Image# 10931511588

REPORT OF RECEIPTS AND DISBURSEMENTS FOR A COMMITTEE OR ORGANIZAT20110 18/:358

| SUPPORTING A NOMINATING CONVENTI  | ON (Summary Page)       |                                   |
|---|-------------------------|-----------------------------------|
| 1. (a) Name of Committee (in full)  | 2. FEC Identifica       | ation Number                      |
| COMMITTEE ON ARRANGEMENTS FOR THE 2012 REPUBLICAN NATIONAL CONVENTION                           | C00485110               |                                   |
| (b) Address (Number and Street)   | 3 Type of Comm          | nittee/Organization               |
| 310 FIRST STREET SE   |                         | -                                 |
| STOTINGT STREET SE  | X Convention            | on Committee                      |
| ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )   | Host Com                | nmittee                           |
| (c) City, State, and ZIP Code   | Other                   |                                   |
| WASHINGTON DC 20003   |                         | (specify)                         |
| 4. TYPE OF REPORT (check appropriate box(es))   |                         |                                   |
| (a) POST-CONVENTION REPORT  |                         |                                   |
| QUARTERLY REPORT (check one) April 15 July 15 X Octol   | per 15 January 31       |                                   |
|   | oci 10 oandary of       |                                   |
| ☐ FINAL REPORT  |                         |                                   |
| (b) Is this an Amendment ? YES X NO   |                         |                                   |
| SUMMARY OF RECEIPTS AND DISBURSEMENTS   |                         |                                   |
| 5. Covering period FROM: 07/01/2010 THROUGH: 09/30/2010   |                         | 1                                 |
| SECTION A - CASH BALANCE SUMMARY  | Column A<br>This period | Column B<br>Calendar Year-to-Date |
|   | This period             | Odicildai Teal to Bate            |
| 6. (a) Cash on Hand January 1, <u>2010</u>  |                         | 0.00                              |
|   |                         |                                   |
|   | 000000                  |                                   |
| (b) Cash on Hand at Beginning of Reporting Period   | 999992.00               |                                   |
|   |                         |                                   |
| (a) Tatal Danainta (Francisco 00)   | 8.00                    | 1000008.00                        |
| (c) Total Receipts (From Line 20)   |                         |                                   |
|   | 1000000 00              | 1000000 00                        |
| (d) Subtotal (Add Lines 6(b) and 6(c) for Column A and 6(a) and 6(c) for Column B)              | 1000000.00              | 1000008.00                        |
|   |                         |                                   |
| 7 Total Diskuraamenta (From Line 05)  | 636853.30               | 636861.30                         |
| 7. Total Disbursements (From Line 25)   |                         | +                                 |
|   | 363146.70               | 363146.70                         |
| 8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))                   | 000110.70               | 000110.70                         |
| 9. Debts and Obligations Owed TO the Committee  |                         |                                   |
| (Itemize all on Schedule C or Schedule D)   | 0.00                    |                                   |
| 10. Debts and Obligations Owed BY the Committee   |                         | _                                 |
| -   | 1000000.00              |                                   |
| (Itemize all on Schedule C or Schedule D)   |                         |                                   |
| SECTION B - SUMMARY OF EXPENDITURES SUBJECT TO LIMITATIONS                                      |                         |                                   |
| SECTION B - SUMMART OF EXPENDITURES SUBJECT TO LIMITATIONS                                      |                         |                                   |
|   |                         |                                   |
| 11. Convention Expenditures (from line 21(c))   | 636853.30               | 636861.30                         |
| 11. Convention Expenditures (from line 21(c))   |                         | +                                 |
|   | 8.00                    | 8.00                              |
| 12. Refunds, Rebates, Returns of Deposits Relating to Convention Expenditures (From Line 17(c)) | 0.00                    |                                   |
|   |                         |                                   |
| (a) Expenditures Subject to Limitation (Subtract Line 12 from Line 11)                          | 636845.30               | 636853.30                         |
| (a) — Paristration designed to Eministration (designed Emilia 12 from Emilia 11)                |                         |                                   |
|   | 0.00                    | 0.00                              |
| (b) Expenditures from Prior Years Subject to Limitation   |                         |                                   |
|   |                         | 636050.00                         |
| (c) Total Expenditures Subject to Limitation (Add Lines 12(a) and 12(b))                        |                         | 636853.30                         |
|   |                         |                                   |
|   |                         |                                   |

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct, and complete.

LOUIS POPE

10/15/2010

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

For Further Information Contact:

Federal Election Commission Toll Free 800/424-9530 Local 202/694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS (PAGE 2 of FEC Form 4)

| Report Covering the Period | bd  |
|----------------------------|---|
|                            |   |
| FROM: 07/01/2010           | TO: 09/30/2010  |
| Column A<br>This period    | Column B<br>Calendar Year-to-Date   |
| 0.00                       | 0.00  |
|                            |   |
| 0.00                       | 7   |
| 0.00                       |   |
| 0.00                       | 0.00  |
| 0.00                       | 0.00  |
|                            |   |
| 0.00                       |   |
| 0.00                       |   |
| 0.00                       | 1000000.00  |
|                            |   |
| 0.00                       |   |
| 8.00                       |   |
| 8.00                       | 8.00  |
|                            |   |
| 0.00                       | _   |
| 0.00                       |   |
| 0.00                       | 0.00  |
| 0.00                       | 0.00  |
|                            |   |
| 0.00                       |   |
| 0.00                       |   |
| 0.00                       | 0.00  |
| 8.00                       | 1000008.00  |
|                            |   |
|                            |   |
| 636853.30                  |   |
| 0.00                       |   |
| 636853.30                  | 636861.30   |
| 0.00                       | 0.00  |
|                            |   |
| 0.00                       |   |
| 0.00                       |   |
|                            | 0.00  |
| 3.00                       | 0.00  |
| 0.00                       |   |
| 0.00                       |   |
| 0.00                       |   |
|                            | 0.00  |
| 0.00                       | 0.00  |
|                            | This period  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  8.00  0.00 |

| lma       | age# 10931511590   |                                   |  |                   |                                 |                           |                        |   |                 |
|-----------|--|-----------------------------------|--|-------------------|---------------------------------|---------------------------|------------------------|---|-----------------|
|           | SCHEDULE B (FEC Form TEMIZED DISBURSEMEN   | •                                 | Use separate sch<br>for each category<br>Detailed Summar | of the            | FOR LINI<br>(check on           | E NUMBE                   | R:                     | PAGE 3  | ′37<br>□24a     |
|           | Any Information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) COMMITTEE ON ARRANGEMEN | ng the name and add               | dress of any politica                                    | l committee t     | son for the p<br>to solicit cor | ourpose of<br>atributions | soliciting<br>from suc | contribution  | ons<br>ee       |
| Α.        | Full Name (Last, First, Middle Initial) REPUBLICAN NATIONAL COMM Mailing Address   | /ITTEE                            |  |                   | Date                            | saction IE<br>e of Disbur | rsement                | 1A.56   | ( O Y           |
|           | 310 FIRST ST SE<br>City  | State                             | Zip Code   |                   |                                 |                           |                        | rsement thi   |                 |
|           | WASHINGTON  Purpose of Disbursement  REIMBURSEMENT- PAYROLL/TRA  | DC<br>VEL/RENT                    | 20003  | •                 | 7 [                             |                           |                        | 9323  | 4.81            |
|           | Candidate Name  Office Sought: House Senate President  State: District:  | Disbursement For Primary Other (s |  | Category/<br>Type |                                 |                           |                        |   |                 |
| В.        | Full Name (Last, First, Middle Initial) JOE CLUSTER  Mailing Address PO BOX 1809   |                                   |  |                   |                                 | saction IE<br>e of Disbu  | rsement                | 1A.29   | (O <sup>Y</sup> |
|           | City<br>TAMPA  | State<br>FL                       | Zip Code<br>33601  |                   | Amo                             | ount of Ead               | ch Disbu               | rsement thi   |                 |
|           | Purpose of Disbursement PAYROLL Candidate Name   |                                   |  | Category/<br>Type | ]                               |                           | 0 0                    | 300   | 5.00            |
|           | Office Sought: House Senate President  | Disbursement For Primary Other (s |  | Nr.               |                                 |                           |                        |   |                 |
| <b>C.</b> | State: District:  Full Name (Last, First, Middle Initial)  JOE CLUSTER   |                                   |  |                   |                                 | saction IE                |                        | 1A.33   |                 |
|           | Mailing Address PO BOX 1809  |                                   |  |                   | O <sup>M</sup> S                | 9 / [                     | 0 2                    | <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>O</sup> O | Í O Y           |
|           | City<br>TAMPA  | State<br>FL                       | Zip Code<br>33601  |                   | Amo                             | ount of Eac               | ch Disbu               | rsement thi   |                 |
|           | Purpose of Disbursement PAYROLL Candidate Name   |                                   |  | Category/<br>Type | ]   -                           |                           |                        | 710   | J.2U            |
|           | Office Sought: House Senate President  | Disbursement Fo                   |  | <u>гуре</u>       |                                 |                           |                        |   |                 |
|           | State: District:   | `                                 | · · · ·  |                   |                                 |                           |                        |   |                 |

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

|    | SCHEDIII E B (FEC Form 4)                                     |                                     | Т                 |   |
|----|---|-------------------------------------|-------------------|---|
|    | SCHEDULE B (FEC Form 4) TEMIZED DISBURSEMENTS                 | Use separate sch                    |                   | FOR LINE NUMBER: PAGE 4/37 (check only one)           |
| 1  | I EINILED DISBURSEMENTS                                       | Detailed Summar                     |                   |   |
| Г  | Any Information copied from such Reports and Statements       | may not be sold or use              | d by any pered    | x 21a 22 23a 23b 24a                                  |
|    | or for commercial purposes, other than using the name and     |                                     |                   |   |
|    | NAME OF COMMITTEE (In Full) COMMITTEE ON ARRANGEMENTS FOR THI | E 2012 REPUBLICA                    | N NATIONA         | AL CONVENTION   |
| A. | Full Name (Last, First, Middle Initial) JOE CLUSTER           |                                     |                   | Transaction ID: SB21A.38  Date of Disbursement        |
|    | Mailing Address<br>PO BOX 1809                                |                                     |                   | 099 / 30 / 2010                                       |
|    | City State TAMPA FL   | e Zip Code<br>33601                 |                   | Amount of Each Disbursement this Period               |
|    | Purpose of Disbursement PAYROLL                               |                                     |                   | 5033.03   |
|    | Candidate Name  |                                     | Category/<br>Type |   |
|    | President Oth   | t For: mary General per (specify)   |                   |   |
| _  | State: District:  |                                     |                   |   |
| В. | Full Name (Last, First, Middle Initial) JOE CLUSTER           |                                     |                   | Transaction ID: SB21A.78  Date of Disbursement        |
|    | Mailing Address<br>PO BOX 1809                                |                                     |                   | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
|    | City State TAMPA FL   | Zip Code<br>33601                   |                   | Amount of Each Disbursement this Period               |
|    | Purpose of Disbursement TRAVEL/OFFICE SUPPLIES-PENS           |                                     |                   | 52.42   |
|    | Candidate Name  |                                     | Category/<br>Type |   |
|    |   | t For: mary General uer (specify) ▼ |                   |   |
| _  | State: District:  |                                     |                   |   |
| C. | Full Name (Last, First, Middle Initial) JOSEPH CLUSTER        |                                     |                   | Transaction ID: SB21A.73 Date of Disbursement         |
|    | Mailing Address PO BOX 1809                                   |                                     |                   | 08  |
|    | City State TAMPA FL   | Zip Code<br>33601                   |                   | Amount of Each Disbursement this Period               |
|    | Purpose of Disbursement<br>TRAVEL                             |                                     |                   | 120.78  |
|    | Candidate Name  |                                     | Category/<br>Type |   |
|    |   | t For: mary General per (specify) ▼ |                   |   |
| _  | State: District:  | · · · · · ·                         |                   |   |
|    | SUBTOTAL of Disbursements This Page (optional)                |                                     |                   | 5206.23   |

