

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 NEXT CENTURY FUND

ADDRESS (number and street) 116 S ROYAL STREET ALEXANDRIA VA 22314

2. FEC IDENTIFICATION NUMBER C00343947 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 01 01 2009 through 06 30 2009

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 Mary T. Fauth

Signature of Treasurer Electronically Filed by Mary T. Fauth Date 07 31 2009

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

Table with 7 columns and 1 row. Column 1: Office Use Only. Column 7: FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
NEXT CENTURY FUND

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		126202.94
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	126202.94									
(c) Total Receipts (from Line 19)	114000.00	114000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	240202.94	240202.94								
7. Total Disbursements (from Line 31)	142584.50	142584.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	97618.44	97618.44								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
NEXT CENTURY FUND

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
0	3

Y	Y	Y	Y
2	0	0	9

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)	3000.00	3000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3000.00	3000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	111000.00	111000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	114000.00	114000.00
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))	114000.00	114000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	114000.00	114000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	29584.50	29584.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	29584.50	29584.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	111000.00	111000.00
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.....	2000.00	2000.00
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))..	142584.50	142584.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	142584.50	142584.50

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)	114000.00	114000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	114000.00	114000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	29584.50	29584.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	29584.50	29584.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEXT CENTURY FUND

A.	Full Name (Last, First, Middle Initial) Ms Kirsten A Chadwick	Date of Receipt MM / DD / YYYY 06 / 08 / 2009
	Mailing Address 601 President Ford Lane	Transaction ID: SA11AI.6201
	City State Zip Code Alexandria VA 22302	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Individual Contribution
	Name of Employer Occupation Fierce, Isakowitz & Blalock Lawyer	
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) Mr. Brett S. Loper	Date of Receipt MM / DD / YYYY 06 / 27 / 2009
	Mailing Address 3309 23rd Street N	Transaction ID: SA11AI.6198
	City State Zip Code Arlington VA 22201	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Individual Contribution
	Name of Employer Occupation Advanced Medical Tech. Assoc. Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Joseph V Vasapoli	Date of Receipt MM / DD / YYYY 06 / 12 / 2009
	Mailing Address 4734 N. 34th Road	Transaction ID: SA11AI.6199
	City State Zip Code Arlington VA 22207	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Individual Contribution
	Name of Employer Occupation Ryan, Phillips, Utrecht & Mack Attorney	
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)	3000.00
TOTAL This Period (last page this line number only)	3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 32
	(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)
NEXT CENTURY FUND

A.	Full Name (Last, First, Middle Initial) ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE	Date of Receipt
	Mailing Address 100 Abbott Park Rd. D312 AP6D	<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City State Zip Code Abbott Park IL 60064	Transaction ID: SA11C.6168
	FEC ID number of contributing federal political committee. <input type="text" value="C00040279"/>	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
	Name of Employer Occupation 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"/>	PAC Contribution

B.	Full Name (Last, First, Middle Initial) AMERICAN DIETETIC ASSOCIATION POLITICAL ACTION COMMITTEE (ADAPAC)	Date of Receipt
	Mailing Address 1120 CONNECTICUT AVENUE SUITE 480	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City State Zip Code WASHINGTON DC 20036	Transaction ID: SA11C.6165
	FEC ID number of contributing federal political committee. <input type="text" value="C00143560"/>	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
	Name of Employer Occupation 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"/>	PAC Contribution

C.	Full Name (Last, First, Middle Initial) AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS POLITICAL ACTION COMMITTEE	Date of Receipt
	Mailing Address Harborside Financial Center 201 Plaza III	<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City State Zip Code Jersey City NJ 07311	Transaction ID: SA11C.6170
	FEC ID number of contributing federal political committee. <input type="text" value="C00077321"/>	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
	Name of Employer Occupation 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"/>	PAC Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="15000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 8 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NEXT CENTURY FUND

