

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
National Association of Enrolled Agents Political Action Committee

ADDRESS (number and street) P.O. Box 65071  
 Check if different than previously reported. (ACC)  
Washington DC 20035

2. **FEC IDENTIFICATION NUMBER** C00415372  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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

5. Covering Period 07 01 2010 through 09 30 2010

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

Type or Print Name of Treasurer Robert Kerr

Signature of Treasurer Electronically Filed by Robert Kerr Date 03 28 2011

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

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

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

Write or Type Committee Name  
National Association of Enrolled Agents Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		43543.78
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	50048.78									
(c) Total Receipts (from Line 19) .....	10420.00	24425.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	60468.78	67968.78								
7. Total Disbursements (from Line 31) .....	14000.00	21500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	46468.78	46468.78								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Association of Enrolled Agents Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	3950.00	10700.00
(ii) Unitemized .....	6470.00	13725.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	10420.00	24425.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	10420.00	24425.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	10420.00	24425.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	10420.00	24425.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	21500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	14000.00	21500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14000.00	21500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	10420.00	24425.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10420.00	24425.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 6 / 13
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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)  
National Association of Enrolled Agents Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Gary Anspach		Date of Receipt MM / DD / YYYY 08 / 16 / 2010		
	Mailing Address 818 Fifth Ave Ste 100		<b>Transaction ID:</b> SA11AI.6542		
	City San Rafael	State CA	Zip Code 94901	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Enrolled Agent			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Salvatore Candela		Date of Receipt MM / DD / YYYY 08 / 16 / 2010		
	Mailing Address 75-16 Metropolitan Ave.		<b>Transaction ID:</b> SA11AI.6557		
	City Middle Village	State NY	Zip Code 11379	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer self	Occupation Enrolled Agent			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) William Farmer		Date of Receipt MM / DD / YYYY 08 / 16 / 2010		
	Mailing Address 3361 Squire Oak Drive		<b>Transaction ID:</b> SA11AI.6550		
	City Lexington	State KY	Zip Code 40515	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation self-employed			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 13  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
National Association of Enrolled Agents Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Joseph Hancock

Mailing Address 4809 Neptune Court

City State Zip Code  
Flower Mound TX 75022

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

Name of Employer Five Star Partners Occupation Financial Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2010

**Transaction ID:** SA11AI.6441

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address P.O. Box 66513

City State Zip Code  
Houston TX 77266

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

Name of Employer Hubbard Financial Services Inc Occupation Enrolled Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2010

**Transaction ID:** SA11AI.6420

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Julius Janusz

Mailing Address 122 Main St.  
Ste 300

City State Zip Code  
New Britain CT 06051

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

Name of Employer Self Occupation Enrolled Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 16 / 2010

**Transaction ID:** SA11AI.6561

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

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

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

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

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NAME OF COMMITTEE (In Full)  
National Association of Enrolled Agents Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Jerry L. Joyce

Mailing Address 204 N. Macdill Ave.

City Tampa State FL Zip Code 33609

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

Name of Employer Self Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 01 / 2010  
**Transaction ID:** SA11AI.6545  
 Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
Jerry L. Joyce

Mailing Address 204 N. Macdill Ave.

City Tampa State FL Zip Code 33609

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

Name of Employer Self Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 08 / 16 / 2010  
**Transaction ID:** SA11AI.6538  
 Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Michael Nelson

Mailing Address 4333 Skymist Terrace

City Olney State MD Zip Code 20832

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

Name of Employer NAEA Occupation Executive Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 16 / 2010  
**Transaction ID:** SA11AI.6615  
 Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 650.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 13  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
National Association of Enrolled Agents Political Action Committee

**A.**

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

Mailing Address 9611 61st Way N

City State Zip Code  
Pinella Park FL 33782

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2010

**Transaction ID:** SA11AI.6541

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Patricia Schmick

Mailing Address 3626 Deer Island Dr E 862-8955

City State Zip Code  
Lake Tapps WA 98391

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

Name of Employer Occupation  
Self Enrolled Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2010

