

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
LEGPAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		40452.80
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	40452.80									
(c) Total Receipts (from Line 19)	97500.00	97500.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	137952.80	137952.80								
7. Total Disbursements (from Line 31)	95410.57	95410.57								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	42542.23	42542.23								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
LEGPAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	12500.00	12500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	12500.00	12500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	85000.00	85000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	97500.00	97500.00
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))	97500.00	97500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	97500.00	97500.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	17910.57	17910.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	17910.57	17910.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	77500.00	77500.00
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))..	95410.57	95410.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	95410.57	95410.57

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)	97500.00	97500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	97500.00	97500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	17910.57	17910.57
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	17910.57	17910.57

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 26
(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)
LEGPAC

A.

Full Name (Last, First, Middle Initial) John D. Esslink		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 2324 Algona Court		Transaction ID: SA11AI.5090
City Algona	State MI	Zip Code 48001-1155
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4000.00
Name of Employer Community Health Associates	Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

B.

Full Name (Last, First, Middle Initial) Frederick H Grafe		Date of Receipt MM / DD / YYYY 02 / 07 / 2011
Mailing Address 319 Constitution Ave., NE		Transaction ID: SA11AI.5065
City Washington	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Law Office of Frederick Graefe	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

C.

Full Name (Last, First, Middle Initial) Thomas Van Coverden		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 4782 Wellesley Drive		Transaction ID: SA11AI.5092
City Woodbridge	State VA	Zip Code 22192
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer NACHC	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	7500.00
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 7 / 26
	(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)
LEGPAC

A.	Full Name (Last, First, Middle Initial) Andrew L. Woods		Date of Receipt
	Mailing Address 6500 Abbey View Way		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Towson	MD	21212
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer Liberty Partners Group		Occupation Chairrman
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	
			Transaction ID: SA11AI.5096
			Amount of Each Receipt this Period <input type="text" value="5000.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="12500.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 26
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
LEGPAC

A. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)

Mailing Address 1050 31st Street N.W.

City State Zip Code
Washington DC 20007

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: SA11C.5083

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
American College of Radiology PAC

Mailing Address 1891 Preston White Drive

City State Zip Code
Reston VA 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2011

Transaction ID: SA11C.5084

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
American Hospital Association PAC

Mailing Address 325 Seventh Street NW
Suite 700

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2011

Transaction ID: SA11C.5068

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **12500.00**

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 / 26
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
LEGPAC

A. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 520 N. NORTHWEST HIGHWAY

City State Zip Code
PARK RIDGE IL 60068

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11C.5069

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF PENSION PROFESSIONALS & ACTUARIES PAC

Mailing Address 4245 N FAIRFAX DRIVE
SUITE 750

City State Zip Code
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C** C00333104

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11C.5075

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
BLUE PAC

Mailing Address PO BOX 34676

City State Zip Code
WASHINGTON DC 20043

FEC ID number of contributing federal political committee. **C** C00368480

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: SA11C.5087

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **12500.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LEGPAC

A. Full Name (Last, First, Middle Initial)
BLUE PAC

Mailing Address PO BOX 34676

City WASHINGTON State DC Zip Code 20043

FEC ID number of contributing federal political committee. **C** C00368480

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11C.5088

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
COCA-COLA COMPANY NONPARTISAN COMMITTEE FOR GOOD GOVERNMENT (COKE PAC); THE

Mailing Address 310 NORTH AVENUE

City ATLANTA State GA Zip Code 30313

FEC ID number of contributing federal political committee. **C** C00012468

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11C.5089

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
CONSTELLATION ENERGY GROUP INC. FEDERAL PAC

Mailing Address 750 E. Pratt St. 5th Floor
P.O. Box 1475

City Baltimore State MD Zip Code 21202

FEC ID number of contributing federal political committee. **C** C00041376

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11C.5095

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► 7500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LEGPAC