A. Full Name (Last, First, Middle Initial)
AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND

Mailing Address 2 West Dixie Highway

City State Zip Code
Dania Beach FL 33004

FEC ID number of contributing federal political committee. **C** C00027532

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 8 / 2 0 0 9

Transaction ID: SA11C.6173

Amount of Each Receipt this Period
2000.00

PAC Contribution

B. Full Name (Last, First, Middle Initial)
AMERISOURCEBERGEN CORPORATION POLITICAL ACTION COMMITTEE (ABC PAC)

Mailing Address 1300 Morris Drive
Suite 100

City State Zip Code
Chesterbrook PA 19355

FEC ID number of contributing federal political committee. **C** C00400929

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 7 / 2 0 0 9

Transaction ID: SA11C.6195

Amount of Each Receipt this Period
1000.00

PAC Contribution

C. Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 175 E. Houston Street
Room 7-A-50

City State Zip Code
San Antonio TX 78205

FEC ID number of contributing federal political committee. **C** C00109017

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 4 / 0 8 / 2 0 0 9

Transaction ID: SA11C.6167

Amount of Each Receipt this Period
5000.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ► 8000.00

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 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NEXT CENTURY FUND

A. Full Name (Last, First, Middle Initial)
BANK OF AMERICA CORPORATION STATE AND FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 1100 N. King St. DE5-001-02-07
DE5-001-02-07

City State Zip Code
Wilmington DE 19884

FEC ID number of contributing federal political committee. **C** C00043489

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
03 / 04 / 2009

Transaction ID: SA11C.6160

Amount of Each Receipt this Period
5000.00

PAC Contribution

B. Full Name (Last, First, Middle Initial)
CALIFORNIA DAIRIES INC FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2198

City State Zip Code
LOS BANOS CA 93635

FEC ID number of contributing federal political committee. **C** C00349746

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
06 / 27 / 2009

Transaction ID: SA11C.6193

Amount of Each Receipt this Period
5000.00

PAC Contribution

C. Full Name (Last, First, Middle Initial)
CSX CORPORATION GOOD GOVERNMENT FUND

Mailing Address 1331 Pennsylvania Ave NW Ste 560
Suite 560

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00163832

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
03 / 09 / 2009

Transaction ID: SA11C.6163

Amount of Each Receipt this Period
5000.00

PAC Contribution

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: (check only one)	PAGE 10 / 32
	<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)
NEXT CENTURY FUND

A.	Full Name (Last, First, Middle Initial) HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE	Date of Receipt MM / DD / YYYY 06 / 27 / 2009
	Mailing Address 101 Constitution Avenue, NW Suite 500 West	Transaction ID: SA11C.6191
	City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 4500.00
	FEC ID number of contributing federal political committee. C C00096156	PAC Contribution
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 4500.00	

B.	Full Name (Last, First, Middle Initial) INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)	Date of Receipt MM / DD / YYYY 06 / 22 / 2009
	Mailing Address 412 First Street SE Suite 300	Transaction ID: SA11C.6183
	City Washington State DC Zip Code 20003	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C C00022343	PAC Contribution
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 5000.00	

C.	Full Name (Last, First, Middle Initial) INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)	Date of Receipt MM / DD / YYYY 06 / 08 / 2009
	Mailing Address 1401 H STREET NW SUITE 1200	Transaction ID: SA11C.6174
	City WASHINGTON State DC Zip Code 20005	Amount of Each Receipt this Period 3000.00
	FEC ID number of contributing federal political committee. C C00105981	PAC Contribution
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 3000.00	

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 11 / 32
(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)
NEXT CENTURY FUND

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 ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2009

Transaction ID: SA11C.6188

Amount of Each Receipt this Period
2000.00

PAC Contribution

B. 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
06 / 27 / 2009

Transaction ID: SA11C.6189

Amount of Each Receipt this Period
1000.00

PAC Contribution

C. Full Name (Last, First, Middle Initial)
MERCK EMPLOYEES POLITICAL ACTION COMMITTEE (MERCK PAC)

Mailing Address 601 Pennsylvania Ave. NW
North Building Suite 1200

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00097485

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
06 / 27 / 2009

Transaction ID: SA11C.6194

Amount of Each Receipt this Period
3000.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ► 6000.00