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

| ıma  | ge# 10931511592   |  |                   |                   |  |
|--|---|--|-------------------|-------------------|--|
| SCHEDULE B (FEC Form 4 ITEMIZED DISBURSEMENT |   | TS Use separate schedule(s) for each category of the Detailed Summary Page |                   |                   | FOR LINE NUMBER: PAGE 5/37 (check only one)  |
| _  |   |  |                   |                   | X 21a 22 23a 23b 24a   |
|  |   |  |                   |                   | on for the purpose of soliciting contributions o solicit contributions from such committee |
|  | NAME OF COMMITTEE (In Full) COMMITTEE ON ARRANGEMEN       | NTS FOR THE 20   | 012 REPUBLICA     | NOITAN N          | AL CONVENTION  |
| Ľ  | Full Name (Last, First, Middle Initial)                   |  |                   |                   | Transaction ID: SB21A.11   |
| A.   | BELINDA COOK  |  |                   |                   | Date of Disbursement   |
|  | Mailing Address PO BOX 1809                               |  |                   |                   | 07 13 7 2010   |
|  | City<br>TAMPA   | State<br>FL  | Zip Code<br>33601 |                   | Amount of Each Disbursement this Period  |
|  | Purpose of Disbursement FOOD/BEVERAGES                    |  |                   | , ,               | 264.52   |
|  | Candidate Name  |  |                   | Category/<br>Type |  |
|  | Office Sought: House Senate President                     | Disbursement For Primary Other (s  |                   |                   |  |
| _  | State: District:  Full Name (Last, First, Middle Initial) |  |                   |                   |  |
| В.   | BELINDA COOK  |  |                   |                   | Transaction ID: SB21A.14  Date of Disbursement   |
|  | Mailing Address PO BOX 1809                               |  |                   |                   | 09 0 27 7 2010   |
|  | City<br>TAMPA   | State<br>FL  | Zip Code<br>33601 |                   | Amount of Each Disbursement this Period  |
|  | Purpose of Disbursement FOOD/BEVERAGES                    |  |                   |                   | 16.09  |
|  | Candidate Name  |  |                   | Category/<br>Type |  |
|  | Office Sought: House Senate President                     | Disbursement For Primary Other (s  |                   |                   |  |
| _  | State: District:  |  |                   |                   |  |
| C.   | Full Name (Last, First, Middle Initial) BELINDA COOK      |  |                   |                   | Transaction ID: SB21A.15 Date of Disbursement  |
|  | Mailing Address<br>PO BOX 1809                            |  |                   |                   | 07 02 7 2010   |
|  | City<br>TAMPA   | State<br>FL  | Zip Code<br>33601 |                   | Amount of Each Disbursement this Period  |
|  | Purpose of Disbursement FOOD/BEVERAGES/TRAVEL             |  |                   |                   | 227.04   |
|  | Candidate Name  |  |                   | Category/<br>Type |  |
|  | Office Sought: House Senate President                     | Disbursement For Primary Other (s  |                   |                   |  |
| _  | State: District:  |  |                   |                   |  |

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

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| ıııaç | Je# 10931311393   |  |                   |                                       |                        |
|-------|---|--|-------------------|---------------------------------------|------------------------|
|       | CHEDULE B (FEC Form 4) EMIZED DISBURSEMENTS   | Use separate sch<br>for each category<br>Detailed Summar | of the            | FOR LINE NUMBER: (check only one)     | PAGE 6/37              |
|       | ny Information copied from such Reports and Statements m for commercial purposes, other than using the name and a |  |                   | son for the purpose of solici         | ting contributions     |
|       | NAME OF COMMITTEE (In Full) COMMITTEE ON ARRANGEMENTS FOR THE   | 2012 REPUBLICA   | NOITAN N          | IAL CONVENTION                        |                        |
| Α.    | Full Name (Last, First, Middle Initial) BELINDA COOK  |  |                   | Transaction ID: S  Date of Disburseme | ent                    |
|       | Mailing Address<br>PO BOX 1809  |  |                   | 08 / 02                               | 2010                   |
|       | City State TAMPA FL   | Zip Code<br>33601  |                   | Amount of Each Dis                    | sbursement this Period |
|       | Purpose of Disbursement PAYROLL   |  |                   |                                       | 9782.28                |
|       | Candidate Name  |  | Category/<br>Type |                                       |                        |
|       | Office Sought: House Disbursement F Senate President Other  |  |                   |                                       |                        |
| _     | State: District:  |  |                   |                                       |                        |
| В.    | Full Name (Last, First, Middle Initial) BELINDA COOK  |  |                   | Transaction ID: S Date of Disburseme  | ent                    |
|       | Mailing Address<br>PO BOX 1809  |  |                   | 09 / 02                               | Y ŽOŽOŠ                |
|       | City State TAMPA FL   | Zip Code<br>33601  |                   | Amount of Each Dis                    | sbursement this Period |
|       | Purpose of Disbursement PAYROLL   |  |                   |                                       | 9782.28                |
|       | Candidate Name  |  | Category/<br>Type |                                       |                        |
|       | Office Sought: House Disbursement F Senate President Other  State: District:                                      |  |                   |                                       |                        |
| _     | Full Name (Last, First, Middle Initial)   |  |                   | Transaction ID: S                     | P21 A 20               |
| C.    | BELINDA COOK  |  |                   | Date of Disburseme                    | ent                    |
|       | Mailing Address<br>PO BOX 1809  |  |                   | 09 / 030                              | 2010                   |
|       | City State TAMPA FL   | Zip Code<br>33601  |                   | Amount of Each Dis                    | sbursement this Period |
|       | Purpose of Disbursement PAYROLL   |  |                   |                                       | 9782.28                |
|       | Candidate Name  |  | Category/<br>Type |                                       |                        |
|       | Office Sought: House Disbursement F Senate Prima President Other  |  |                   |                                       |                        |
| _     | State: District:  | ·  |                   |                                       |                        |
| ,     | SUBTOTAL of Disbursements This Page (optional)  |  |                   | <b>.</b>                              | 29346.84               |

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

В.

C.

| SCHEDULE B (FEC Form 4) ITEMIZED DISBURSEMENTS   | Use separate schedule(s) for each category of the | FOR LINE NUMBER: PAGE 7/37 (check only one)   |
|--|---|---|
|  | Detailed Summary Page                             | X 21a   22   23a   23b   24a  |
| Any Information copied from such Reports and Statements ma<br>or for commercial purposes, other than using the name and ad |   |   |
| NAME OF COMMITTEE (In Full) COMMITTEE ON ARRANGEMENTS FOR THE 2  | 012 REPUBLICAN NATI                               | ONAL CONVENTION   |
| Full Name (Last, First, Middle Initial) BELINDA COOK   |   | Transaction ID: SB21A.52  Date of Disbursement  |
| Mailing Address<br>PO BOX 1809   |   | 0 7 M / D 1 3 / Y 2 0 1 0 Y   |
| City State TAMPA FL  | Zip Code<br>33601                                 | Amount of Each Disbursement this Period   |
| Purpose of Disbursement POLITICAL STRATEGY CONSULTING  |   | 25000.00  |
| Candidate Name   | Catego<br>Typo                                    |   |
| Office Sought:    House   Disbursement Formation     Senate   Primary     President   Other (                              |   |   |
| State: District:   |   |   |
| Full Name (Last, First, Middle Initial) BELINDA COOK   |   | Transaction ID: SB21A.54  Date of Disbursement  0 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| Mailing Address<br>PO BOX 1809   |   | 03 21 2010  |
| City State TAMPA FL  | Zip Code<br>33601                                 | Amount of Each Disbursement this Period   |
| Purpose of Disbursement POSTAGE/TRAVEL/FOOD/BEVERAGES  |   | 188.23  |
| Candidate Name   | Catego<br>Typo                                    | · 1   |
| Office Sought: House Disbursement Formation Senate Primary Other (   |   |   |
| State: District:   |   |   |
| Full Name (Last, First, Middle Initial) BELINDA COOK   |   | Transaction ID: SB21A.76 Date of Disbursement   |
| Mailing Address PO BOX 1809  |   | 088 / 25 / 2010   |
| City State TAMPA FL  | Zip Code<br>33601                                 | Amount of Each Disbursement this Period   |
| Purpose of Disbursement<br>TRAVEL/FOOD/BEVERAGES   |   | 3375.65   |
| Candidate Name   | Catego<br>Typo                                    | •   |
| Office Sought:    House   Disbursement Formation   |   |   |
| State: District:   |   |   |
| SUBTOTAL of Disbursements This Page (optional)   |   | 28563.88  |

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

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

В.

C.

| age# 10931511595   |  |                   |                  |  |
|--|--|-------------------|------------------|--|
| SCHEDULE B (FEC Form 4) ITEMIZED DISBURSEMENTS   |  |                   |                  | FOR LINE NUMBER: PAGE 8/37 (check only one)    |
|  | 0                                      |                   |                  | X 21a   22   23a   23b   24a                   |
| Any Information copied from such Reports and<br>or for commercial purposes, other than using the |  |                   |                  |  |
| NAME OF COMMITTEE (In Full) COMMITTEE ON ARRANGEMENTS  | FOR THE 20                             | )12 REPUBLICA     | N NATION         | NAL CONVENTION                                 |
| Full Name (Last, First, Middle Initial)  |  |                   |                  | Transaction ID: SB21A.40                       |
| LEE COOK   |  |                   |                  | Date of Disbursement                           |
| Mailing Address<br>PO BOX 1809   |  |                   |                  | 09 7 30 7 2010                                 |
| City<br>TAMPA  | State<br>FL                            | Zip Code<br>33601 |                  | Amount of Each Disbursement this Period        |
| Purpose of Disbursement PAYROLL  |  |                   |                  | 5155.81  |
| Candidate Name   |  |                   | Category<br>Type |  |
| Office Sought: House D Senate President  | isbursement For<br>Primary<br>Other (s |                   |                  |  |
| State: District:   |  |                   |                  |  |
| Full Name (Last, First, Middle Initial) GRACE CUSHING  |  |                   |                  | Transaction ID: SB21A.31  Date of Disbursement |
| Mailing Address<br>PO BOX 1809   |  |                   |                  | 08 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0         |
| City<br>TAMPA  | State<br>FL                            | Zip Code<br>33601 |                  | Amount of Each Disbursement this Period        |
| Purpose of Disbursement PAYROLL  |  |                   |                  | 4452.65  |
| Candidate Name   |  |                   | Category<br>Type |  |
| Office Sought: House Senate President State: District:   | isbursement For<br>Primary<br>Other (s |                   |                  |  |
| Full Name (Last, First, Middle Initial)  |  |                   |                  | Towns II CD01A 05                              |
| GRACE CUSHING  |  |                   |                  | Transaction ID: SB21A.35  Date of Disbursement |
| Mailing Address<br>PO BOX 1809   |  |                   |                  | M9 M / D0 D / Y 2 0 1 0 Y                      |
| City<br>TAMPA  | State<br>FL                            | Zip Code<br>33601 |                  | Amount of Each Disbursement this Period        |
| Purpose of Disbursement PAYROLL  |  |                   |                  | 6571.50  |
| Candidate Name   |  |                   | Category<br>Type |  |
| Senate President   | isbursement For<br>Primary<br>Other (s |                   |                  |  |
| State: District:   |  |                   |                  |  |

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

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

Þ

В.

C.

| age# 10931511596  |                                   |   |                   |   |
|---|-----------------------------------|---|-------------------|---|
| SCHEDULE B (FEC Form TEMIZED DISBURSEMEN                              | -                                 | for each category of the  Detailed Summary Page  (c |                   | FOR LINE NUMBER: PAGE 9/37 (check only one)  X 21a 22 23a 23b 24a                                   |
|   |                                   |   |                   | son for the purpose of soliciting contributions o solicit contributions from such committee         |
| NAME OF COMMITTEE (In Full) COMMITTEE ON ARRANGEMEN                   | NTS FOR THE 20                    | )12 REPUBLICA                                       | N NATION          | IAL CONVENTION  |
| Full Name (Last, First, Middle Initial) GRACE CUSHING                 |                                   |   |                   | Transaction ID: SB21A.41  Date of Disbursement  |
| Mailing Address<br>PO BOX 1809  |                                   |   |                   | 0 9 M / D 3 0 / Y 2 0 1 0 Y   |
| City<br>TAMPA   | State<br>FL                       | Zip Code<br>33601                                   |                   | Amount of Each Disbursement this Period   |
| Purpose of Disbursement PAYROLL                                       |                                   |   |                   | 4452.65   |
| Candidate Name  |                                   |   | Category/<br>Type |   |
| Office Sought: House Senate President                                 | Disbursement For Primary Other (s |   |                   |   |
| State: District:  |                                   |   |                   |   |
| Full Name (Last, First, Middle Initial) GRACE CUSHING Mailing Address |                                   |   |                   | Transaction ID: SB21A.72  Date of Disbursement  0 8 M / D 2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| PO BOX 1809<br>City   | State                             | Zip Code  |                   | Amount of Each Disbursement this Period   |
| TAMPA   | FL                                | 33601   |                   | 200.39  |
| Purpose of Disbursement TRAVEL Candidate Name                         |                                   |   |                   |   |
|   | F =                               |   | Category/<br>Type |   |
| Office Sought: House Senate President State: District:                | Disbursement For Primary Other (s |   |                   |   |
| Full Name (Last, First, Middle Initial) CHARLES A HOUNCHELL           |                                   |   |                   | Transaction ID: SB21A.59  Date of Disbursement  |
| Mailing Address<br>607 W BAY ST                                       |                                   |   |                   | 0 7 M / D 3 D / Y 2 O 1 O Y   |
| City<br>TAMPA   | State<br>FL                       | Zip Code<br>33606                                   |                   | Amount of Each Disbursement this Period   |
| Purpose of Disbursement RENT Candidate Name                           |                                   |   | Category/         | 3000.00   |
| Office Sought: House Senate   | Disbursement For                  |   | Туре              |   |
| President State: District:  |                                   | specify) $\blacktriangledown$                       |                   |   |

