436</p> <p>Purpose of Disbursement travel per diem</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.19347</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <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="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Thrifty Car Rental</p> <p>Mailing Address 2805 Taylorsville Road</p> <p>City Louisville State KY Zip Code 40205</p> <p>Purpose of Disbursement Car rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.19358</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <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="368.12"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="2868.12"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Tristate Odyssey	Transaction ID: SB21B.19378 Date of Disbursement
	Mailing Address 1817 N Stewart St	<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Carson City State NV Zip Code 89706	Amount of Each Disbursement this Period
	Purpose of Disbursement Staffing service Candidate Name	<input type="text" value="12217.57"/>
	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) ▼
		<input type="text" value="001"/> Category/ Type

B.	Full Name (Last, First, Middle Initial) Tristate Odyssey	Transaction ID: SB21B.19414 Date of Disbursement
	Mailing Address 1817 N Stewart St	<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City Carson City State NV Zip Code 89706	Amount of Each Disbursement this Period
	Purpose of Disbursement staffing services Candidate Name	<input type="text" value="3481.02"/>
	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) ▼
		<input type="text" value="001"/> Category/ Type

C.	Full Name (Last, First, Middle Initial) Tristate Odyssey	Transaction ID: SB21B.19345 Date of Disbursement
	Mailing Address 1817 N Stewart St	<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City Carson City State NV Zip Code 89706	Amount of Each Disbursement this Period
	Purpose of Disbursement Staffing Service Candidate Name	<input type="text" value="8472.78"/>
	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) ▼
		<input type="text" value="001"/> Category/ Type

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="24171.37"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 69 / 93

<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)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Trump Las Vegas	Transaction ID: SB21B.19412 Date of Disbursement 11 / 02 / 2010
	Mailing Address 2000 N Fashion Show Dr	Amount of Each Disbursement this Period 1325.08
	City Las Vegas State NV Zip Code 89109	
	Purpose of Disbursement Hotel rooms for election return function	002 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) US Airways	Transaction ID: SB21B.19364 Date of Disbursement 10 / 18 / 2010
	Mailing Address 4000 E. Sky Harbor Blvd.	Amount of Each Disbursement this Period 335.40
	City Phoenix State AZ Zip Code 85034	
	Purpose of Disbursement Airline ticket	002 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) US Airways	Transaction ID: SB21B.19374 Date of Disbursement 10 / 19 / 2010
	Mailing Address 4000 E. Sky Harbor Blvd.	Amount of Each Disbursement this Period 190.00
	City Phoenix State AZ Zip Code 85034	
	Purpose of Disbursement Airline ticket	002 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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1850.48
TOTAL This Period (last page this line number only)	▶	59421.69

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

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

FOR LINE NUMBER:
(check only one)

<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)
WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial) SEAN D BIELAT <hr/> Mailing Address 22 JAMES ST #4 <hr/> City Brookline State MA Zip Code 02446 <hr/> Purpose of Disbursement contribution Candidate Name SEAN D BIELAT <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19300 Date of Disbursement 10 / 28 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) WILLIAM JOHN JR HUDAK <hr/> Mailing Address 165 HERRICK ROAD <hr/> City BOXFORD State MA Zip Code 01921 <hr/> Purpose of Disbursement contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19270 Date of Disbursement 10 / 24 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) MARTIN A LAMB <hr/> Mailing Address 57 WINGATE ROAD <hr/> City HOLLISTON State MA Zip Code 01746 <hr/> Purpose of Disbursement contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19269 Date of Disbursement 10 / 24 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial) Lee Holmes Mailing Address 530 W. O'Brien Dr. City Hagatna State GU Zip Code 96910 Purpose of Disbursement Refund of excess contributions Candidate Name	Transaction ID: SB28A.19377 Date of Disbursement 10 / 19 / 2010 Amount of Each Disbursement this Period 2500.00
B. Full Name (Last, First, Middle Initial) Allen Simon Mailing Address 1383 N Criss St City Chandler State AZ Zip Code 85226 Purpose of Disbursement Refund of excess contribution Candidate Name	Transaction ID: SB28A.21744 Date of Disbursement 11 / 06 / 2010 Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

3500.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
99.1 FM Talk

Mailing Address
1960 Idaho St

City Carson City	State NV	Zip Code 89701
---------------------	-------------	-------------------

Purpose of Expenditure radio ad	Category/ Type 004
------------------------------------	--------------------------

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

Calendar Year-To-Date Per Election for Office Sought	128516.85
---	-----------

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

Amount
2200.00

Transaction ID: SE.19324

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
99.1 FM Talk

Mailing Address
1960 Idaho St

City Carson City	State NV	Zip Code 89701
---------------------	-------------	-------------------

Purpose of Expenditure Radio ad	Category/ Type 004
------------------------------------	--------------------------

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

Calendar Year-To-Date Per Election for Office Sought	134829.15
---	-----------

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

Amount
1075.00

Transaction ID: SE.19343

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	3275.00
(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.