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 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NEXT CENTURY FUND

A. Full Name (Last, First, Middle Initial)
NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND

Mailing Address Three Commercial Place

City State Zip Code
Norfolk VA 23510

FEC ID number of contributing federal political committee. **C** C00009282

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	6	/	2	2	/	2	0	0	9

Transaction ID: SA11C.6184

Amount of Each Receipt this Period
5000.00

PAC Contribution

B. Full Name (Last, First, Middle Initial)
NORTH CAROLINA BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 19999

City State Zip Code
RALEIGH NC 27619

FEC ID number of contributing federal political committee. **C** C00249995

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	/	0	5	/	2	0	0	9

Transaction ID: SA11C.6161

Amount of Each Receipt this Period
5000.00

PAC Contribution

C. Full Name (Last, First, Middle Initial)
NORTHEAST UTILITIES EMPLOYEES POLITICAL ACTION COMMITTEE-FEDERAL

Mailing Address 901 F Street, NW, Suite 602
601 Pennsylvania Ave NW Suite 620

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00102160

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	6	/	2	2	/	2	0	0	9

Transaction ID: SA11C.6187

Amount of Each Receipt this Period
3000.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ► **13000.00**

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 13 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NEXT CENTURY FUND

A. Full Name (Last, First, Middle Initial)
OSI SYSTEMS INC PAC OSI PAC

Mailing Address 1530 WILSON BLVD SUITE 170

City State Zip Code
ARLINGTON VA 22209

FEC ID number of contributing federal political committee. **C** C00414896

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 Y
 0 6 / 1 2 / 2 0 0 9

Transaction ID: SA11C.6181

Amount of Each Receipt this Period
3000.00

PAC Contribution

B. Full Name (Last, First, Middle Initial)
PIEDMONT NATURAL GAS PAC

Mailing Address P.O. Box 33068

City State Zip Code
Charlotte NC 28233

FEC ID number of contributing federal political committee. **C** C00144824

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 5 / 1 2 / 2 0 0 9

Transaction ID: SA11C.6169

Amount of Each Receipt this Period
5000.00

PAC Contribution

C. Full Name (Last, First, Middle Initial)
R.J. REYNOLDS POLITICAL ACTION COMMITTEE; REYNOLDS AMERICAN INC.

Mailing Address P. O. Box 718

City State Zip Code
Winston-Salem NC 27102

FEC ID number of contributing federal political committee. **C** C00042002

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 2 / 0 4 / 2 0 0 9

Transaction ID: SA11C.6159

Amount of Each Receipt this Period
5000.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ► **13000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 32
(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)
NEXT CENTURY FUND

A. Full Name (Last, First, Middle Initial)
SANOFI PASTEUR POLITICAL ACTION COMMITTEE

Mailing Address DISCOVERY DRIVE

City State Zip Code
SWIFTWATER PA 18370

FEC ID number of contributing federal political committee. **C** C00215236

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
03 / 20 / 2009

Transaction ID: SA11C.6166

Amount of Each Receipt this Period
2500.00

PAC Contribution

B. Full Name (Last, First, Middle Initial)
SCHERING - PLOUGH CORPORATION BETTER GOVERNMENT FUND

Mailing Address 1 GIRALDA FARM

City State Zip Code
MADISON NJ 07940

FEC ID number of contributing federal political committee. **C** C00108290

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
06 / 27 / 2009

Transaction ID: SA11C.6192

Amount of Each Receipt this Period
5000.00

PAC Contribution

C. Full Name (Last, First, Middle Initial)
Swisher International, Inc. PAC Fund

Mailing Address 459 East 16th Street

City State Zip Code
Jacksonville FL 32206

FEC ID number of contributing federal political committee. **C** C00312785

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
03 / 12 / 2009

Transaction ID: SA11C.6164

Amount of Each Receipt this Period
5000.00

PAC Contribution

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 15 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NEXT CENTURY FUND