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| SCHEDULE B (FEC Form 4) ITEMIZED DISBURSEMENTS  | USE SEparate Scried                     |                     |                  | (cl        | FOR LINE NUMBER: PAGE 10 / 37 (check only one) |           |                             |   |        |          |
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| or for commercial purposes, other than using t  |   |                     |                  |            |  |           |                             |   |        |          |
| NAME OF COMMITTEE (In Full) COMMITTEE ON ARRANGEMENT                                      | S FOR THE 20                            | )12 REPUBLICA       | N NATIOI         | NAL        | CONV   | ENTIO     | N                           |   |        |          |
| Full Name (Last, First, Middle Initial)   |   |                     |                  |            | Trans  | saction   | ID: SE                      | 321A.63                                       |        |          |
| CHARLES A HOUNCHELL   |   |                     |                  |            | NA.  | of Disb   |                             | -   | · V    | V        |
| Mailing Address   |   |                     |                  |            | 0 8  | ) M /     | <sup>D</sup> 0 <sup>D</sup> | , <u>, , , , , , , , , , , , , , , , , , </u> | 0 Ĭ 0  |          |
| 607 W BAY ST<br>City  | State                                   | Zip Code            |                  |            | Amo  | unt of F  | ach Disl                    | bursement                                     | this P | Period   |
| TAMPA   | FL                                      | 33606               |                  |            | Airic  | unit or L | acii bisi                   |   |        |          |
| Purpose of Disbursement RENT  |   |                     |                  |            | L  |           |                             | 18  | 500.0  | 0        |
| Candidate Name  |   |                     | Category<br>Type | <b>"</b>   |  |           |                             |   |        |          |
| Office Sought: House I Senate President   | Disbursement For<br>Primary<br>Other (s |                     | - 7,50           |            |  |           |                             |   |        |          |
| State: District:  |   |                     |                  |            |  |           |                             |   |        |          |
| Full Name (Last, First, Middle Initial) CHARLES A HOUNCHELL  Mailing Address 607 W BAY ST |   |                     |                  |            | Date   | e of Disb | _                           |   | 0 Ĭ 0  | Y        |
| City<br>TAMPA   | State<br>FL                             | Zip Code<br>33606   |                  |            | Amo  | unt of E  | ach Disl                    | bursement                                     | this P | eriod    |
| Purpose of Disbursement<br>RENT   |   |                     |                  |            | L  |           |                             | 1   | 500.0  | 0        |
| Candidate Name  |   |                     | Category<br>Type | //         |  |           |                             |   |        |          |
| Senate President  | Disbursement For<br>Primary<br>Other (s |                     |                  |            |  |           |                             |   |        |          |
| State: District:  |   |                     |                  |            |  |           |                             |   |        |          |
| Full Name (Last, First, Middle Initial) JOHN JUNG   |   |                     |                  |            | Date   | of Disb   | ursemer                     |   |        |          |
| Mailing Address 4661 ALISA CIRCLE NE  |   |                     |                  |            | o <sup>M</sup> 7                               | M /       | <sup>D</sup> 3 0            | , y ž   | 0 1 0  | <b>Y</b> |
| City<br>ST PETERSBURG   | State<br>FL                             | Zip Code<br>33703   |                  |            | Amo  | unt of E  | ach Disl                    | bursement                                     | this P | eriod    |
| Purpose of Disbursement<br>RENT   |   |                     | •                |            | L  |           |                             |   | 700.0  | 0        |
| Candidate Name  |   |                     | Category<br>Type | <b>'</b> / |  |           |                             |   |        |          |
| Senate<br>President   | Disbursement For<br>Primary<br>Other (s |                     |                  |            |  |           |                             |   |        |          |
| State: District:  |   |                     |                  |            |  |           |                             |   |        |          |

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# SCHEDULE B (FEC Form 4)

FOR LINE NUMBER: PAGE 11/37 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page χ 21a 22 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) COMMITTEE ON ARRANGEMENTS FOR THE 2012 REPUBLICAN NATIONAL CONVENTION Full Name (Last, First, Middle Initial) Transaction ID: SB21A.61 JOHN JUNG Date of Disbursement 3 1 2010 Mailing Address 4661 ALISA CIRCLE NE City State Zip Code Amount of Each Disbursement this Period ST PETERSBURG 33703 FL 1000.00 Purpose of Disbursement RENT Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21A.62 JOHN JUNG Date of Disbursement 0 9 08 2010 Mailing Address 4661 ALISA CIRCLE NE State Zip Code Amount of Each Disbursement this Period ST PETERSBURG 33703 FL 1350.00 Purpose of Disbursement RENT Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21A.65 JOHN JUNG Date of Disbursement 27 2010 Mailing Address 4661 ALISA CIRCLE NE State Zip Code Amount of Each Disbursement this Period ST PETERSBURG FL 33703 1350.00 Purpose of Disbursement RENT Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

Other (specify)

State:

President

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District:

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| SCHEDULE B (FEC Form 4) TEMIZED DISBURSEMENTS  | Use separate scher<br>for each category o<br>Detailed Summary | f the<br>Page     | FOR LINE NUMBER: PAGE 12 / 37 (check only one)        |
| Any Information copied from such Reports and Statements ma<br>or for commercial purposes, other than using the name and ac |   | by any persor     | n for the purpose of soliciting contributions         |
| NAME OF COMMITTEE (In Full) COMMITTEE ON ARRANGEMENTS FOR THE 2  | 2012 REPUBLICAN   | NATIONA           | L CONVENTION  |
| Full Name (Last, First, Middle Initial) PAMELA KESNER  |   |                   | Transaction ID: SB21A.13  Date of Disbursement        |
| Mailing Address PO BOX 1809  |   |                   | 07 M / D 1 B / Y 2 0 1 0 Y                            |
| City State TAMPA FL  | Zip Code<br>33601   |                   | Amount of Each Disbursement this Period               |
| Purpose of Disbursement FOOD/BEVERAGES   |   |                   | 72.87   |
| Candidate Name   |   | Category/<br>Type |   |
| Office Sought:    House   Disbursement Formate   Primar     President   Other     State: District:                         |   |                   |   |
| Full Name (Last, First, Middle Initial) PAMELA KESNER  |   |                   | Transaction ID: SB21A.24  Date of Disbursement  0 7   |
| Mailing Address<br>310 FIRST ST SE   |   |                   | 07 21 2010  |
| City State WASHINGTON DC   | Zip Code<br>20003   |                   | Amount of Each Disbursement this Period               |
| Purpose of Disbursement INTERN STIPEND   |   |                   | 800.00  |
| Candidate Name   |   | Category/<br>Type |   |
| Office Sought: House Disbursement For Senate Primar President Other  |   |                   |   |
| State: District:   |   |                   |   |
| Full Name (Last, First, Middle Initial) PAMELA KESNER  |   |                   | Transaction ID: SB21A.32  Date of Disbursement        |
| Mailing Address PO BOX 1809  |   |                   | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City State TAMPA FL  | Zip Code<br>33601   |                   | Amount of Each Disbursement this Period               |
| Purpose of Disbursement PAYROLL  |   |                   | 1767.26   |
| Candidate Name   |   | Category/<br>Type |   |
|  |   |                   |   |
| State: District:   |   |                   |   |
| SUBTOTAL of Disbursements This Page (optional)   |   |                   | 2640.13   |

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|     | SCHEDULE B (FEC Form<br>TEMIZED DISBURSEMEN   | •                                | Use separate sch<br>for each category<br>Detailed Summar | of the           | FOR LINE NUMBER: (check only one)                  | PAGE 13 / 37                   |
|     | any Information copied from such Report<br>r for commercial purposes, other than us |                                  |  |                  | son for the purpose of solic                       |                                |
|     | NAME OF COMMITTEE (In Full) COMMITTEE ON ARRANGEME                                  | ENTS FOR THE 20                  | 012 REPUBLICA  | N NATION         | NAL CONVENTION                                     |                                |
| Α.  | Full Name (Last, First, Middle Initial) PAMELA KESNER                               |                                  |  |                  | Transaction ID: S  Date of Disbursement  0 9 0 0 2 |                                |
|     | Mailing Address PO BOX 1809   | Ctata                            | Zin Codo   |                  |  |                                |
|     | City TAMPA Purpose of Disbursement  | State<br>FL                      | Zip Code<br>33601  |                  | Amount of Each Dis                                 | sbursement this Period 2118.85 |
|     | PAYROLL   |                                  |  |                  |  |                                |
|     | Candidate Name  |                                  |  | Category<br>Type | 1  |                                |
|     | Office Sought: House Senate President   | Disbursement Fo Primary Other (s |  |                  |  |                                |
| _   | State: District:  |                                  |  |                  |  |                                |
| В.  | Full Name (Last, First, Middle Initial) PAMELA KESNER                               |                                  |  |                  | Transaction ID: S Date of Disbursement 0 9         | ent                            |
|     | Mailing Address<br>PO BOX 1809  |                                  |  |                  |  |                                |
|     | City<br>TAMPA   | State<br>FL                      | Zip Code<br>33601  |                  | Amount of Each Dis                                 | sbursement this Period 2118.85 |
|     | Purpose of Disbursement PAYROLL   |                                  |  |                  |  | 2110.03                        |
|     | Candidate Name  |                                  |  | Category<br>Type | /  |                                |
|     | Office Sought: House Senate President   | Disbursement Fo Primary Other (: |  |                  |  |                                |
| _   | State: District:  |                                  |  |                  |  |                                |
| C.  | Full Name (Last, First, Middle Initial) PAMELA KESNER                               |                                  |  |                  | Transaction ID: S Date of Disburseme               | ent                            |
|     | Mailing Address<br>PO BOX 1809  |                                  |  |                  | 07   | Y ŽOŽOŠ                        |
|     | City<br>TAMPA   | State<br>FL                      | Zip Code<br>33601  |                  | Amount of Each Di                                  | sbursement this Period         |
|     | Purpose of Disbursement TRAVEL  |                                  |  |                  | 7  | 72.87                          |
|     | Candidate Name  |                                  |  | Category<br>Type |  |                                |
|     | Office Sought: House Senate President   | Disbursement Fo Primary Other (: |  |                  |  |                                |
|     | State: District:  | ' '                              | · · · ·  |                  |  |                                |

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|       | CHEDULE B (FEC Form 4) FEMIZED DISBURSEMENTS                                 | Use separate sched<br>for each category of<br>Detailed Summary F | the<br>Page       | FOR LINE NUMBER: check only one)                      | PAGE 14/37            |
|       | ny Information copied from such Reports and Statements m                     |  | y any persor      | for the purpose of solicit                            | ing contributions     |
|       | NAME OF COMMITTEE (In Full) COMMITTEE ON ARRANGEMENTS FOR THE 2              | 2012 REPUBLICAN  | NATIONAI          | L CONVENTION  |                       |
| Α.    | Full Name (Last, First, Middle Initial) PAMELA KESNER                        |  |                   | Transaction ID: SE                                    | nt                    |
|       | Mailing Address PO BOX 1809  |  |                   | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | 2010                  |
|       | City State TAMPA FL  | Zip Code<br>33601  |                   | Amount of Each Dis                                    | bursement this Period |
|       | Purpose of Disbursement<br>TRAVEL/FOOD/BEVERAGES                             |  |                   |   | 179.13                |
|       | Candidate Name   |  | Category/<br>Type |   |                       |
|       | Office Sought: House Disbursement F Senate President Other                   |  |                   |   |                       |
| _     | State: District:   |  |                   |   |                       |
| В.    | Full Name (Last, First, Middle Initial) ERIK ROHRMANN                        |  |                   | Transaction ID: SE                                    | nt                    |
|       | Mailing Address PO BOX 1809  |  |                   | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | Y ŽOŽOŠ               |
|       | City State TAMPA FL  | Zip Code<br>33601  |                   | Amount of Each Dis                                    | bursement this Period |
|       | Purpose of Disbursement PAYROLL  |  |                   |   | 6454.87               |
|       | Candidate Name   |  | Category/<br>Type |   |                       |
|       | Office Sought: House Disbursement F Senate President Other  State: District: |  |                   |   |                       |
| _     | Full Name (Last, First, Middle Initial)                                      |  |                   | Transaction ID: SE                                    | 321A 43               |
| C.    | ERIK ROHRMANN  |  |                   | Date of Disbursemen                                   | nt                    |
|       | Mailing Address PO BOX 1809  |  |                   | 09 / 30   | y y o y o y           |
|       | City State TAMPA FL  | Zip Code<br>33601  |                   | Amount of Each Dis                                    | bursement this Period |
|       | Purpose of Disbursement PAYROLL  |  | v v               |   | 4306.73               |
|       | Candidate Name   | ,  | Category/<br>Type |   |                       |
|       | Office Sought: House Disbursement F Senate President Other                   |  |                   |   |                       |
|       | State: District:   |  |                   |   |                       |
|       | SUBTOTAL of Disbursements This Page (optional)                               |  |                   |   | 10940.73              |