Roger Stockton
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
AM 580 WTAG

Mailing Address
96 Stereo Lane

City Paxton	State MA	Zip Code 01612
----------------	-------------	-------------------

Purpose of Expenditure Radio ad	Category/ Type 004
------------------------------------	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
JIM MCGOVERN

Calendar Year-To-Date Per Election for Office Sought	2835.00
---	---------

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

Amount
1890.00

Transaction ID: SE.16709

Office Sought: House State: MA
 Senate District: 03
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
AM 580 WTAG

Mailing Address
96 Stereo Lane

City Paxton	State MA	Zip Code 01612
----------------	-------------	-------------------

Purpose of Expenditure radio ad	Category/ Type 004
------------------------------------	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
JIM MCGOVERN

Calendar Year-To-Date Per Election for Office Sought	8818.25
---	---------

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

Amount
1575.00

Transaction ID: SE.19316

Office Sought: House State: MA
 Senate District: 03
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	3465.00
(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.

Roger Stockton
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
AM 830 WCRN

Mailing Address
82 Franklin Street

City Worcester	State MA	Zip Code 01608
-------------------	-------------	-------------------

Purpose of Expenditure Radio ad	Category/ Type 004
------------------------------------	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
JIM MCGOVERN

Calendar Year-To-Date Per Election for Office Sought	945.00
---	--------

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

Amount
945.00

Transaction ID: SE.16708

Office Sought: House State: MA
 Senate District: 03
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
AM 830 WCRN

Mailing Address
82 Franklin Street

City Worcester	State MA	Zip Code 01608
-------------------	-------------	-------------------

Purpose of Expenditure Credit for ads not run	Category/ Type 004
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
JIM MCGOVERN

Calendar Year-To-Date Per Election for Office Sought	4557.00
---	---------

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

Amount
-105.00

Transaction ID: SE.19381

Office Sought: House State: MA
 Senate District: 03
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	840.00
(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.

Roger Stockton
Signature

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

B. Form/Schedule : **SE**

Original ad buy on 10/18 for \$945.00. Due to lack of airtime, station billed \$840.00

Transaction ID : **SE.19381**

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
AM 830 WCRN

Mailing Address
82 Franklin Street

City Worcester	State MA	Zip Code 01608
-------------------	-------------	-------------------

Purpose of Expenditure radio ad	Category/ Type 004
------------------------------------	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
JIM MCGOVERN

Calendar Year-To-Date Per Election for Office Sought	6354.25
---	---------

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

Amount
1400.00

Transaction ID: SE.19314

Office Sought: House State: MA
 Senate District: 03
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
CBS Radio - NEWSRADIO 840 KXNT

Mailing Address
6655 W. Sahara Ave. Suite D-110

City Las Vegas	State NV	Zip Code 89146
-------------------	-------------	-------------------

Purpose of Expenditure radio as	Category/ Type 004
------------------------------------	--------------------------

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

Calendar Year-To-Date Per Election for Office Sought	101200.60
---	-----------

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

Amount
600.00

Transaction ID: SE.15601

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	2000.00
(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.

Roger Stockton
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
CBS Radio - NEWSRADIO 840 KXNT

Mailing Address
6655 W. Sahara Ave. Suite D-110

City Las Vegas	State NV	Zip Code 89146
-------------------	-------------	-------------------

Purpose of Expenditure Web banner ad	Category/ Type 004
---	--------------------------

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

Calendar Year-To-Date Per Election for Office Sought	104250.60
---	-----------

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

Amount
2000.00

Transaction ID: SE.15602

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
CBS Radio - NEWSRADIO 840 KXNT

Mailing Address
6655 W. Sahara Ave. Suite D-110

City Las Vegas	State NV	Zip Code 89146
-------------------	-------------	-------------------

Purpose of Expenditure radio ad	Category/ Type 004
------------------------------------	--------------------------

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

Calendar Year-To-Date Per Election for Office Sought	121380.60
---	-----------

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

Amount
2130.00

Transaction ID: SE.16441

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	4130.00
(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.