A. 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

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	0	9

Transaction ID: SA11C.6182

Amount of Each Receipt this Period
5000.00

PAC Contribution

B. Full Name (Last, First, Middle Initial)
UNITED SERVICES AUTOMOBILE ASSOCIATION EMPLOYEE PAC - USAA EMPLOYEE PAC

Mailing Address 9800 Fredericksburg Road
ROOM 501

City State Zip Code
San Antonio TX 78288

FEC ID number of contributing federal political committee. **C** C00164145

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	6	/	0	8	/	2	0	0	9

Transaction ID: SA11C.6177

Amount of Each Receipt this Period
3000.00

PAC Contribution

C. Full Name (Last, First, Middle Initial)
WELLPOINT INC. WELLPAC

Mailing Address 120 Monument Circle

City State Zip Code
Indianapolis IN 46204

FEC ID number of contributing federal political committee. **C** C00197228

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	/	0	9	/	2	0	0	9

Transaction ID: SA11C.6162

Amount of Each Receipt this Period
5000.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional) ► **13000.00**

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 16 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NEXT CENTURY FUND

A. Full Name (Last, First, Middle Initial)
WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00147173

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
 06 / 12 / 2009

Transaction ID: SA11C.6180

Amount of Each Receipt this Period
3000.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	111000.00

**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 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)
NEXT CENTURY FUND

A.	Full Name (Last, First, Middle Initial) 116 S. Royal St. Partners	Transaction ID: SB21B.6268 Date of Disbursement																			
	Mailing Address 116 S. ROYAL STREET	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	9												
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Rent & Utilities	<table border="1"><tr><td>1200.00</td></tr></table>	1200.00																		
1200.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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) 116 S. Royal St. Partners	Transaction ID: SB21B.6269 Date of Disbursement																			
	Mailing Address 116 S. ROYAL STREET	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	0	9												
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Rent & Utilities	<table border="1"><tr><td>1200.00</td></tr></table>	1200.00																		
1200.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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) Bellwether Consulting Group	Transaction ID: SB21B.6208 Date of Disbursement																			
	Mailing Address PO Box 1253	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	0		2	0	0	9												
	City Oakland State FL Zip Code 34760	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Fundraising Expense For NC Fund	<table border="1"><tr><td>1123.80</td></tr></table>	1123.80																		
1123.80																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	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)	<table border="1"><tr><td>3523.80</td></tr></table>	3523.80
3523.80		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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)
NEXT CENTURY FUND

A.	Full Name (Last, First, Middle Initial) Bellwether Consulting Group	Transaction ID: SB21B.6209 Date of Disbursement
	Mailing Address PO Box 1253	<input type="text" value="05"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Oakland State FL Zip Code 34760	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Expense For NC Fund Candidate Name	<input type="text" value="144.16"/>
	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) Bellwether Consulting Group	Transaction ID: SB21B.6210 Date of Disbursement
	Mailing Address PO Box 1253	<input type="text" value="06"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Oakland State FL Zip Code 34760	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Expense For NC Fund Candidate Name	<input type="text" value="1432.18"/>
	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) Bellwether Consulting Group	Transaction ID: SB21B.6211 Date of Disbursement
	Mailing Address PO Box 1253	<input type="text" value="06"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Oakland State FL Zip Code 34760	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Expense For NC Fund Candidate Name	<input type="text" value="4000.00"/>
	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) ▶

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)
NEXT CENTURY FUND

A.	Full Name (Last, First, Middle Initial) Bellwether Consulting Group	Transaction ID: SB21B.6212 Date of Disbursement
	Mailing Address PO Box 1253	<input type="text" value="06"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Oakland State FL Zip Code 34760	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Expense For NC Fund Candidate Name	<input type="text" value="43.72"/>
	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) Bellwether Consulting Group	Transaction ID: SB21B.6213 Date of Disbursement
	Mailing Address PO Box 1253	<input type="text" value="06"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Oakland State FL Zip Code 34760	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Expense For NC Fund Candidate Name	<input type="text" value="264.00"/>
	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) Bellwether Consulting Group	Transaction ID: SB21B.6214 Date of Disbursement
	Mailing Address PO Box 1253	<input type="text" value="06"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Oakland State FL Zip Code 34760	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Expense For NC Fund Candidate Name	<input type="text" value="5000.00"/>
	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) ▶