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| SCHEDULE B (FEC Form 4) ITEMIZED DISBURSEMENTS  | Use separate schedu<br>for each category of<br>Detailed Summary Pa | the (cape         | OR LINE NUMBER: PAGE 15 / 37 check only one)        |
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| NAME OF COMMITTEE (In Full) COMMITTEE ON ARRANGEMENTS FOR THE 20  | 012 REPUBLICAN N   | NATIONAL          | . CONVENTION  |
| Full Name (Last, First, Middle Initial) ERIK ROHRMANN   |  |                   | Transaction ID: SB21A.74  Date of Disbursement      |
| Mailing Address<br>PO BOX 1809  |  |                   | 08 / 25 / 2010                                      |
| City State TAMPA FL   | Zip Code<br>33601  |                   | Amount of Each Disbursement this Period             |
| Purpose of Disbursement TRAVEL Candidate Name   |  | Category/         | 19.00   |
| Office Sought:    House   |  | Туре              |   |
| Full Name (Last, First, Middle Initial) ERIK ROHRMANN Mailing Address   |  |                   | Transaction ID: SB21A.75  Date of Disbursement  O 9 |
| PO BOX 1809  City State TAMPA FL  | Zip Code<br>33601  |                   | Amount of Each Disbursement this Period             |
| Purpose of Disbursement<br>TRAVEL   |  |                   | 44.11   |
| Candidate Name  |  | Category/<br>Type |   |
| Office Sought: House Disbursement Fo Senate Primary President Other (:  |  |                   |   |
| State: District:  Full Name (Last, First, Middle Initial)   |  |                   |   |
| JENNIFER SHEEHAN  |  |                   | Transaction ID: SB21A.12  Date of Disbursement  0 7 |
| Mailing Address<br>310 FIRST ST SE  |  |                   | 07 13 2010  |
| City State WASHINGTON DC  | Zip Code<br>20003  |                   | Amount of Each Disbursement this Period             |
| Purpose of Disbursement<br>FOOD/BEVERAGES<br>Candidate Name   |  | Category/         | 99.00   |
| Office Sought: House Disbursement Fo Senate Primary President Other (   |  | Туре              | _   |
| State: District:  | ороопу) 🔻  |                   |   |
| SUBTOTAL of Dishursements This Page (optional)  |  |                   | 162.11  |

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# SCHEDULE B (FEC Form 4)

FOR LINE NUMBER: PAGE 16/37 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page χ 21a 22 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) COMMITTEE ON ARRANGEMENTS FOR THE 2012 REPUBLICAN NATIONAL CONVENTION Full Name (Last, First, Middle Initial) Transaction ID: SB21A.23 **CORY SPRUNGER** Date of Disbursement 2 1 2010 Mailing Address 1005 MILL PND RD State Zip Code City Amount of Each Disbursement this Period **BERNE** IN 46711 800.00 Purpose of Disbursement INTERN STIPEND Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21A.25 **CORY SPRUNGER** Date of Disbursement 08 0 9 2010 Mailing Address 1005 MILL PND RD City State Zip Code Amount of Each Disbursement this Period BERNE IN 46711 1450.00 Purpose of Disbursement INTERN STIPEND Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21A.44 AUTOMATIC DATA PROCESSING Date of Disbursement 0 2 2010 Mailing Address PO BOX 9001006 City State Zip Code Amount of Each Disbursement this Period LOUISVILLE KY 40290 115.00 Purpose of Disbursement PAYROLL SERVICES Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

Other (specify)

State:

President

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

District:

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# SCHEDULE B (FEC Form 4)

FOR LINE NUMBER: PAGE 17/37 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page χ 21a 22 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) COMMITTEE ON ARRANGEMENTS FOR THE 2012 REPUBLICAN NATIONAL CONVENTION Full Name (Last, First, Middle Initial) Transaction ID: SB21A.45 AUTOMATIC DATA PROCESSING Date of Disbursement 03 0 9 2010 Mailing Address PO BOX 9001006 City State Zip Code Amount of Each Disbursement this Period LOUISVILLE KY 40290 25.00 Purpose of Disbursement PAYROLL SERVICES Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21A.46 **AUTOMATIC DATA PROCESSING** Date of Disbursement 16 2010 Mailing Address PO BOX 9001006 City State Zip Code Amount of Each Disbursement this Period LÓUISVILLE 40290 KY 98.10 Purpose of Disbursement PAYROLL SERVICES Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21A.47 AUTOMATIC DATA PROCESSING Date of Disbursement 0 2 2010 Mailing Address PO BOX 9001006 City State Zip Code Amount of Each Disbursement this Period LOUISVILLE KY 40290 11642.20 Purpose of Disbursement PAYROLL TAXES Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District:

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### SCHEDULE B (FEC Form 4)

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### SCHEDULE B (FEC Form 4) **ITEMIZED DISBURSEMENTS**

| SCHEDULE B (FEC Form 4) ITEMIZED DISBURSEMENTS  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 19 / 37 (check only one) |
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| Any Information copied from such Reports and Statements may or for commercial purposes, other than using the name and add |   |  |
| NAME OF COMMITTEE (In Full)   |   |  |

| Full Name (Last, F<br>BB CONSULTI |                                  |                                      |                   |                   | Transaction ID: SB21A.16                       |
|-----------------------------------|----------------------------------|--------------------------------------|-------------------|-------------------|--|
|                                   |                                  |                                      |                   |                   | Date of Disbursement  0 8 2 4 2 0 1 0          |
| Mailing Address<br>8534 DUFFER'   | 'S DELL                          |                                      |                   |                   | 08 24 2010                                     |
| City                              | JELL                             | State                                | Zip Code          |                   | Amount of Each Disbursement this Perio         |
| DENTON                            |                                  | MD                                   | 21629             |                   | 15000.00                                       |
| Purpose of Disbui<br>HOTEL MANAG  | rsement<br>GEMENT CONSULT        | ING                                  |                   |                   | 15000.00                                       |
| Candidate Name                    |                                  |                                      |                   | Category/<br>Type |  |
| Office Sought: State:             | House Senate President District: | Disbursement For: Primary Other (spe | General cify) ▼   |                   |  |
| Full Name (Last, F<br>BB CONSULTI | First, Middle Initial)<br>NG     |                                      |                   |                   | Transaction ID: SB21A.17  Date of Disbursement |
| Mailing Address<br>8534 DUFFER'   | S DELL                           |                                      |                   |                   | 09 M / D D / Y 2010 Y                          |
| City<br>DENTON                    |                                  | State<br>MD                          | Zip Code<br>21629 |                   | Amount of Each Disbursement this Period        |
| Purpose of Disbui<br>HOTEL MANAG  | rsement<br>GEMENT CONSULT        | ING                                  |                   |                   | 5000.00  |
| Candidate Name                    |                                  |                                      |                   | Category/<br>Type |  |
| Office Sought: State:             | House Senate President District: | Disbursement For: Primary Other (spe | General cify) ▼   |                   |  |
|                                   | First, Middle Initial)           | 1                                    |                   |                   | Transaction ID: SB21A.18 Date of Disbursement  |
| Mailing Address<br>8534 DUFFER'   | S DELL                           |                                      |                   |                   | 09 M / 27 / Y 2010 Y                           |
| City<br>DENTON                    |                                  | State<br>MD                          | Zip Code<br>21629 |                   | Amount of Each Disbursement this Period        |
|                                   | rsement<br>GEMENT CONSULT        | ING                                  |                   |                   | 5000.00  |
| Candidate Name                    |                                  |                                      |                   | Category/<br>Type |  |
| Office Sought:                    | House Senate President           | Disbursement For: Primary Other (spe | General cify) ▼   |                   |  |
| State:                            | District:                        | 1                                    |                   |                   |  |

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| SCHEDULE B (FEC Form 4) TEMIZED DISBURSEMENTS  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 20 / 37 (check only one)   |
| ny Information copied from such Reports and Statemen or for commercial purposes, other than using the name a |   | son for the purpose of soliciting contributions  |
| NAME OF COMMITTEE (In Full) COMMITTEE ON ARRANGEMENTS FOR TI   | HE 2012 REPUBLICAN NATION   | NAL CONVENTION   |
| Full Name (Last, First, Middle Initial) BB CONSULTING  |   | Transaction ID: SB21A.70  Date of Disbursement   |
| Mailing Address<br>8534 DUFFER'S DELL  |   | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$  |
| City Sta<br>DENTON M   |   | Amount of Each Disbursement this Period  |
| Purpose of Disbursement TRAVEL Candidate Name  | Category/<br>Type   | 702.80   |
|  | nt For:<br>imary General<br>ther (specify) ▼                            |  |
| Full Name (Last, First, Middle Initial) BB&T  Mailing Address 1640 BELLE VIEW BLVD                           |   | Transaction ID: SB21A.1  Date of Disbursement  M 7 M / D 2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Sta<br>ALEXANDRIA VA  |   | Amount of Each Disbursement this Period  |
| Purpose of Disbursement<br>BANK FEE  |   | 62.00  |
| Candidate Name   | Category/<br>Type   |  |
|  | nt For: imary General ther (specify) ▼                                  |  |
| Full Name (Last, First, Middle Initial) BB&T   |   | Transaction ID: SB21A.20 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y       |
| Mailing Address 1640 BELLE VIEW BLVD   |   |  |
| City Sta<br>ALEXANDRIA VA  |   | Amount of Each Disbursement this Period  |
| Purpose of Disbursement INTEREST PAYMENT   |   | 2506.94  |
| Candidate Name   | Category/<br>Type   |  |
| Office Sought: House Disburseme Senate P   | nt For:<br>imary General  |  |

Other (specify)

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State:

President

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

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District:

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| age# 10931511608  |  |                  |     |                  |                      |                  |               |                  |       |       |
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| SCHEDULE B (FEC Form 4) ITEMIZED DISBURSEMENTS                | Use separate so for each catego Detailed Summa | ry of the        | (c  | heck on          |                      |                  |               | AGE 2            |       |       |
| Any Information copied from such Reports and Statements       | may not be sold or us                          | ed by any pe     |     | 21a<br>or the r  | 22<br>ourpose o      |                  | 3a<br>iting d | 23b<br>ontributi |       | 24a   |
| or for commercial purposes, other than using the name and     |  |                  |     |                  |                      |                  |               |                  |       |       |
| NAME OF COMMITTEE (In Full) COMMITTEE ON ARRANGEMENTS FOR THE | E 2012 REPUBLIC                                | an Natioi        | NAL | CONV             | 'ENTIO               | N                |               |                  |       |       |
| Full Name (Last, First, Middle Initial)                       |  |                  |     | Trans            | saction              | ID: S            | B21/          | 4.21             |       |       |
| BB&T  |  |                  |     | Date             | of Disb              |                  |               | V V              | V °   | V     |
| Mailing Address   |  |                  |     | o <sup>M</sup> S | 9 <sup>M</sup> /     | 01               | J′L           | Ý Ž0             | ľ0    | Y     |
| 1640 BELLE VIEW BLVD  | 7' 0 1   |                  |     |                  |                      |                  |               |                  |       |       |
| City State ALEXANDRIA VA                                      | Zip Code<br>22307                              |                  |     | Amo              | ount of E            | ach Di           | sburs         | ement th         | iis P | eriod |
| Purpose of Disbursement                                       |  |                  | _   |                  |                      |                  |               | 204              | 15.1  | 4     |
| INTEREST PAYMENT  |  |                  |     |                  |                      |                  |               |                  |       |       |
| Candidate Name  |  | Category<br>Type | //  |                  |                      |                  |               |                  |       |       |
| Office Sought: House Disbursement                             | For:   | 1 .,,,,,         |     |                  |                      |                  |               |                  |       |       |
|   | nary Genera                                    |                  |     |                  |                      |                  |               |                  |       |       |
| President Other   | er (specify)                                   |                  |     |                  |                      |                  |               |                  |       |       |
| Full Name (Last, First, Middle Initial)                       |  |                  |     |                  |                      |                  | ND04          | ۸ ۵۵             |       |       |
| BB&T  |  |                  |     | -                | saction<br>e of Disb | _                |               | 4.22             |       |       |
| Mailing Address   |  |                  |     |                  | ) M /                | <sup>D</sup> 3 0 |               | y ž0             | ť 0   | Y     |
| 1640 BELLE VIEW BLVD  | 7' 0 1   |                  |     |                  |                      |                  |               |                  |       |       |
| City State ALEXANDRIA VA                                      | Zip Code<br>22307                              |                  |     | Amo              | ount of E            | ach Di           | sburs         |                  |       | -     |
| Purpose of Disbursement<br>INTEREST PAYMENT                   |  |                  |     |                  |                      |                  |               | 196              | 3.5   | 4     |
| Candidate Name  |  | Category         | //  |                  |                      |                  |               |                  |       |       |
| Office Sought: House Disbursement                             | For:   | Туре             |     |                  |                      |                  |               |                  |       |       |
|   | nary Genera                                    |                  |     |                  |                      |                  |               |                  |       |       |
|   | er (specify)                                   |                  |     |                  |                      |                  |               |                  |       |       |
| State: District:  |  |                  |     |                  |                      |                  |               |                  |       |       |
| Full Name (Last, First, Middle Initial) BB&T                  |  |                  |     |                  | saction              |                  |               | ۹.4              |       |       |
|   |  |                  |     | М                | of Disb              |                  |               | y ž o            | Υ _   | Υ     |
| Mailing Address   |  |                  |     | 0 8              | 3                    | 23               |               | 20               | 1 0   |       |
| 1640 BELLE VIEW BLVD City State                               | Zip Code                                       |                  |     | Amo              | ount of E            | ach Di           | sburs         | ement th         | nis P | eriod |
| ALEXANDRIA VA   | 22307  |                  |     |                  |                      |                  |               |                  |       | -     |
| Purpose of Disbursement<br>BANK FEE                           |  |                  |     |                  |                      |                  |               | 8                | 31.0  | 0     |
| Candidate Name  |  | Category<br>Type | //  |                  |                      |                  |               |                  |       |       |
| Office Sought: House Disbursement Senate Prin                 |  |                  |     |                  |                      |                  |               |                  |       |       |
|   | er (specify)                                   |                  |     |                  |                      |                  |               |                  |       |       |
| State: District:  |  |                  |     |                  |                      |                  |               |                  |       |       |