A. Full Name (Last, First, Middle Initial)
EXELON CORPORATION POLITICAL ACTION COMMITTEE (EXELONPAC)
 Mailing Address 10 SOUTH DEARBORN STREET
 City State Zip Code
 CHICAGO IL 60603
 Date of Receipt
 M M / D D / Y Y Y Y Y
 06 30 / 2011
Transaction ID: SA11C.5098
 Amount of Each Receipt this Period
 5000.00
 FEC ID number of contributing federal political committee. **C** C00141218
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE
 Mailing Address 900 Seventh St, NW
 City State Zip Code
 Washington DC 20001
 Date of Receipt
 M M / D D / Y Y Y Y Y
 02 07 / 2011
Transaction ID: SA11C.5067
 Amount of Each Receipt this Period
 5000.00
 FEC ID number of contributing federal political committee. **C** C00027342
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

C. Full Name (Last, First, Middle Initial)
INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)
 Mailing Address 1401 H STREET NW SUITE 1200
 City State Zip Code
 WASHINGTON DC 20005
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 15 / 2011
Transaction ID: SA11C.5079
 Amount of Each Receipt this Period
 5000.00
 FEC ID number of contributing federal political committee. **C** C00105981
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

SUBTOTAL of Receipts This Page (optional) ► 15000.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LEGPAC

A. Full Name (Last, First, Middle Initial)
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1295 State Street

City State Zip Code
Springfield MA 01111

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

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

Transaction ID: SA11C.5070

Amount of Each Receipt this Period
3000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 Massachusetts Ave. NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11C.5094

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 North Michigan Avenue

City State Zip Code
Chicago IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 2 6 / 2 0 1 1

Transaction ID: SA11C.5080

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **10500.00**

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

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

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FOR LINE NUMBER: PAGE 13 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LEGPAC

A. Full Name (Last, First, Middle Initial)
NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	7	/	2	0	1	1

Transaction ID: SA11C.5078

Mailing Address 1125 Executive Circle

City State Zip Code
Irving TX 75038

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Amount of Each Receipt this Period 5000.00

B. Full Name (Last, First, Middle Initial)
NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Date of Receipt

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

Transaction ID: SA11C.5077

Mailing Address 51 Madison Ave.
Room 1109

City State Zip Code
New York NY 10010

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Amount of Each Receipt this Period 2500.00

C. Full Name (Last, First, Middle Initial)
OPPENHEIMERFUNDS, INC. POLITICAL ACTION COMMITTEE

Date of Receipt

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

Transaction ID: SA11C.5071

Mailing Address 1295 STATE STREET

City State Zip Code
SPRINGFIELD MA 01111

FEC ID number of contributing federal political committee. **C** C00367920

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional) ► **9500.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LEGPAC

A. Full Name (Last, First, Middle Initial)
POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS
 Mailing Address 317 Massachusetts Avenue, NE
1st Floor
 City State Zip Code
Washington DC 20002
 Date of Receipt
 M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 1
Transaction ID: SA11C.5085
 Amount of Each Receipt this Period
5000.00
 FEC ID number of contributing federal political committee. **C** C00343137
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

B. Full Name (Last, First, Middle Initial)
Real Estate Investment Trusts Political Action Committee
 Mailing Address 1875 I Street , NW
Suite #600
 City State Zip Code
Washington DC 20006
 Date of Receipt
 M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1
Transaction ID: SA11C.5086
 Amount of Each Receipt this Period
5000.00
 FEC ID number of contributing federal political committee. **C** C00303339
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

C. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. POLITICAL ACTION COMMITTEE
 Mailing Address 55 Glenlake Parkway N.E.
 City State Zip Code
Atlanta GA 30328
 Date of Receipt
 M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1
Transaction ID: SA11C.5073
 Amount of Each Receipt this Period
5000.00
 FEC ID number of contributing federal political committee. **C** C00064766
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

SUBTOTAL of Receipts This Page (optional) ► 15000.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 26	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)
LEGPAC

A.	Full Name (Last, First, Middle Initial) US ONCOLOGY INC. GOOD GOVERNMENT COMMITTEE		Date of Receipt
	Mailing Address 16825 Northchase Drive Suite 1300		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Houston	TX	77060
	FEC ID number of contributing federal political committee.		Transaction ID: SA11C.5074
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="2500.00"/>
		<input type="text" value="C00339655"/>	<input type="text" value="2500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="85000.00"/>

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)