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)
NEXT CENTURY FUND

A.	Full Name (Last, First, Middle Initial) Bellwether Consulting Group	Transaction ID: SB21B.6215 Date of Disbursement																			
	Mailing Address PO Box 1253	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	7		2	0	0	9												
	City Oakland State FL Zip Code 34760	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Fundraising Expense For NC Fund Candidate Name	<table border="1"><tr><td>9567.66</td></tr></table>	9567.66																		
9567.66																					
	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) ▼																			
		003 Category/Type																			

B.	Full Name (Last, First, Middle Initial) Blue Talon Bistro	Transaction ID: SB21B.6289 Date of Disbursement																			
	Mailing Address 420 Prince George Street	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	0	9												
	City Williamsburg State VA Zip Code 23185	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Fundraising Expense For NC Funds Candidate Name	<table border="1"><tr><td>237.90</td></tr></table>	237.90																		
237.90																					
	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) ▼																			
		003 Category/Type																			

C.	Full Name (Last, First, Middle Initial) MARY T. FAUTH	Transaction ID: SB21B.6204 Date of Disbursement																			
	Mailing Address 409 LLOYDS LANE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
	City ALEXANDRIA State VA Zip Code 22302	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Employee Salary Candidate Name	<table border="1"><tr><td>1392.30</td></tr></table>	1392.30																		
1392.30																					
	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) ▼																			
		001 Category/Type																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>11197.86</td></tr></table>	11197.86
11197.86		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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)
NEXT CENTURY FUND

A.	Full Name (Last, First, Middle Initial) Szechuan House Fusion Grill	Transaction ID: SB21B.6279 Date of Disbursement
	Mailing Address 515 8th Street, SE	<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising For NC Fund Candidate Name	<input type="text" value="90.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	003 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) The Sanderling	Transaction ID: SB21B.6284 Date of Disbursement
	Mailing Address 1461 Duck Road	<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City Duck State NC Zip Code 27949	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Expense For NC Fund Candidate Name	<input type="text" value="220.29"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	003 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Trattoria Alberto of Capitol Hill	Transaction ID: SB21B.6276 Date of Disbursement
	Mailing Address 506 8th Street, SE	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Expense For NC Fund Candidate Name	<input type="text" value="219.25"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	003 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="529.54"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 32

<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)
NEXT CENTURY FUND

A.	Full Name (Last, First, Middle Initial) U. S. TREASURY	Transaction ID: SB21B.6203 Date of Disbursement 04 / 30 / 2009
	Mailing Address P.O. BOX 149058	
	City AUSTIN State TX Zip Code 78714	Amount of Each Disbursement this Period 485.40
	Purpose of Disbursement Employee Withholding Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) VERIZON	Transaction ID: SB21B.6271 Date of Disbursement 03 / 20 / 2009
	Mailing Address P.O. BOX 17577	
	City BALTIMORE State MD Zip Code 21297	Amount of Each Disbursement this Period 160.11
	Purpose of Disbursement Telephone Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) VERIZON	Transaction ID: SB21B.6272 Date of Disbursement 05 / 01 / 2009
	Mailing Address P.O. BOX 17577	
	City BALTIMORE State MD Zip Code 21297	Amount of Each Disbursement this Period 81.78
	Purpose of Disbursement Telephone Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	727.29
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 24 / 32

<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)
NEXT CENTURY FUND

A.	Full Name (Last, First, Middle Initial) VERIZON			Transaction ID: SB21B.6273		
	Mailing Address P.O. BOX 17577			Date of Disbursement 06 / 06 / 2009		
City BALTIMORE		State MD	Zip Code 21297	Amount of Each Disbursement this Period 81.55		
Purpose of Disbursement Telephone			001 Category/ Type			
Candidate Name						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:						