Roger Stockton
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
CBS Radio - NEWSRADIO 840 KXNT

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

Mailing Address
6655 W. Sahara Ave. Suite D-110

Amount
1800.00

City State Zip Code
Las Vegas NV 89146

Transaction ID: SE.19265

Purpose of Expenditure
radio ad

Category/Type 004

Office Sought: House State: NV
 Senate District: 00
 Presidential

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

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
124186.85

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
CBS Radio - NEWSRADIO 840 KXNT

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

Mailing Address
6655 W. Sahara Ave. Suite D-110

Amount
2130.00

City State Zip Code
Las Vegas NV 89146

Transaction ID: SE.19310

Purpose of Expenditure
radio ad

Category/Type 004

Office Sought: House State: NV
 Senate District: 00
 Presidential

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

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
126316.85

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	3930.00
(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.

Roger Stockton
Signature

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

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

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER ▼ C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
CBS Radio - NEWSRADIO 840 KXNT

Date

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

Mailing Address
6655 W. Sahara Ave. Suite D-110

Amount

1800.00

City Las Vegas	State NV	Zip Code 89146
-------------------	-------------	-------------------

Transaction ID: SE.19302

Office Sought: House State: NV
 Senate District: 00
 Presidential

Purpose of Expenditure radio ad	Category/ Type	004
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Check One: Support Oppose

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

Disbursement For: Primary General
 Other (specify) : _____
 2010

Calendar Year-To-Date Per Election for Office Sought	130316.85
---	-----------

Full Name (Last, First, Middle, Initial) of Payee
CBS Radio - NEWSRADIO 840 KXNT

Date

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

Mailing Address
6655 W. Sahara Ave. Suite D-110

Amount

1800.00

City Las Vegas	State NV	Zip Code 89146
-------------------	-------------	-------------------

Transaction ID: SE.19339

Office Sought: House State: NV
 Senate District: 00
 Presidential

Purpose of Expenditure radio ad	Category/ Type	004
------------------------------------	-------------------	-----

Check One: Support Oppose

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

Disbursement For: Primary General
 Other (specify) : _____
 2010

Calendar Year-To-Date Per Election for Office Sought	132116.85
---	-----------

(a) SUBTOTAL of Itemized Independent Expenditures	3600.00
(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.

Roger Stockton
Signature

Date

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
CBS Radio - NEWSRADIO 840 KXNT

Mailing Address
6655 W. Sahara Ave. Suite D-110

City	State	Zip Code
Las Vegas	NV	89146

Purpose of Expenditure Radio ad	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	133561.85
---	-----------

Date

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

Amount

1445.00

Transaction ID: SE.19353

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2010

Full Name (Last, First, Middle, Initial) of Payee
Citadel Broadcasting

Mailing Address
595 East Plumb Lane

City	State	Zip Code
Reno	NV	89502

Purpose of Expenditure radio ad	Category/ Type	004
------------------------------------	-------------------	-----

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

Calendar Year-To-Date Per Election for Office Sought	102250.60
---	-----------

Date

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

Amount

1050.00

Transaction ID: SE.15604

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2010

(a) SUBTOTAL of Itemized Independent Expenditures	2495.00
---	---------

(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.

Roger Stockton
Signature

Date

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER ▼ C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Eagle Interactive

Mailing Address
1 Massachusetts Ave NW

City Washington	State DC	Zip Code 20001
Purpose of Expenditure support email		Category/ Type 003

Name of Federal Candidate supported or Opposed by expenditure:
BARNEY FRANK

Calendar Year-To-Date Per Election for Office Sought	29201.18
---	----------

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

Amount
3960.00

Transaction ID: SE.19274

Office Sought: House State: MA
 Senate District: 04
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Facebook

Mailing Address
1601 South California Avenue

City Palo Alto	State CA	Zip Code 94304
Purpose of Expenditure ad		Category/ Type 004

Name of Federal Candidate supported or Opposed by expenditure:
BARNEY FRANK

Calendar Year-To-Date Per Election for Office Sought	49451.18
---	----------

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

Amount
250.00

Transaction ID: SE.19287

Office Sought: House State: MA
 Senate District: 04
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	4210.00
(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.