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

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|      | CHEDULE B (FEC Form FEMIZED DISBURSEMEN                            | •                                 | Use separate school for each category Detailed Summary | of the<br>Page    | FOR LINE NUMBER: PAGE 22 / 37 (check only one)                                    |
| Γ    | ny Information against from such Paparts                           | and Statements may                | rnot be sold or used                                   |                   | X   21a   22   23a   23b   24a     on for the purpose of soliciting contributions |
|      |  |                                   |  |                   | solicit contributions from such committee   |
|      | NAME OF COMMITTEE (In Full) COMMITTEE ON ARRANGEMEN                | NTS FOR THE 20                    | )12 REPUBLICAN   | NATIONA           | AL CONVENTION   |
| _    | Full Name (Last, First, Middle Initial)                            |                                   |  |                   | Transaction ID: SB21A.5   |
| A.   | BB&T   |                                   |  |                   | Date of Disbursement  |
|      | Mailing Address<br>1640 BELLE VIEW BLVD                            |                                   |  |                   | 09 01 7 2010  |
|      | City<br>ALEXANDRIA   | State<br>VA                       | Zip Code<br>22307                                      |                   | Amount of Each Disbursement this Period   |
|      | Purpose of Disbursement  |                                   |  |                   | 70.00   |
|      | BANK FEE Candidate Name  |                                   |  | Catagoni          |   |
|      | Candidate Name   |                                   |  | Category/<br>Type |   |
|      | Office Sought: House Senate President                              | Disbursement For Primary Other (s |  |                   |   |
| _    | State: District:   |                                   |  |                   |   |
| В.   | Full Name (Last, First, Middle Initial) BB&T                       |                                   |  |                   | Transaction ID: SB21A.6   |
|      | Mailing Address  |                                   |  |                   | Date of Disbursement  O 9  O 2 1  O 2 0 1 0                                       |
|      | 1640 BELLE VIEW BLVD City  | State                             | Zip Code   |                   | Amount of Each Disbursement this Period   |
|      | ALEXANDRIA   | VA                                | 22307  |                   |   |
|      | Purpose of Disbursement BANK FEE                                   |                                   |  |                   | 49.00   |
|      | Candidate Name   |                                   |  | Category/<br>Type |   |
|      | Office Sought: House   | Disbursement For                  |  |                   |   |
|      | Senate President   | Primary<br>Other (s               | General <b>T</b> General <b>▼</b>                      |                   |   |
|      | State: District:   |                                   |  |                   |   |
| C.   | Full Name (Last, First, Middle Initial)<br>BB&T BUSINESS VISA CARD |                                   |  |                   | Transaction ID: SB21ACCP.1 Date of Disbursement                                   |
|      | Mailing Address<br>PO BOX 24747                                    |                                   |  |                   | 0 9 M / 0 7 / Y 2 0 1 0 Y   |
|      | City<br>TAMPA  | State<br>FL                       | Zip Code<br>33623                                      |                   | Amount of Each Disbursement this Period   |
|      | Purpose of Disbursement CREDIT CARD PAYMENT                        |                                   | 00020  | , ,               | 7582.51   |
|      | Candidate Name   |                                   |  | Category/<br>Type |   |
|      | Office Sought: House Senate President                              | Disbursement For Primary Other (s |  |                   |   |
| _    | State: District:   |                                   |  |                   |   |

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# SCHEDULE B (FEC Form 4)

Image# 10931511610 FOR LINE NUMBER: PAGE 23/37 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page χ 21a 22 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) COMMITTEE ON ARRANGEMENTS FOR THE 2012 REPUBLICAN NATIONAL CONVENTION Full Name (Last, First, Middle Initial) Transaction ID: SB21A.1B **AIRTRAN** Date of Disbursement 07 0 9 2010 Mailing Address 9955 BLVD State Zip Code City Amount of Each Disbursement this Period **ORLANDO** 32827 FL 388.10 Purpose of Disbursement **TRAVEL** Candidate Name Category/ [MEMO ITEM] Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21A.2B **AMAZON** Date of Disbursement 07 0 9 2010 Mailing Address 1200 12TH AVE City State Zip Code Amount of Each Disbursement this Period SÉATTLE 98144 WA 109.99 Purpose of Disbursement **PUBLICATIONS** Candidate Name Category/ [MEMO ITEM] Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21A.3B AMPCO PARKING Date of Disbursement 0 7 2010 Mailing Address 5503 WEST SPRUCE ST City State Zip Code Amount of Each Disbursement this Period TAMPA FL 33607 80.00 Purpose of Disbursement **TRAVEL** Candidate Name Category/ [MEMO ITEM] Type Office Sought: House Disbursement For: Senate Primary General

Other (specify)

State:

President

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

District:

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

|    | Je# 10931511611   |                                   |  |                  |   |
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|    | CHEDULE B (FEC Form<br>EMIZED DISBURSEMEN                   | •                                 | Use separate sch<br>for each category<br>Detailed Summar | of the           | FOR LINE NUMBER: PAGE 24 / 37 (check only one)  |
|    |   |                                   |  |                  | rson for the purpose of soliciting contributions to solicit contributions from such committee |
|    | NAME OF COMMITTEE (In Full) COMMITTEE ON ARRANGEME          | NTS FOR THE 20                    | 012 REPUBLICA  | NOITAN N         | NAL CONVENTION  |
| Α. | Full Name (Last, First, Middle Initial) BB&T                |                                   |  |                  | Transaction ID: SB21A.4B  Date of Disbursement  |
|    | Mailing Address<br>1640 BELLE VIEW BLVD                     |                                   |  |                  | 09 7 7 7 2010   |
|    | City<br>ALEXANDRIA  | State<br>VA                       | Zip Code<br>22307  |                  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement<br>BANK FEE                         |                                   |  |                  | 35.00   |
|    | Candidate Name  |                                   |  | Category<br>Type | [MEMO ITEM]   |
|    | Office Sought: House Senate President                       | Disbursement For Primary Other (s |  |                  |   |
| _  | State: District:  |                                   |  |                  |   |
| В. | Full Name (Last, First, Middle Initial) BEST BUY            |                                   |  |                  | Transaction ID: SB21A.5B  Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
|    | Mailing Address PO BOX 9312                                 |                                   |  |                  | 09 07 2010  |
|    | City<br>MINNEAPOLIS   | State<br>MN                       | Zip Code<br>55440  |                  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement EQUIPMENT PURCHASE                  |                                   |  |                  | 1483.98   |
|    | Candidate Name  |                                   |  | Category<br>Type | [MEMO ITEM]   |
|    | Office Sought: House Senate President                       | Disbursement For Primary Other (s |  |                  |   |
| _  | State: District:  |                                   |  |                  |   |
| C. | Full Name (Last, First, Middle Initial) EDIBLE ARRANGEMENTS |                                   |  |                  | Transaction ID: SB21A.6B  Date of Disbursement  |
|    | Mailing Address<br>95 BARNES RD                             |                                   |  |                  | 09 7 7 7 2010   |
|    | City<br>WALLINGFORD   | State<br>CT                       | Zip Code<br>06492  |                  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement CATERING                            |                                   |  | •                | 58.01   |
|    | Candidate Name  |                                   |  | Category<br>Type | [MEMO ITEM]   |
|    | Office Sought: House Senate President                       | Disbursement For Primary Other (s |  |                  |   |
| _  | State: District:  |                                   |  |                  |   |

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| age# 10931511612                                       |                                   |  |                   |  |
|--|-----------------------------------|--|-------------------|--|
| SCHEDULE B (FEC Form TEMIZED DISBURSEMEN               | •                                 | Use separate sch<br>for each category<br>Detailed Summar | of the            | FOR LINE NUMBER: PAGE 25 / 37 (check only one)  X 21a 22 23a 23b 24a                       |
|  |                                   |  |                   | on for the purpose of soliciting contributions o solicit contributions from such committee |
| NAME OF COMMITTEE (In Full) COMMITTEE ON ARRANGEMEN    | NTS FOR THE 20                    | )12 REPUBLICA  | N NATION          | AL CONVENTION  |
| Full Name (Last, First, Middle Initial) EMBASSY SUITES |                                   |  |                   | Transaction ID: SB21A.7B  Date of Disbursement   |
| Mailing Address 7930 JONES BRANCH DR STE               | 1100                              |  |                   | 09 7 07 7 2010   |
| City<br>MCLEAN   | State<br>VA                       | Zip Code<br>22102  |                   | Amount of Each Disbursement this Period  |
| Purpose of Disbursement                                |                                   |  | •                 | 357.28   |
| Candidate Name   |                                   |  | Category/<br>Type | [MEMO ITEM]  |
| Office Sought: House Senate President State: District: | Disbursement For Primary Other (s |  |                   |  |
| Full Name (Last, First, Middle Initial) GOWIRELESS     |                                   |  |                   | Transaction ID: SB21A.8B  Date of Disbursement  0 9 7 7 2 0 1 0                            |
| Mailing Address<br>6218 W DESERT INN RD                |                                   |  |                   | 09 07 2010   |
| City<br>LAS VEGAS                                      | State<br>NV                       | Zip Code<br>89146  |                   | Amount of Each Disbursement this Period  |
| Purpose of Disbursement<br>EQUIPMENT PURCHASE          |                                   |  |                   | 80.40  |
| Candidate Name   |                                   |  | Category/<br>Type | [MEMO ITEM]  |
| Office Sought: House Senate President State: District: | Disbursement For Primary Other (s |  |                   |  |
| Full Name (Last, First, Middle Initial) MARRIOTT       |                                   |  |                   | Transaction ID: SB21A.9B  Date of Disbursement   |
| Mailing Address 10400 FERNWOOD RD                      |                                   |  |                   | 09 7 07 7 2010   |
| City<br>BETHESDA                                       | State<br>MD                       | Zip Code<br>20817  |                   | Amount of Each Disbursement this Period  |
| Purpose of Disbursement TRAVEL                         |                                   |  |                   | 143.66   |
| Candidate Name   |                                   |  | Category/<br>Type | [MEMO ITEM]  |
| Office Sought: House Senate President                  | Disbursement For Primary Other (s |  |                   |  |
| State: District:                                       |                                   |  |                   |  |