SUBTOTAL of Disbursements This Page (optional)	81.55
TOTAL This Period (last page this line number only)	29058.84

**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)
NEXT CENTURY FUND

A.	Full Name (Last, First, Middle Initial) BENNETT ELECTION COMMITTEE INC	Transaction ID: SB23.6252 Date of Disbursement																			
	Mailing Address 175 SOUTH WEST TEMPLE SUITE 650	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	9												
	City State Zip Code SALT LAKE CITY UT 84101	Amount of Each Disbursement this Period <table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Purpose of Disbursement Contribution to Federal Candidate	<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																		
011																					
	Candidate Name ROBERT F BENNETT																				
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) CHARLIE CRIST FOR US SENATE	Transaction ID: SB23.6264 Date of Disbursement																			
	Mailing Address PO BOX 1694	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	1		2	0	0	9												
	City State Zip Code TALLAHASSEE FL 32302	Amount of Each Disbursement this Period <table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Purpose of Disbursement Contribution to Federal Candidate	<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																		
011																					
	Candidate Name CHARLIE CRIST																				
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) COBURN FOR SENATE 2010	Transaction ID: SB23.6248 Date of Disbursement																			
	Mailing Address POST OFFICE BOX 977	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	7		2	0	0	9												
	City State Zip Code MUSKOGEE OK 74402	Amount of Each Disbursement this Period <table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Purpose of Disbursement Contribution to Federal Candidate	<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																		
011																					
	Candidate Name THOMAS A COBURN																				
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>15000.00</td></tr></table>	15000.00
15000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

**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)
NEXT CENTURY FUND

A.

Full Name (Last, First, Middle Initial)
COBURN FOR SENATE 2010

Transaction ID: SB23.6249
Date of Disbursement

Mailing Address POST OFFICE BOX 977

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	0	9

City MUSKOGEE State OK Zip Code 74402

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution to Federal Candidate

011

Category/
Type

Candidate Name
THOMAS A COBURN

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: OK District: 00

B.

Full Name (Last, First, Middle Initial)
COLEMAN MINNESOTA RECOUNT COMMITTEE

Transaction ID: SB23.6224
Date of Disbursement

Mailing Address PO BOX 14483

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	8		2	0	0	9

City ST PAUL State MN Zip Code 55114

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution to Federal Candidate

011

Category/
Type

Candidate Name
NORM COLEMAN

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
Recount
State: MN District: 00

C.

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

Transaction ID: SB23.6233
Date of Disbursement

Mailing Address PO BOX 8175

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	9

City METAIRIE State LA Zip Code 70011

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution to Federal Candidate

011

Category/
Type

Candidate Name
DAVID VITTER

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: LA District: 00

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
NEXT CENTURY FUND

A. DAVID VITTER FOR US SENATE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 8175

City METAIRIE State LA Zip Code 70011

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
DAVID VITTER

Office Sought: House
 Senate
 President

State: LA District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.6234

Date of Disbursement

04 / 01 / 2009

Amount of Each Disbursement this Period

5000.00

011
Category/
Type

B. DEMINT FOR SENATE COMMITTEE INC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 12425

City COLUMBIA State SC Zip Code 29211

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
JAMES W DEMINT

Office Sought: House
 Senate
 President

State: SC District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.6258

Date of Disbursement

06 / 17 / 2009

Amount of Each Disbursement this Period

5000.00

011
Category/
Type

C. FRIENDS OF JOHN MCCAIN INC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 16664

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
JOHN S MCCAIN

Office Sought: House
 Senate
 President

State: AZ District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.6245

Date of Disbursement

06 / 08 / 2009

Amount of Each Disbursement this Period

5000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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)
NEXT CENTURY FUND