PAGE 16 / 26

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

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NAME OF COMMITTEE (In Full)
LEGPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Erickson & Co.</p> <p>Mailing Address 38 Ivy St., SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Fundraising Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5101</p> <p>Date of Disbursement 01 / 06 / 2011</p> <p>Amount of Each Disbursement this Period 4250.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Erickson & Co.</p> <p>Mailing Address 38 Ivy St., SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Telephone Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5102</p> <p>Date of Disbursement 01 / 06 / 2011</p> <p>Amount of Each Disbursement this Period 45.88</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Erickson & Co.</p> <p>Mailing Address 38 Ivy St., SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Fundraising Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5104</p> <p>Date of Disbursement 02 / 07 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6295.88

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
LEGPAC

A.	Full Name (Last, First, Middle Initial) Erickson & Co.	Transaction ID: SB21B.5106
	Mailing Address 38 Ivy St., SE	Date of Disbursement MM / DD / YYYY 02 / 25 / 2011
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Fundraising Consulting Services	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Erickson & Co.	Transaction ID: SB21B.5107
	Mailing Address 38 Ivy St., SE	Date of Disbursement MM / DD / YYYY 02 / 25 / 2011
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 1331.00
	Purpose of Disbursement Catering Reimbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) The Caucus Room	Transaction ID: SB21B.5107.0
	Mailing Address 401 9th Street, NW Market Square North	Date of Disbursement MM / DD / YYYY 02 / 02 / 2011
	City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period 1331.00
	Purpose of Disbursement Catering	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	3331.00
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 18 / 26

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

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NAME OF COMMITTEE (In Full)
LEGPAC

A.	Full Name (Last, First, Middle Initial) Erickson & Co.	Transaction ID: SB21B.5134 Date of Disbursement 04 / 08 / 2011
	Mailing Address 38 Ivy St., SE	
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Fundraising Consulting Services Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Erickson & Co.	Transaction ID: SB21B.5135 Date of Disbursement 05 / 01 / 2011
	Mailing Address 38 Ivy St., SE	
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Fundraising Consulting Services Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Erickson & Co.	Transaction ID: SB21B.5163 Date of Disbursement 06 / 01 / 2011
	Mailing Address 38 Ivy St., SE	
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Fundraising Consulting Services Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	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 19 / 26

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

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NAME OF COMMITTEE (In Full)
LEGPAC

A.

Full Name (Last, First, Middle Initial)
The Crab Claw

Transaction ID: SB21B.5138

Date of Disbursement

Mailing Address P.O. Box 156

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	1

City State Zip Code
St. Michaels MD 21663

Amount of Each Disbursement this Period

2162.44

Purpose of Disbursement
Catering

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

2162.44

TOTAL This Period (last page this line number only)

17789.32

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)
LEGPAC

<p>A. Full Name (Last, First, Middle Initial) BILL NELSON FOR U S SENATE</p> <p>Mailing Address 972 W WHITMIRE DRIVE</p> <p>City MELBOURNE State FL Zip Code 32935</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name BILL NELSON</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5128</p> <p>Date of Disbursement 03 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) BOB CASEY FOR SENATE INC</p> <p>Mailing Address 700 13TH STREET NW SUITE 600</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name ROBERT P CASEY, Jr.</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5143</p> <p>Date of Disbursement 06 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) CARPER FOR SENATE</p> <p>Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR</p> <p>City NEW CASTLE State DE Zip Code 19720</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name THOMAS R CARPER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5119</p> <p>Date of Disbursement 03 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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)

<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)
LEGPAC

<p>A. Full Name (Last, First, Middle Initial) CARPER FOR SENATE</p> <p>Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR</p> <p>City NEW CASTLE State DE Zip Code 19720</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name THOMAS R CARPER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: DE District:</p>	<p>Transaction ID: SB23.5162</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="11"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE</p> <p>Mailing Address 120 MARYLAND AVENUE NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.5167</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="11"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) DEMOCRATIC STATE CENTRAL COMMITTEE OF MARYLAND</p> <p>Mailing Address 188 Main Street Suite 1</p> <p>City Annapolis State MD Zip Code 21401</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.5139</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="11"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="22500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

<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)
LEGPAC

A. FRIENDS OF BERNIE SANDERS

Full Name (Last, First, Middle Initial)

FRIENDS OF BERNIE SANDERS

Mailing Address PO BOX 391

City BURLINGTON State VT Zip Code 05402

Purpose of Disbursement
Contribution

Candidate Name
BERNARD SANDERS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: VT District:

Transaction ID: SB23.5146

Date of Disbursement

06 / 20 / 2011

Amount of Each Disbursement this Period

5000.00

B. FRIENDS OF SHERROD BROWN

Full Name (Last, First, Middle Initial)

FRIENDS OF SHERROD BROWN

Mailing Address PO BOX 76187

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement
Contribution

Candidate Name
SHERROD BROWN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District:

Transaction ID: SB23.5112

Date of Disbursement

03 / 17 / 2011

Amount of Each Disbursement this Period

2500.00

C. FRIENDS OF SHERROD BROWN

Full Name (Last, First, Middle Initial)

FRIENDS OF SHERROD BROWN

Mailing Address PO BOX 76187

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement
Contribution

Candidate Name
SHERROD BROWN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District:

Transaction ID: SB23.5161

Date of Disbursement

06 / 20 / 2011

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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)

<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)
LEGPAC

A. Full Name (Last, First, Middle Initial)
KLOBUCHAR FOR MINNESOTA 2012

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement
Contribution

Candidate Name
AMY J KLOBUCHAR

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MN District:

Transaction ID: SB23.5156

Date of Disbursement

06 / 20 / 2011

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
MANCHIN FOR WEST VIRGINIA

Mailing Address PO BOX 5202

City CHARLESTON State WV Zip Code 25361

Purpose of Disbursement
Contribution

Candidate Name
JOE MANCHIN, III

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WV District:

Transaction ID: SB23.5125

Date of Disbursement

03 / 17 / 2011

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
MCCASKILL FOR MISSOURI 2012

Mailing Address 700 13TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name
CLAIRE MCCASKILL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MO District:

Transaction ID: SB23.5115

Date of Disbursement

03 / 17 / 2011

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

10000.00

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)

<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)
LEGPAC

<p>A. Full Name (Last, First, Middle Initial) MCCASKILL FOR MISSOURI 2012</p> <p>Mailing Address 700 13TH STREET NW SUITE 600</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name CLAIRES MCCASKILL</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5159</p> <p>Date of Disbursement 06 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) MENENDEZ FOR SENATE</p> <p>Mailing Address ONE GATEWAY CENTER SUITE 520</p> <p>City NEWARK State NJ Zip Code 07102</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name ROBERT MENENDEZ</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5140</p> <p>Date of Disbursement 06 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) MONTANANS FOR TESTER</p> <p>Mailing Address PO BOX 1135</p> <p>City HELENA State MT Zip Code 59624</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JON TESTER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5108</p> <p>Date of Disbursement 03 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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)

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<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

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)
LEGPAC

A.	Full Name (Last, First, Middle Initial) MONTANANS FOR TESTER Mailing Address PO BOX 1135 City HELENA State MT Zip Code 59624 Purpose of Disbursement Contribution Candidate Name JON TESTER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5160 Date of Disbursement 06 / 20 / 2011	Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) NELSON 2012 Mailing Address PO BOX 8666 City OMAHA State NE Zip Code 68108 Purpose of Disbursement Contribution Candidate Name E BENJAMIN NELSON Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5131 Date of Disbursement 03 / 17 / 2011	Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) NELSON 2012 Mailing Address PO BOX 8666 City OMAHA State NE Zip Code 68108 Purpose of Disbursement Contribution Candidate Name E BENJAMIN NELSON Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5155 Date of Disbursement 06 / 20 / 2011	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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)

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<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)
LEGPAC

A.

Full Name (Last, First, Middle Initial)
STABENOW FOR US SENATE

Transaction ID: SB23.5122

Date of Disbursement

Mailing Address P.O. BOX 4945

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	1

City State Zip Code
EAST LANSING MI 48826

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Contribution

--

Candidate Name
DEBBIE STABENOW

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District:

B.

Full Name (Last, First, Middle Initial)
WHITEHOUSE FOR SENATE

Transaction ID: SB23.5151

Date of Disbursement

Mailing Address P.O. BOX 40280

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

City State Zip Code
PROVIDENCE RI 02940

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution

--

Candidate Name
SHELDON WHITEHOUSE, II

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: RI District:

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

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

77500.00