Roger Stockton _____ Date M M / D D / Y Y Y Y
Signature 0 4 / 1 8 / 2 0 1 0

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

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Facebook

Mailing Address
1601 South California Avenue

City State Zip Code
Palo Alto CA 94304

Purpose of Expenditure
ad

Category/
Type 004

Name of Federal Candidate supported or Opposed by expenditure:
BARNEY FRANK

Calendar Year-To-Date Per Election
for Office Sought 49701.18

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

Amount
250.00

Transaction ID: SE.19288

Office Sought: House State: MA
 Senate District: 04
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Facebook

Mailing Address
1601 South California Avenue

City State Zip Code
Palo Alto CA 94304

Purpose of Expenditure
ad

Category/
Type 004

Name of Federal Candidate supported or Opposed by expenditure:
BARNEY FRANK

Calendar Year-To-Date Per Election
for Office Sought 50690.01

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

Amount
988.83

Transaction ID: SE.19289

Office Sought: House State: MA
 Senate District: 04
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	1238.83
(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.

Roger Stockton
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Facebook

Mailing Address
1601 South California Avenue

City Palo Alto	State CA	Zip Code 94304
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Purpose of Expenditure ad	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:
BARNEY FRANK

Calendar Year-To-Date Per Election for Office Sought	51190.01
---	----------

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

Amount
500.00

Transaction ID: SE.19290

Office Sought: House State: MA
 Senate District: 04
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Facebook

Mailing Address
1601 South California Avenue

City Palo Alto	State CA	Zip Code 94304
-------------------	-------------	-------------------

Purpose of Expenditure Web ad	Category/ Type 004
----------------------------------	--------------------------

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

Calendar Year-To-Date Per Election for Office Sought	133754.15
---	-----------

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

Amount
192.30

Transaction ID: SE.19354

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	692.30
(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.

Roger Stockton
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
KDOX-AM

Mailing Address
150 Spectrum Blvd

City State Zip Code
Las Vegas NV 89101

Purpose of Expenditure Category/Type
Radio ad 004

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

Calendar Year-To-Date Per Election for Office Sought 122386.85

Date
10 / 20 / 2010

Amount
1006.25

Transaction ID: SE.19256

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Michael Nystrom

Mailing Address
93A Fairmont Street

City State Zip Code
Arlington MA 02474

Purpose of Expenditure Category/Type
Ad creation 004

Name of Federal Candidate supported or Opposed by expenditure:
BARNEY FRANK

Calendar Year-To-Date Per Election for Office Sought 31701.18

Date
10 / 21 / 2010

Amount
2500.00

Transaction ID: SE.19276

Office Sought: House State: MA
 Senate District: 04
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	3506.25
(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.

Roger Stockton
Signature

Date 04 / 18 / 2010

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Reno Radio Representatives LLC

Mailing Address
961 Matley Ln Ste. 120

City Reno	State NV	Zip Code 89502
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Purpose of Expenditure Radio ad	Category/ Type 004
------------------------------------	--------------------------

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

Calendar Year-To-Date Per Election for Office Sought	135529.15
---	-----------

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

Amount
700.00

Transaction ID: SE.19344

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Rush Radio 1200 (WXKS-AM)

Mailing Address
10 Cabot Road Suite 302

City Medford	State MA	Zip Code 02155
-----------------	-------------	-------------------

Purpose of Expenditure Radio ad	Category/ Type 004
------------------------------------	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
JIM MCGOVERN

Calendar Year-To-Date Per Election for Office Sought	4662.00
---	---------

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

Amount
1827.00

Transaction ID: SE.16710

Office Sought: House State: MA
 Senate District: 03
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	2527.00
(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.

Roger Stockton
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Rush Radio 1200 (WXKS-AM)

Date

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

Mailing Address
10 Cabot Road Suite 302

Amount
397.25

Transaction ID: SE.19383

City State Zip Code
Medford MA 02155

Office Sought: House State: MA
 Senate District: 03
 Presidential

Purpose of Expenditure
Radio ad

Category/Type
004

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
JIM MCGOVERN

Disbursement For: Primary General
 Other (specify) : _____
2010

Calendar Year-To-Date Per Election
for Office Sought 4954.25

Full Name (Last, First, Middle, Initial) of Payee
Rush Radio 1200 (WXKS-AM)

Date

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

Mailing Address
10 Cabot Road Suite 302

Amount
889.00

Transaction ID: SE.19315

City State Zip Code
Medford MA 02155

Office Sought: House State: MA
 Senate District: 03
 Presidential

Purpose of Expenditure
radio ad

Category/Type
004

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
JIM MCGOVERN

Disbursement For: Primary General
 Other (specify) : _____
2010

Calendar Year-To-Date Per Election
for Office Sought 7243.25

(a) SUBTOTAL of Itemized Independent Expenditures	1286.25
(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.