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN THUNE	Transaction ID: SB23.6229 Date of Disbursement
	Mailing Address 200 NORTH PHILLIPS AVENUE STE L101	<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City SIOUX FALLS State SD Zip Code 57104	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to Federal Candidate	<input type="text" value="5000.00"/>
	Candidate Name JOHN THUNE	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN THUNE	Transaction ID: SB23.6230 Date of Disbursement
	Mailing Address 200 NORTH PHILLIPS AVENUE STE L101	<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City SIOUX FALLS State SD Zip Code 57104	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to Federal Candidate	<input type="text" value="5000.00"/>
	Candidate Name JOHN THUNE	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON	Transaction ID: SB23.6261 Date of Disbursement
	Mailing Address POST OFFICE BOX 250116	<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City ATLANTA State GA Zip Code 30325	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to Federal Candidate	<input type="text" value="5000.00"/>
	Candidate Name JOHN HARDY ISAKSON	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="15000.00"/>
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)
NEXT CENTURY FUND

A. Full Name (Last, First, Middle Initial)
MIKE CRAPO FOR US SENATE

Mailing Address P.O. BOX 1948

City BOISE State ID Zip Code 83701

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
MICHAEL D CRAPO

011
Category/
Type

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

State: ID District: 00

Transaction ID: SB23.6237
Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
MIKE CRAPO FOR US SENATE

Mailing Address P.O. BOX 1948

City BOISE State ID Zip Code 83701

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
MICHAEL D CRAPO

011
Category/
Type

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

State: ID District: 00

Transaction ID: SB23.6238
Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
MORAN FOR KANSAS

Mailing Address PO BOX 1151

City HAYS State KS Zip Code 67601

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
JERRY MORAN

011
Category/
Type

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

State: KS District: 01

Transaction ID: SB23.6217
Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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 30 / 32

<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)
NEXT CENTURY FUND

<p>A. Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMMITTEE</p> <p>Mailing Address 425 SECOND STREET NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution to Federal Committee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB23.6226 Date of Disbursement 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) PORTMAN FOR SENATE COMMITTEE</p> <p>Mailing Address 8331 LITTLE HARBOR DRIVE</p> <p>City CINCINNATI State OH Zip Code 45244</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name ROB PORTMAN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 00</p>	<p>Transaction ID: SB23.6220 Date of Disbursement 02 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) PORTMAN FOR SENATE COMMITTEE</p> <p>Mailing Address 8331 LITTLE HARBOR DRIVE</p> <p>City CINCINNATI State OH Zip Code 45244</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name ROB PORTMAN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 00</p>	<p>Transaction ID: SB23.6221 Date of Disbursement 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

25000.00

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)
NEXT CENTURY FUND

A.	Full Name (Last, First, Middle Initial) SHELBY FOR U S SENATE	Transaction ID: SB23.6241 Date of Disbursement
	Mailing Address POST OFFICE BOX 1091	<input type="text" value="05"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City TUSCALOOSA State AL Zip Code 35403	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to Federal Candidate	<input type="text" value="5000.00"/>
	Candidate Name RICHARD C SHELBY	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SHELBY FOR U S SENATE	Transaction ID: SB23.6242 Date of Disbursement
	Mailing Address POST OFFICE BOX 1091	<input type="text" value="05"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City TUSCALOOSA State AL Zip Code 35403	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to Federal Candidate	<input type="text" value="5000.00"/>
	Candidate Name RICHARD C SHELBY	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) STEVE CHABOT FOR CONGRESS	Transaction ID: SB23.6256 Date of Disbursement
	Mailing Address 3030 Harrison Ave. 3014 Harrison Ave.	<input type="text" value="04"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Cincinnati State OH Zip Code 45211	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to Federal Candidate	<input type="text" value="1000.00"/>
	Candidate Name STEVE CHABOT	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="111000.00"/>

**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 32 / 32

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

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NAME OF COMMITTEE (In Full)
NEXT CENTURY FUND

A.

Full Name (Last, First, Middle Initial)
North Carolina Republican Party

Mailing Address 1506 Hillsborough Street

City Raleigh State NC Zip Code 27605

Purpose of Disbursement
Contribution to State Party Committee

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.6267

Date of Disbursement

03 / 13 / 2009

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

2000.00