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| age# 10931511613  |                                   |  |                  |         |          |                 |                    |             |            |          |
|---|-----------------------------------|--|------------------|---------|----------|-----------------|--------------------|-------------|------------|----------|
| SCHEDULE B (FEC Form ITEMIZED DISBURSEMEN   | -                                 | Use separate sch<br>for each category<br>Detailed Summan | of the           |         | ck onl   | NUME<br>ly one) | BER:               | PAGE        |            | 7<br>24a |
| Any Information copied from such Reports or for commercial purposes, other than using           |                                   |  |                  | son for | the p    | urpose          | of soliciti        | ng contribu | utions     |          |
| NAME OF COMMITTEE (In Full) COMMITTEE ON ARRANGEMEI   | <u>-</u>                          |  |                  |         |          |                 |                    |             |            |          |
| Full Name (Last, First, Middle Initial) PARA MET PLAZA ASSOCIATE                                | 8                                 |  |                  |         |          | of Disb         | ursemen            |             |            | V        |
| Mailing Address<br>101 EAST KENNEDY BLVD STE  | 800                               |  |                  |         | 0 9      | M /             | 07                 | Ž           | 0 i 0      | Y        |
| City<br>TAMPA   | State<br>FL                       | Zip Code<br>33602  |                  |         | Amo      | unt of E        | ach Disb           | ursement    | this P     |          |
| Purpose of Disbursement RENT Candidate Name   |                                   |  | Cotogon          |         | <u> </u> |                 |                    |             | 14.0       | 0        |
| Office Sought: House  | Disbursement For                  | r:   | Category<br>Type |         | [MEN     | MO ITE          | EM]                |             |            |          |
| Senate President State: District:   | Primary<br>Other (s               | General <b>▼</b>   |                  |         |          |                 |                    |             |            |          |
| Full Name (Last, First, Middle Initial) PMI PARKING  Mailing Address 1725 DESALES ST NW STE 200 |                                   |  |                  |         |          | of Disb         | ID: SB<br>oursemen |             | 0 1 0      | Y        |
| City WASHINGTON   | State<br>DC                       | Zip Code<br>20036  |                  |         | Amo      | unt of E        | ach Disb           | ursement    |            | -        |
| Purpose of Disbursement<br>TRAVEL   |                                   |  |                  |         | L.       |                 |                    | 1           | 154.0      | 0        |
| Candidate Name  |                                   |  | Category<br>Type |         | [MEN     | MO ITE          | EM]                |             |            |          |
| Office Sought:  House Senate President  State:  District:                                       | Disbursement For Primary Other (s |  |                  |         |          |                 |                    |             |            |          |
| Full Name (Last, First, Middle Initial) RITZ CAMERA CENTERS                                     |                                   |  |                  |         | Date     | of Disb         | ID: SB<br>oursemen | -           | 3<br>0 1 0 | Y        |
| Mailing Address 6711 RITZ WAY City  | State                             | Zip Code   |                  |         | 0 9      |                 |                    | ursement    |            |          |
| BELTSVILLE Purpose of Disbursement  | MD                                | 20705  |                  | 4       | AIIIO    | uni or L        | acii Dist          |             | 246.0      | -        |
| EQUIPMENT PURCHASE Candidate Name   |                                   |  | Category<br>Type |         | [MEN     | MO ITE          | EM]                |             |            |          |
| Office Sought: House Senate President State: District:  | Disbursement For Primary Other (s |  | 76-              |         |          |                 |                    |             |            |          |

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

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|                         | CHEDULE B (FEC Form 4) EMIZED DISBURSEMENTS  | for                                   | e separate sch<br>each category<br>tailed Summar | of the            | FOR LINE NUMBER: PAGE 27/37 (check only one)  X 21a 22 23a 23b 24a   |
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|                         | y Information copied from such Reports and Staten<br>for commercial purposes, other than using the nam<br>NAME OF COMMITTEE (In Full)<br>COMMITTEE ON ARRANGEMENTS FOR | e and address                         | of any political                                 | committee t       | son for the purpose of soliciting contributions to solicit contributions from such committee                             |
| <u>/_</u><br><b>A</b> . | Full Name (Last, First, Middle Initial) SHELL OIL COMPANY  Mailing Address 910 LOUISIANA ST  | State                                 | Zip Code<br>77002                                | Category/<br>Type | Transaction ID: SB21A.13B  Date of Disbursement  O 9 M / O 7 / Y 2 0 1 0  Amount of Each Disbursement this Period  67.24 |
| _                       | Senate President State: District:  | ement For:<br>Primary<br>Other (speci | General fy) ▼                                    |                   |  |
| В.                      | Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES  Mailing Address PO BOX 36647 City  | State                                 | Zip Code   |                   | Transaction ID: SB21A.14B  Date of Disbursement  M M M / D D D / Y Y Y O Y O Y  Amount of Each Disbursement this Period  |
|                         | DALLAS Purpose of Disbursement TRAVEL Candidate Name   |                                       | 75235  | Category/<br>Type | 2372.90  |
|                         | Office Sought:  Senate  President  State:  Disburse  | ement For:<br>Primary<br>Other (speci | General<br>fy) ▼                                 |                   |  |
| <b>C</b> .              | Full Name (Last, First, Middle Initial) TARGET  Mailing Address 1000 NICOLLET MALL   |                                       |  |                   | Transaction ID: SB21A.15B  Date of Disbursement  M 9 M / D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                         |
|                         | MINNEAPOLIS Purpose of Disbursement  |                                       | Zip Code<br>55403                                |                   | Amount of Each Disbursement this Period  84.92   |
|                         | OFFICE SUPPLIES  Candidate Name  Office Sought: House Senate President  State: District:   | ement For:<br>Primary<br>Other (speci | General <b>▼</b>                                 | Category/<br>Type | [MEMO ITEM]  |
| Г                       | SUBTOTAL of Disbursements This Page (optional)   |                                       |  |                   | 0.00   |

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| IT             | CHEDULE B (FEC Form EMIZED DISBURSEMEN   | TS                                | Use separate sch<br>for each category<br>Detailed Summar | of the<br>y Page  | FOR LINE NUMBER: PAGE 28 / 37 (check only one)  X 21a 22 23a 23b 24a                         |
|----------------|--|-----------------------------------|--|-------------------|--|
|                |  |                                   |  |                   | son for the purpose of soliciting contributions to solicit contributions from such committee |
| <u> </u><br>a. | Full Name (Last, First, Middle Initial) THE LOADING DOCK  Mailing Address 100 E MADISON ST | NTS FOR THE 20                    | 012 REPUBLICA  | N NATION          | Transaction ID: SB21A.16B Date of Disbursement  M 9 M / D 0 7 / Y 2 0 1 0 Y                  |
|                | City TAMPA   | State<br>FL                       | Zip Code<br>33602  |                   | Amount of Each Disbursement this Period  |
|                | Purpose of Disbursement FOOD/BEVERAGES  Candidate Name  Office Sought: House Senate        | Disbursement Fo                   |  | Category,<br>Type | [MEMO ITEM]  |
| _              | State: District: Full Name (Last, First, Middle Initial)                                   | Other (s                          | specify) $\blacktriangledown$                            |                   | Transaction ID: SB21A.17B  |
| B.             | US AIRWAYS  Mailing Address 4000 E SKY HARBOR BLVD   |                                   |  |                   | Date of Disbursement  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                            |
|                | City<br>PHOENIX  | State<br>AZ                       | Zip Code<br>85034  |                   | Amount of Each Disbursement this Period 1821.80  |
|                | Purpose of Disbursement TRAVEL Candidate Name  |                                   |  | Category<br>Type  |  |
|                | Office Sought:  House Senate President  State:  District:                                  | Disbursement For Primary Other (s |  |                   |  |
| C.             | Full Name (Last, First, Middle Initial) USPS   |                                   |  |                   | Transaction ID: SB21A.18B  Date of Disbursement  |
|                | Mailing Address<br>401 N ASHLEY DR   |                                   |  |                   | 09 07 2010   |
|                | City<br>TAMPA  | State<br>FL                       | Zip Code<br>33602  |                   | Amount of Each Disbursement this Period 67.20  |
|                | Purpose of Disbursement DELIVERY   |                                   |  |                   |  |
|                | Office Sought: House Senate President  | Disbursement For Primary Other (s |  | Category<br>Type  | [MEMO ITEM]  |
| _              | State: District:   |                                   |  |                   |  |

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

| •  | 4)   |   |   |  |
|--|--|---|---|--|
| SCHEDULE B (FEC Form 4) ITEMIZED DISBURSEMENTS                             |  | for each category of the  Detailed Summary Page   |   | FOR LINE NUMBER: PAGE 29 / 37 (check only one)    X   21a  |
|  |  |   |   | son for the purpose of soliciting contributions  |
| NAME OF COMMITTEE (In Full) COMMITTEE ON ARRANGEMEN                        | ITS FOR THE 20   | 012 REPUBLICA   | N NATION  | NAL CONVENTION   |
|  | FLORIDA  |   | Transaction ID: SB21A.19  Date of Disbursement  |  |
| 8400 NW 33RD ST STE 100  |  |   |   | 08 7 27 7 2010   |
| Gity<br>MIAMI  | State<br>FL  | Zip Gode<br>33122   |   | Amount of Each Disbursement this Period  |
| Purpose of Disbursement INSURANCE  |  |   |   | 1494.70  |
| Candidate Name   |  |   | Category,<br>Type   |  |
| Office Sought: House Senate President                                      | Primary  | General   |   |  |
| State: District:   |  |   |   |  |
| Full Name (Last, First, Middle Initial) COMPLIANCE CONSULTING CO OF VA LLC |  |   |   | Transaction ID: SB21A.7  Date of Disbursement  |
| Mailing Address<br>PO BOX 365  |  |   |   | 08 7 0 3 7 2 0 1 0   |
| City<br>MCLEAN   | State<br>VA  | Zip Code<br>22101   |   | Amount of Each Disbursement this Period  |
| Purpose of Disbursement COMPLIANCE CONSULTING                              |  |   |   | 7500.00  |
| Candidate Name   |  |   | Category<br>Type  |  |
| Office Sought: House Senate President                                      | Primary  | General   |   |  |
| State: District:   |  |   |   |  |
| ,  | OF VA LLC  |   |   | Transaction ID: SB21A.8  Date of Disbursement  |
| Mailing Address<br>PO BOX 365  |  |   |   | 0 9 M / D B / Y Y Y O Y O Y  |
| City<br>MCLEAN   | State<br>VA  | Zip Code<br>22101   |   | Amount of Each Disbursement this Period  |
| Purpose of Disbursement COMPLIANCE CONSULTING                              |  |   |   | 7500.00  |
| Candidate Name   |  |   | Category,<br>Type   |  |
| Office Sought: House Senate President                                      | Primary  | General   |   |  |
| State: District:   |  | * · •   |   |  |
|  | or commercial purposes, other than usin NAME OF COMMITTEE (In Full) COMMITTEE ON ARRANGEMEN Full Name (Last, First, Middle Initial) BLUECROSS BLUESHIELD OF F Mailing Address 8400 NW 33RD ST STE 100 City MIAMI Purpose of Disbursement INSURANCE Candidate Name  Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) COMPLIANCE CONSULTING COMPLIANCE CONSULTING Candidate Name  Office Sought: House Senate President COMPLIANCE CONSULTING Candidate Name  Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) COMPLIANCE CONSULTING COMPLIANCE CONSULTING Candidate Name  Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) COMPLIANCE CONSULTING COMPLIANCE CONSULTING Candidate Name  Office Sought: House Senate President COMPLIANCE CONSULTING Candidate Name  Office Sought: House Senate President State: District: | or commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full)  COMMITTEE ON ARRANGEMENTS FOR THE 20  Full Name (Last, First, Middle Initial)  BLUECROSS BLUESHIELD OF FLORIDA  Mailing Address  8400 NW 33RD ST STE 100  City State MIAMI FL  Purpose of Disbursement INSURANCE  Candidate Name  Office Sought: House Primary President District:  Full Name (Last, First, Middle Initial)  COMPLIANCE CONSULTING CO OF VA LLC  Mailing Address PO BOX 365  City State  Compliance Consulting  Candidate Name  Office Sought: House Primary Compliance Consulting  Candidate Name  Office Sought: House Disbursement Formary President State COMPLIANCE CONSULTING  Candidate Name  Office Sought: House Primary Other (state)  Senate Primary Other (state)  State Senate Primary Other (state)  Mailing Address PO BOX 365  City State  Office Sought: House Senate Primary Other (state)  Mailing Address PO BOX 365  City State  MCLEAN VA  Purpose of Disbursement COMPLIANCE CONSULTING CO OF VA LLC  Mailing Address PO BOX 365  City State  MCLEAN VA  Purpose of Disbursement COMPLIANCE CONSULTING  Candidate Name  Office Sought: House Primary President  Disbursement Formary Other (state)  Senate Primary Other (state)  Primary Other (state)  Senate Primary Other (state)  Consulting  Candidate Name  Office Sought: House Primary Other (state)  Disbursement Formary Other (state)  Primary Other (state)  Disbursement Formary Other (state)  Primary Other (state)  Disbursement Formary Other (state) | or commercial purposes, other than using the name and address of any politica NAME OF COMMITTEE (In Full) COMMITTEE ON ARRANGEMENTS FOR THE 2012 REPUBLICA Full Name (Last, First, Middle Initial) BLUECROSS BLUESHIELD OF FLORIDA  Mailing Address 8400 NW 33RD ST STE 100 City State Zip Code MIAMI FL 33122  Purpose of Disbursement INSURANCE Candidate Name  Office Sought: House President State: District: Full Name (Last, First, Middle Initial) COMPLIANCE CONSULTING CO OF VA LLC  Mailing Address PO BOX 365 City State Zip Code MCLEAN VA 22101  Purpose of Disbursement COMPLIANCE CONSULTING Candidate Name  Office Sought: House President State: District: Full Name (Last, First, Middle Initial) COMPLIANCE CONSULTING Candidate Name  Office Sought: House President State: District: Full Name (Last, First, Middle Initial) COMPLIANCE CONSULTING Candidate Name  Disbursement For: Senate Primary General Other (specify) ▼  Disbursement For: Other (specify) ▼  Other (specify) ▼ | COMMITTEE ON ARRANGEMENTS FOR THE 2012 REPUBLICAN NATION  Full Name (Last, First, Middle Initial)  BLUECROSS BLUESHIELD OF FLORIDA  Mailing Address  8400 NW 33RD ST STE 100  City State Zip Code MIAMI FL 33122  Purpose of Disbursement INSURANCE  Candidate Name  Office Sought: House Primary General Primary General Other (specify) ▼  Senate President District:  Full Name (Last, First, Middle Initial)  COMPLIANCE CONSULTING CO OF VA LLC  Mailing Address PO BOX 365  City State Zip Code VA 22101  Purpose of Disbursement COMPLIANCE CONSULTING  Candidate Name  Office Sought: House Primary General Primary General Other (specify) ▼  Senate President Disbursement For:  Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  COMPLIANCE CONSULTING CO OF VA LLC  Mailing Address PO BOX 365  City State Zip Code VA 22101  Purpose of Disbursement COMPLIANCE CONSULTING CO OF VA LLC  Mailing Address PO BOX 365  City State Zip Code VA 22101  Purpose of Disbursement COMPLIANCE CONSULTING CO OF VA LLC  Mailing Address Po BOX 365  City State Zip Code VA 22101  Purpose of Disbursement COMPLIANCE CONSULTING CO OF VA LLC  Mailing Address Po BOX 365  City State Zip Code VA 22101  Purpose of Disbursement ComPLIANCE CONSULTING Consulting Candidate Name  Category Type  Office Sought: House Primary General Primary General Category Type  Office Sought: House Primary General Primary General Primary Category Type  Office Sought: House Primary General Primary General Primary Category Type |