Roger Stockton
Signature

Date

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

A. Form/Schedule : **SE**
Transaction ID : **SE.19383**

Original expenditure reported on 10/18/2010 as \$1827.00. Station billed a total of \$2224.25 due to a mistake in the cut off date of the ad causing the ad to run an additional day. I was not aware of the discrepancy until seeing the actual billing statement.

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER ▼ C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Rush Radio 1200 (WXKS-AM)

Mailing Address
10 Cabot Road Suite 302

City Medford	State MA	Zip Code 02155
-----------------	-------------	-------------------

Purpose of Expenditure radio ad	Category/ Type 004
------------------------------------	---

Name of Federal Candidate supported or Opposed by expenditure:
JIM MCGOVERN

Calendar Year-To-Date Per Election for Office Sought	9427.25
---	---

Date

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

Amount
609.00

Transaction ID: SE.19319

Office Sought: House State: MA
 Senate District: 03
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2010

Full Name (Last, First, Middle, Initial) of Payee
Rush Radio 1200 (WXKS-AM)

Mailing Address
10 Cabot Road Suite 302

City Medford	State MA	Zip Code 02155
-----------------	-------------	-------------------

Purpose of Expenditure radio ad	Category/ Type 004
------------------------------------	---

Name of Federal Candidate supported or Opposed by expenditure:
JIM MCGOVERN

Calendar Year-To-Date Per Election for Office Sought	52968.01
---	--

Date

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

Amount
1778.00

Transaction ID: SE.19297

Office Sought: House State: MA
 Senate District: 04
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2010

(a) SUBTOTAL of Itemized Independent Expenditures	2387.00
--	---

(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.

Roger Stockton
Signature

Date

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Spirit of Alaska Broadcasting

Mailing Address
220 E. Parks Hwy

City State Zip Code
Wasilla AK 99654

Purpose of Expenditure Category/ Type
radio ad 004

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

Calendar Year-To-Date Per Election for Office Sought 3226.85

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

Amount
0.00

Transaction ID: SE.8610

Office Sought: House State: AK
 Senate District: 00
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

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

Mailing Address
402 BNA Dr. Suite 400

City State Zip Code
Nashville TN 37217

Purpose of Expenditure Category/ Type
support email 003

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

Calendar Year-To-Date Per Election for Office Sought 119250.60

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

Amount
15000.00

Transaction ID: SE.15603

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	15000.00
(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.

Roger Stockton
Signature

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

A. Form/Schedule : **SE**

Entry error filed on F24 which could not be deleted

Transaction ID : **SE.8610**

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

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

Mailing Address
402 BNA Dr. Suite 400

City Nashville State TN Zip Code 37217

Purpose of Expenditure support email Category/Type 003

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

Calendar Year-To-Date Per Election for Office Sought 136380.60

Date 10 / 19 / 2010

Amount 15000.00

Transaction ID: SE.19261

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

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

Mailing Address
402 BNA Dr. Suite 400

City Nashville State TN Zip Code 37217

Purpose of Expenditure email support ad cancelled Category/Type 003

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

Calendar Year-To-Date Per Election for Office Sought 121380.60

Date 10 / 19 / 2010

Amount -15000.00

Transaction ID: SE.19337

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(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.

Roger Stockton
Signature

Date 04 / 18 / 2010

B. Form/Schedule : **SE**

Support email cancelled due to lack of availability

Transaction ID : **SE.19337**

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

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

Mailing Address
402 BNA Dr. Suite 400

City Nashville	State TN	Zip Code 37217
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Purpose of Expenditure support email	Category/ Type 003
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Name of Federal Candidate supported or Opposed by expenditure:
BARNEY FRANK

Calendar Year-To-Date Per Election for Office Sought	46701.18
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Date
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Amount
15000.00

Transaction ID: SE.19278

Office Sought: House State: MA
 Senate District: 04
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Trevor Lyman

Mailing Address
504 S Armenia Ave Unit 1335

City Tampa	State FL	Zip Code 33609
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Purpose of Expenditure ad creation	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:
BARNEY FRANK

Calendar Year-To-Date Per Election for Office Sought	49201.18
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Date
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Amount
2500.00

Transaction ID: SE.19279

Office Sought: House State: MA
 Senate District: 04
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	17500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	72082.63

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.

Roger Stockton _____ Date M M / D D / Y Y Y Y
Signature 0 4 / 1 8 / 2 0 1 0