**Transaction ID:** SA11AI.6428

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address PO Box 2625

City State Zip Code  
Newport Beach CA 92659

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

Name of Employer Occupation  
Tax Professionals Enrolled Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2010

**Transaction ID:** SA11AI.6551

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 13  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
National Association of Enrolled Agents Political Action Committee

**A.**

Full Name (Last, First, Middle Initial) Alexander Thomson		Date of Receipt MM / DD / YYYY 08 / 16 / 2010
Mailing Address 2108 Military Road		<b>Transaction ID:</b> SA11AI.6556
City Arlington	State VA	Zip Code 22207
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation Enrolled Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Paula Tinch		Date of Receipt MM / DD / YYYY 08 / 26 / 2010
Mailing Address 1118 Payne Street		<b>Transaction ID:</b> SA11AI.6603
City Tell City	State IN	Zip Code 47586
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer PFT's Professional Tax Service	Occupation Enrolled Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Charlene Zack		Date of Receipt MM / DD / YYYY 07 / 14 / 2010
Mailing Address PO Box 1026		<b>Transaction ID:</b> SA11AI.6465
City Jerome	State AZ	Zip Code 86331
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Enrolled Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	3950.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
National Association of Enrolled Agents Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
MAX BAUCUS

Transaction ID: SB23.6514  
Date of Disbursement

Mailing Address PO BOX 586

/   /

City HELENA State MT Zip Code 59624

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name  
FRIENDS OF MAX BAUCUS

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MT District: 00

B.

Full Name (Last, First, Middle Initial)  
XAVIER BECERRA

Transaction ID: SB23.6513  
Date of Disbursement

Mailing Address P.O. Box 261060

/   /

City Los Angeles State CA Zip Code 90026

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name  
BECERRA FOR CONGRESS

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: CA District: 31

C.

Full Name (Last, First, Middle Initial)  
JEFF BINGAMAN

Transaction ID: SB23.6633  
Date of Disbursement

Mailing Address PO BOX 16210

/   /

City ALBUQUERQUE State NM Zip Code 87191

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name  
A LOT OF PEOPLE WHO SUPPORT JEFF BINGAMAN

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NM District: 00

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
National Association of Enrolled Agents Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>WALLY HERGER</b></p> <p>Mailing Address P.O. Box 1500 P.O. Box 1</p> <p>City Chico State CA Zip Code 95927</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <b>WALLY HERGER FOR CONGRESS COMMITTEE</b> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6636 <b>Date of Disbursement</b> 09 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>SANDER M MR LEVIN</b></p> <p>Mailing Address PO Box 37</p> <p>City Roseville State MI Zip Code 48066</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <b>LEVIN FOR CONGRESS</b> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6639 <b>Date of Disbursement</b> 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>RICHARD E MR. NEAL</b></p> <p>Mailing Address 36 ATWATER TERRACE</p> <p>City SPRINGFIELD State MA Zip Code 01107</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <b>RICHARD E NEAL FOR CONGRESS COMMITTEE</b> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6632 <b>Date of Disbursement</b> 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 13

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

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NAME OF COMMITTEE (In Full)  
National Association of Enrolled Agents Political Action Committee

A.	Full Name (Last, First, Middle Initial) PAUL D RYAN	Transaction ID: SB23.6635
	Mailing Address 221 Holmes Street	Date of Disbursement 09 / 30 / 2010
	City Janesville State WI Zip Code 53545	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name RYAN FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) RONALD LEE WYDEN	Transaction ID: SB23.6634
	Mailing Address PO BOX 3498	Date of Disbursement 09 / 29 / 2010
	City PORTLAND State OR Zip Code 97208	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name WYDEN FOR SENATE	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2000.00

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

14000.00