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

В.

C.

### SCHEDULE B (FEC Form 4) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 30/37 Use separate schedule(s) (check only one) for each category of the Detailed Summary Page χ 21a 22 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) COMMITTEE ON ARRANGEMENTS FOR THE 2012 REPUBLICAN NATIONAL CONVENTION Full Name (Last, First, Middle Initial) Transaction ID: SB21A.79 FIVE WAVE CONCEPTS LLC Date of Disbursement 25 0 8 2010 Mailing Address 4258 MAYFAIR LN State Zip Code City Amount of Each Disbursement this Period **PORT ORANGE** 32129 FL 15000.00 Purpose of Disbursement WEB SERVICE Candidate Name Category/ Type Office Sought: House Disbursement For: General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21A.68 **GMR MARKETING** Date of Disbursement 0 2 2010 Mailing Address **1821 SOLUTIONS CENTER** City State Zip Code Amount of Each Disbursement this Period **CHICAGO** IL 60677 26000.00 Purpose of Disbursement SITE EVALUATION CONSULTING Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21A.69 **GMR MARKETING** Date of Disbursement 2 1 2010 Mailing Address **1821 SOLUTIONS CENTER** City State Zip Code Amount of Each Disbursement this Period **CHICAGO** IL 60677 12900.00 Purpose of Disbursement SITE EVALUATION CONSULTING Candidate Name Category/ Type Office Sought: House Disbursement For:

State:

Senate

District:

SUBTOTAL of Disbursements This Page (optional) ...

President

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

Primary

Other (specify)

General

|  |   | 4)  |                   |   |   |  |  |
|--|---|---|-------------------|---|---|--|--|
| SCHEDULE B (FEC Form 4) ITEMIZED DISBURSEMENTS |   | for each category of the  Detailed Summary Page |                   | FOR LINE NUMBER: PAGE 31 / 37 (check only one)    |   |  |  |
|  |   |   |                   |   | rson for the purpose of soliciting contributions to solicit contributions from such committee |  |  |
| /  | NAME OF COMMITTEE (In Full) COMMITTEE ON ARRANGEME          |   |                   |   |   |  |  |
| <b>A</b> .                                     | Full Name (Last, First, Middle Initial) HOLTZMAN VOGEL PLLC |   |                   |   | Transaction ID: SB21A.26  Date of Disbursement  0 7 0 2 7 2 0 1 0                             |  |  |
|  | Mailing Address 45 NORTH HILL DR STE 100 City               | State   | Zip Code          |   | 0 7 0 2 2 0 1 0  Amount of Each Disbursement this Perior                                      |  |  |
|  | WARRENTON   | VA  | 20186             |   |   |  |  |
|  | Purpose of Disbursement<br>LEGAL CONSULTING                 |   |                   |   | 40000.00  |  |  |
|  | Candidate Name  |   |                   | Category<br>Type                                  |   |  |  |
|  | Office Sought: House Senate President                       | Disbursement For Primary Other (s               |                   |   |   |  |  |
| _  | State: District:  |   |                   |   |   |  |  |
| В.   | Full Name (Last, First, Middle Initial) HOLTZMAN VOGEL PLLC |   |                   |   | Transaction ID: SB21A.27  Date of Disbursement  |  |  |
|  | Mailing Address<br>45 NORTH HILL DR STE 100                 |   |                   | M8 M / D0 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |  |  |
|  | City<br>WARRENTON   | State<br>VA                                     | Zip Code<br>20186 |   | Amount of Each Disbursement this Period   |  |  |
|  | Purpose of Disbursement<br>LEGAL CONSULTING                 |   |                   |   | 140027.00   |  |  |
|  | Candidate Name  |   |                   |   |   |  |  |
|  | Office Sought: House Senate President                       | Disbursement For Primary Other (s               |                   |   |   |  |  |
| _  | State: District:  |   |                   |   |   |  |  |
| C.   | Full Name (Last, First, Middle Initial) ISLAND PRINT SHOP   |   |                   |   | Transaction ID: SB21A.55 Date of Disbursement   |  |  |
|  | Mailing Address 112 SAINT CLAIRE PLACE STE                  | 101   |                   |   | 0 7 M / D 1 9 / Y Y 2 0 1 0 Y   |  |  |
|  | City<br>STEVENSVILLE  | State<br>MD                                     | Zip Code<br>21666 |   | Amount of Each Disbursement this Period   |  |  |
|  | Purpose of Disbursement PRINTING                            |   |                   | 0 0   | 288.32  |  |  |
|  | Candidate Name  |   |                   | Category<br>Type                                  |   |  |  |
|  | Office Sought: House Senate President                       | Disbursement For Primary Other (s               |                   |   |   |  |  |
|  | State: District:  | ,   | •                 |   |   |  |  |

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

В.

C.

| age# 10931511619   |   |                   |   |
|--|---|-------------------|---|
| SCHEDULE B (FEC Form 4) ITEMIZED DISBURSEMENTS   | Use separate sch<br>for each category<br>Detailed Summa | of the            | FOR LINE NUMBER: PAGE 32 / 37 (check only one)                  |
|  |   |                   | X 21a 22 23a 23b 24a  |
| Any Information copied from such Reports and State<br>or for commercial purposes, other than using the nan |   |                   |   |
| NAME OF COMMITTEE (In Full) COMMITTEE ON ARRANGEMENTS FOR  | R THE 2012 REPUBLICA                                    | N NATION          | AL CONVENTION   |
| Full Name (Last, First, Middle Initial) ODELL PHOTOS   |   |                   | Transaction ID: SB21A.51  Date of Disbursement                  |
| Mailing Address<br>216 OLD LINE DR   |   |                   | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$           |
| City<br>CENTREVILLE  | State Zip Code MD 21617                                 |                   | Amount of Each Disbursement this Period                         |
| Purpose of Disbursement PHOTOGRAPHY SERVICE  |   | •                 | 227.29  |
| Candidate Name   |   | Category/<br>Type |   |
| Senate President   | ement For: Primary General Other (specify)              |                   |   |
| State: District:   |   |                   |   |
| Full Name (Last, First, Middle Initial) OFFICE DEPOT   |   |                   | Transaction ID: SB21A.28  Date of Disbursement  0 8 2 5 2 0 1 0 |
| Mailing Address<br>PO BOX 88040  |   |                   |   |
| City<br>CHICAGO  | State Zip Code<br>IL 60680                              |                   | Amount of Each Disbursement this Period                         |
| Purpose of Disbursement OFFICE SUPPLIES  |   |                   | 202.30  |
| Candidate Name   |   | Category/<br>Type |   |
| Office Sought: House Disburs Senate President  | ement For: Primary General Other (specify)              |                   |   |
| State: District:   | - (-  ), <b>\</b>                                       |                   |   |
| Full Name (Last, First, Middle Initial) SUN VISTA REALTY   |   |                   | Transaction ID: SB21A.57  Date of Disbursement                  |
| Mailing Address<br>19455 GULF BLVD #1  |   |                   | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$           |
| City<br>INDIAN SHORES  | State Zip Code FL 33785                                 |                   | Amount of Each Disbursement this Period                         |
| Purpose of Disbursement<br>RENT  |   |                   | 11750.00  |
| Candidate Name   |   | Category/<br>Type |   |
| Office Sought: House Disburs Senate President  | ement For: Primary General Other (specify)              |                   |   |
| State: District:   |   |                   |   |
| SURTOTAL of Dichursements This Page (ontional)   |   |                   | 12179.59  |

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

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

| ımaç   | je# 10931511620  |   |                   |                                   |                                       |                                |
|--|--|---|-------------------|-----------------------------------|---------------------------------------|--------------------------------|
| SCHEDULE B (FEC Form 4) ITEMIZED DISBURSEMENTS |  | for each category of the  Detailed Summary Page |                   | FOR LINE NUMBER: (check only one) | PAGE 33 / 37  Ba 23b 24a              |                                |
|  | ny Information copied from such Reports<br>for commercial purposes, other than usi |   |                   |                                   | son for the purpose of solici         |                                |
|  | NAME OF COMMITTEE (In Full) COMMITTEE ON ARRANGEME                                 | NTS FOR THE 20                                  | 012 REPUBLICA     | N NATION                          | NAL CONVENTION                        |                                |
| Α.   | Full Name (Last, First, Middle Initial) SUN VISTA REALTY                           |   |                   |                                   | Transaction ID: S  Date of Disburseme | ent                            |
|  | Mailing Address<br>19455 GULF BLVD #1  |   |                   |                                   | 07  27                                | 2010                           |
|  | City<br>INDIAN SHORES  | State<br>FL                                     | Zip Code<br>33785 |                                   | Amount of Each Dis                    | sbursement this Period         |
|  | Purpose of Disbursement<br>RENT  |   |                   |                                   | 7                                     | 6750.00                        |
|  | Candidate Name   |   |                   | Category<br>Type                  |                                       |                                |
|  | Office Sought: House Senate President  | Disbursement Fo Primary Other (s                |                   |                                   |                                       |                                |
|  | State: District:   |   |                   |                                   |                                       |                                |
| В.   | Full Name (Last, First, Middle Initial) SUN VISTA REALTY                           |   |                   |                                   | Transaction ID: S  Date of Disburseme | ent                            |
|  | Mailing Address<br>19455 GULF BLVD #1  |   |                   |                                   | 099 / 08                              | <sup>'</sup> 2010 <sup>'</sup> |
|  | City<br>INDIAN SHORES  | State<br>FL                                     | Zip Code<br>33785 |                                   | Amount of Each Dis                    | sbursement this Period         |
|  | Purpose of Disbursement<br>RENT  |   |                   |                                   | 7]                                    | 4500.00                        |
|  | Candidate Name   |   |                   |                                   |                                       |                                |
|  | Office Sought: House Senate President  | Disbursement Fo Primary Other (s                |                   |                                   |                                       |                                |
| _  | State: District:   |   |                   |                                   |                                       |                                |
| C.   | Full Name (Last, First, Middle Initial) SUN VISTA REALTY                           |   |                   |                                   | Transaction ID: S Date of Disburseme  | ent                            |
|  | Mailing Address<br>19455 GULF BLVD #1  |   |                   |                                   | 0 9 7 2 7                             | <sup>'</sup> 2010 <sup>'</sup> |
|  | City<br>INDIAN SHORES  | State<br>FL                                     | Zip Code<br>33785 |                                   | Amount of Each Dis                    | sbursement this Period         |
|  | Purpose of Disbursement<br>RENT  |   |                   |                                   | 7                                     | 4500.00                        |
|  | Candidate Name   |   |                   | Category<br>Type                  |                                       |                                |
|  | Office Sought: House Senate President  | Disbursement Fo Primary Other (s                |                   |                                   |                                       |                                |
| _  | State: District:   | ,   | •                 |                                   |                                       |                                |
|  | SURTOTAL of Disbursements This Page  | e (optional)                                    |                   |                                   | _                                     | 15750.00                       |

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

| ima  | ge# 10931511621   |  |   |                      |   |  |  |
|--|---|--|---|----------------------|---|--|--|
| SCHEDULE B (FEC Form 4) ITEMIZED DISBURSEMENTS |   | •  | for each category of the  Detailed Summary Page |                      | FOR LINE NUMBER: PAGE 34 / 37 check only one) |  |  |
| _  |   |  |   | X 21a 22 23a 23b 24a |   |  |  |
|  |   | on for the purpose of soliciting contributions o solicit contributions from such committee |   |                      |   |  |  |
|  | NAME OF COMMITTEE (In Full) COMMITTEE ON ARRANGEME            | NTS FOR THE 20   | )12 REPUBLICA                                   | N NATION             | AL CONVENTION                                 |  |  |
| . –  | Full Name (Last, First, Middle Initial)                       |  |   |                      | Transaction ID: SB21A.53                      |  |  |
| Α.   | USPS  |  |   |                      | Date of Disbursement                          |  |  |
|  | Mailing Address 401 N ASHLEY DR                               | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$                                      |   |                      |   |  |  |
|  | City<br>TAMPA   | State<br>FL  | Zip Code<br>33602                               |                      | Amount of Each Disbursement this Period       |  |  |
|  | Purpose of Disbursement POSTAGE                               |  |   | •                    | 320.00  |  |  |
|  | Candidate Name  |  |   | Category/<br>Type    |   |  |  |
|  | Office Sought: House Senate President State: District:        | Disbursement For Primary Other (s  |   |                      |   |  |  |
| _  | Full Name (Last, First, Middle Initial)                       |  |   |                      |   |  |  |
| В.   | WASHINGTON FIRST BANK   |  |   |                      | Transaction ID: SB21A.2  Date of Disbursement |  |  |
|  | Mailing Address<br>1146 19TH ST NW                            | 07   |   |                      |   |  |  |
|  | City<br>WASHINGTON  | State<br>DC  | Zip Code<br>20036                               |                      | Amount of Each Disbursement this Period       |  |  |
|  | Purpose of Disbursement<br>BANK FEE                           |  |   | 25.00                |   |  |  |
|  | Candidate Name  |  |   | Category/<br>Type    |   |  |  |
|  | Office Sought: House Senate President                         | Disbursement For Primary Other (s  |   |                      |   |  |  |
| _  | State: District:  |  |   |                      |   |  |  |
| C.   | Full Name (Last, First, Middle Initial) WASHINGTON FIRST BANK |  |   |                      | Transaction ID: SB21A.3  Date of Disbursement |  |  |
|  | Mailing Address<br>1146 19TH ST NW                            |  |   |                      | 08 02 7 2010                                  |  |  |
|  | City<br>WASHINGTON  | State<br>DC  | Zip Code<br>20036                               |                      | Amount of Each Disbursement this Period       |  |  |
|  | Purpose of Disbursement<br>BANK FEE                           |  |   | 25.00                |   |  |  |
|  | Candidate Name  |  |   | Category/<br>Type    |   |  |  |
|  | Office Sought: House Senate President                         | Disbursement For<br>Primary<br>Other (s  |   |                      |   |  |  |
| _  | State: District:  |  | - · · · ·                                       |                      |   |  |  |

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

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B.

# **SCHEDULE B (FEC Form 4)**

FOR LINE NUMBER: PAGE 35/37 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the Detailed Summary Page χ 21a 22 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) COMMITTEE ON ARRANGEMENTS FOR THE 2012 REPUBLICAN NATIONAL CONVENTION Full Name (Last, First, Middle Initial) Transaction ID: SB21A.10 YUMA SOLUTIONS Date of Disbursement <sup>D</sup> 2 7 0 9 2010 Mailing Address PO BOX 152075 City State Zip Code Amount of Each Disbursement this Period TÁMPA FL 33684 6169.61 Purpose of Disbursement **EQUIPMENT PURCHASE** Candidate Name Category/ Type Office Sought: Disbursement For: House Primary General Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21A.9 YUMA SOLUTIONS Date of Disbursement

| Mailing Address              |                              |   |                   | $\begin{array}{c c} \begin{array}{c c} \begin{array}{c c} M & 7 \end{array} & \begin{array}{c c} \end{array} & \end{array} & \begin{array}{c c} \end{array} & \end{array} & \begin{array}{c c} \end{array} & \begin{array}{c$ |
|------------------------------|------------------------------|---|-------------------|--|
| City<br>TAMPA                |                              | State Zip Code<br>FL 33684                            |                   | Amount of Each Disbursement this Period  |
| Purpose of Disb<br>EQUIPMENT |                              |   | •                 | 46617.00   |
| Candidate Name               | е                            |   | Category/<br>Type |  |
| Office Sought:               | House<br>Senate<br>President | Disbursement For:  Primary General  Other (specify) ▼ |                   |  |
| State:                       | District:                    |   |                   |  |
|                              |                              | •   |                   |  |

| SUBTOTAL of Disbursements This Page (optional)      | <u> </u> | 52786.61  |
|---|----------|-----------|
| TOTAL This Period (last page this line number only) | •        | 636853.30 |

### **SCHEDULE C (FEC Form 4)**

### LOANS

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

PAGE 36 / 37 FOR LINE 16a OF FORM 4

|  | Dotallog Gal                                     | a.y . ago         |                                    |  |
|--|--|-------------------|------------------------------------|--|
| NAME OF COMMITTEE (In Full)  | ,  | <u>.</u>          |                                    |  |
| COMMITTEE ON ARRANGEMENTS FOR THE 2012 REPUBLIC.                               | AN NATIONAL                                      |                   |                                    |  |
|  |  | Transaction       | on ID: SC/10.4103                  |  |
| LOAN SOURCE Full Name (Last, First, Middle Initial)                            |  |                   | etion:                             |  |
| BB&T   |  |                   | Primary                            |  |
| INTEREST RATE - LIBOR VAR-   |  |                   | General                            |  |
| Mailing Address 1909 K STREET AWBASE POINTS                                    |  |                   | Other (specify)                    |  |
|  |  |                   |                                    |  |
| City WASHINGTON State DC ZIP Co  | de 20006   |                   |                                    |  |
| Original Amount of Loan Cumulative Payment To                                  | Date   | Balance Ou        | utstanding at Close of This Period |  |
| 1000000.00   | 0.00   |                   | 100000.00                          |  |
| 1000000.00   | 0.00   |                   | 100000.00                          |  |
| TERMS  |  |                   |                                    |  |
| Date Incurred Date Due   |  | Interest Rate     | Secured:                           |  |
| M M D D Y Y Y Y  |  |                   | 1 – –                              |  |
| 0 6 2 1 2 0 1 0 05/30/2012   |  | 0.0000            | % (apr) X Yes No                   |  |
|  |  |                   |                                    |  |
| List All Endorsers or Guarantors (if any) to Loan Source                       | 1  |                   |                                    |  |
| Full Name (Last, First, Middle Initial)  | Name of Emplo                                    | oyer              |                                    |  |
| AA 3F A LI   |  |                   |                                    |  |
| Mailing Address  | Occupation                                       |                   |                                    |  |
|  |  |                   |                                    |  |
| 011 710 0 1  | Amount   |                   |                                    |  |
| City State ZIP Code  | Guaranteed<br>Outstanding:                       |                   |                                    |  |
| 5 HM (4 + 5 + 14 HM ) H (4 HM )  |  |                   |                                    |  |
| Full Name (Last, First, Middle Initial)  | Name of Emplo                                    | oyer              |                                    |  |
| AA 28 A A L  |  |                   |                                    |  |
| Mailing Address  | Occupation                                       |                   |                                    |  |
|  | A  |                   |                                    |  |
| Other Charles 7ID Condo  | Amount Guaranteed                                | ' ' '             |                                    |  |
| City State ZIP Code  | Outstanding:                                     |                   |                                    |  |
| Full Name (Last, First, Middle Initial)  |  | ovor.             |                                    |  |
| Full Name (Last, First, Middle milial)   | Name of Emplo                                    | oyer              |                                    |  |
| Mailing Address  | 0  |                   |                                    |  |
| Walling Address  | Occupation                                       |                   |                                    |  |
|  | Amount   |                   |                                    |  |
| City State ZIP Code  | Guaranteed                                       |                   |                                    |  |
| State Zii Gode   | Outstanding:                                     |                   |                                    |  |
| Full Name (Last, First, Middle Initial)  | Name of Empl                                     | over              |                                    |  |
| Tan ramo (East, 1 not, madio miliar)   | I tamo or Empire                                 | 0,01              |                                    |  |
| Mailing Address  | Occupation                                       |                   |                                    |  |
| Maining / Iddi 600   | Cocupation                                       |                   |                                    |  |
|  | Amount   |                   |                                    |  |
| City State ZIP Code  | Guaranteed                                       |                   |                                    |  |
| State Zii Gode   | Outstanding:                                     |                   |                                    |  |
|  |  |                   |                                    |  |
|  |  |                   |                                    |  |
| SUBTOTALS This Period This Page (optional)                                     |  |                   |                                    |  |
|  |  |                   |                                    |  |
| TOTALS This Period (last page in this line only)                               | TOTALS This Period (last page in this line only) |                   |                                    |  |
|  |  |                   |                                    |  |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch | edule D, carry for                               | ward to appropria | ate line of Summary.               |  |

# SCHEDULE C-1 (FEC Form 4) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page  $\frac{37/37}{}$  of Schedule C

Federal Election Commission, Washington, D.C. 20463

| Name of Committee (in Full)  |  | FEC   | IDENTIFICATION NUMBER  |  |  |  |
|--|--|---|--|--|--|--|
| COMMITTEE ON ARRANGEMENTS FOR THE 201  | 2 REPUBLICAN NATIONAL  | CONVE   | <b>NTION</b> C00485110   |  |  |  |
| LENDING INSTITUTION (LENDER) Full Name   | Amount of Loan   |   | Interest Rate (APR)  |  |  |  |
| BB&T   | 100000   | 0.00  | 0.00000 %  |  |  |  |
| Mailing Address<br>1909 K STREET NW  | Date Incurred or Established   | 0 6   | 21 2010  |  |  |  |
| City State Zip Code WASHINGTON DC 20006  | Date Due   | 0.5   | 30 2012  |  |  |  |
| A. Has loan been restructured? X No Yes  | If yes, date originally incurred :   |   |  |  |  |  |
| B. If line of credit,  Amount of this Draw: 1000000.00   | Total Outstanding balance:   |   | 1000000.00   |  |  |  |
| C. Are other parties secondarily liable for the debt incurred?  X No Yes (Endorsers and guarantors must  | t be reported on Sch. C)   |   |  |  |  |  |
| D. Are any of the following pledged as collateral for the loan: reproperty, goods, negotiable instruments, certificates of depostocks, accounts receivable, cash on deposit, or other simil  | osit, chattel papers,<br>lar traditional collateral?   | What is the value of this collateral? 70000000.00 |  |  |  |  |
| CHATTEL PAPER, DEPOSIT ACCTS., GENERAL INTANGIBLE & PERSONAL PROPERTY  |  |   | Does the lender have a perfected security interest in it? No X Yes  What is the estimated value? |  |  |  |
| E. Are any future contributions or future receipts of interest incomplete collateral for the loan? X No Yes If yes, specific to the loan?  |  | vvnat is the e                                    | 0.00   |  |  |  |
| A depository account must be established pursuant to 11 CFR 100.82 and 100.142.  | Location of account  |   |  |  |  |  |
| Date account established:  | Address:   | Address:  |  |  |  |  |
|  | City, State, Zip:  |   |  |  |  |  |
| F. If neither of the types of collateral described above was plede<br>the loan amount, state the basis upon which this loan was n  | ged for this loan, or if the amount plo<br>made and the basis on which it assu                     | edged does n<br>res repaymer                      | ot equal or exceed<br>nt.  |  |  |  |
| G. COMMITTEE TREASURER Typed Name LOUIS POPE Signature   |  | DATE<br>07  | 15 2010  |  |  |  |
| H. Attach a signed copy of the loan agreement.   |  |   |  |  |  |  |
| I. TO BE SIGNED BY THE LENDING INSTITUTION:  I. To the best of this institution's knowledge, the terms of the are accurate as stated above.  II. The loan was made on terms and conditions (including in similar extensions of credit to other borrowers of compara III. This institution is aware of the requirement that a loan mutual with the requirements set forth at to 11 CFR 100.82 and | nterest rate) no more favorable at the able credit worthiness.  ust be made on a basis which assur | e time than th                                    | ose imposed for  |  |  |  |
| AUTHORIZED REPRESENTATIVE  | J  | DATE  |  |  |  |  |
| Typed Name WILLIAM J. ZIEGLER Signature Ti   | itle SR. VICE-PRESIDENT  | 0 7   | 15 2010  |  |  |  |
|  |  |   |  |  |  |  |