

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 Continuing A Majority Party Action Committee (CAMPAC)

ADDRESS (number and street) 5915 Eastman Avenue Suite 100 Check if different than previously reported. (ACC) Midland MI 48640

2. FEC IDENTIFICATION NUMBER C00350462 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 PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 06 01 2008 through 06 30 2008

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 Jacqueline M. Medema Signature of Treasurer Electronically Filed by Jacqueline M. Medema Date 07 18 2008

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

Office Use Only FE6AN026 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Continuing A Majority Party Action Committee (CAMPAC)

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		102961.75
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	262632.24									
(c) Total Receipts (from Line 19) .....	28844.87	347396.47								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	291477.11	450358.22								
7. Total Disbursements (from Line 31) .....	205917.26	364798.37								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	85559.85	85559.85								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	4000.00									

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  
Continuing A Majority Party Action Committee (CAMPAC)

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	7250.00	59050.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	7250.00	59050.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	21500.00	286593.00
(c) Other Political Committees (such as PACs) .....	28750.00	345643.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	94.87	753.47
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)) .....	28844.87	347396.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	28844.87	347396.47

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	27417.26	47798.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	27417.26	47798.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	178500.00	317000.00
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))..	205917.26	364798.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	205917.26	364798.37

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	28750.00	345643.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28750.00	345643.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	27417.26	47798.37
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	27417.26	47798.37

**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 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Continuing A Majority Party Action Committee (CAMPAC)

**A.** Full Name (Last, First, Middle Initial)  
EARL RAY BEEMAN

Mailing Address 8454 CLOVER LEAF DRIVE

City State Zip Code  
MCLEAN VA 22102

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

Name of Employer Occupation  
VENABLE LLP ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** SA11AI.7115

Amount of Each Receipt this Period  
1000.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
CHARLES E. CROWDERS

Mailing Address 19916 MIZNER TER

City State Zip Code  
ASHBURN VA 20147

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

Name of Employer Occupation  
BOCKORNY GROUP PRINCIPAL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** SA11AI.7133

Amount of Each Receipt this Period  
250.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
ROBERT T HERBOLSHEIMER

Mailing Address 2321 SHENSENEY LN

City State Zip Code  
FALLS CHURCH VA 22043-3115

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

Name of Employer Occupation  
HERBOLSHEIMER LAW OFFICES ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** SA11AI.7119

Amount of Each Receipt this Period  
500.00

DONATION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**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 / 42

(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)  
Continuing A Majority Party Action Committee (CAMPAC)

**A.**

Full Name (Last, First, Middle Initial)  
DANIEL JAMES MATTOON

Mailing Address 6344 CAVALIER CORRIDOR

City State Zip Code  
FALLS CHURCH VA 22044

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

Name of Employer Occupation  
MATTOON & ASSOCIATES GOVERNMENT CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.7120

Amount of Each Receipt this Period

500.00

DONATION

**B.**

Full Name (Last, First, Middle Initial)  
PECHANGA BAND OF MISSION INDIANS

Mailing Address PO BOX 1477

City State Zip Code  
TEMECULA CA 92593

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

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 0 / 2 0 0 8

Transaction ID: SA11AI.7102

Amount of Each Receipt this Period

5000.00

DONATION

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

5500.00

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

7250.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 42  
(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)  
Continuing A Majority Party Action Committee (CAMPAC)

**A.** Full Name (Last, First, Middle Initial)  
ACXIOM CORPORATION ASSOCIATES PAC, THE

Mailing Address #1 Information Way

City State Zip Code  
Little Rock AR 72202

FEC ID number of contributing federal political committee. **C** C00350835

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** SA11C.7123

Amount of Each Receipt this Period  
1000.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN COUNCIL OF LIFE INSURERS POLITICAL ACTION COMMITTEE

Mailing Address 101 Constitution Ave. NW  
Suite 700

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00147066

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
06 / 20 / 2008

**Transaction ID:** SA11C.7105

Amount of Each Receipt this Period  
1000.00

DONATION

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

Mailing Address 475 South Tegner

City State Zip Code  
Turlock CA 95380

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  
MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** SA11C.7125

Amount of Each Receipt this Period  
5000.00

DONATION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**

**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 / 42  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Continuing A Majority Party Action Committee (CAMPAC)

**A.** Full Name (Last, First, Middle Initial)  
DYKEMA GOSSETT FEDERAL PAC

Mailing Address 800 MICHIGAN NATIONAL TOWER

City State Zip Code  
LANSING MI 48933

FEC ID number of contributing federal political committee. **C** C00342113

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 0 4 / 2 0 0 8

**Transaction ID:** SA11C.7100

Amount of Each Receipt this Period  
1000.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
ING AMERICA INSURANCE HOLDINGS INC. POLITICAL ACTION COMMITTEE (ING US PAC)

Mailing Address One Orange Way - C1N  
Legal P-3

City State Zip Code  
Windsor CT 06095

FEC ID number of contributing federal political committee. **C** C00184028

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  
 0 6 / 2 0 / 2 0 0 8

**Transaction ID:** SA11C.7106

Amount of Each Receipt this Period  
1000.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF REALTORS PAC

Mailing Address 430 N MICHIGAN AVENUE

City State Zip Code  
CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C** C70002563

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  
 0 6 / 3 0 / 2 0 0 8

**Transaction ID:** SA11C.7129

Amount of Each Receipt this Period  
2000.00

DONATION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 42  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Continuing A Majority Party Action Committee (CAMPAC)

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 1850 M Street NW Suite 540

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00130773

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  
 0 6 / 3 0 / 2 0 0 8

**Transaction ID:** SA11C.7110

Amount of Each Receipt this Period  
1000.00

DONATION

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

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 ▼ 5000.00

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

**Transaction ID:** SA11C.7109

Amount of Each Receipt this Period  
4000.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
PACIFIC LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 700 Newport Center Drive

City State Zip Code  
Newport Beach CA 92660

FEC ID number of contributing federal political committee. **C** C00068528

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 0 / 2 0 0 8

**Transaction ID:** SA11C.7108

Amount of Each Receipt this Period  
500.00

DONATION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5500.00

**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 / 42  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Continuing A Majority Party Action Committee (CAMPAC)

**A.** Full Name (Last, First, Middle Initial)  
SECURITIES INDUSTRY ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1401 EYE STREET NW SUITE 1000

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00067504

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 / 3 0 / 2 0 0 8

Transaction ID: SA11C.7131

Amount of Each Receipt this Period  
5000.00

DONATION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	21500.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 42	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Continuing A Majority Party Action Committee (CAMPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) CHEMICAL BANK & TRUST		Date of Receipt
	Mailing Address 333 E. MAIN STREET		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City MIDLAND	State MI	Zip Code 48640
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID:</b> SA17.7112
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="94.87"/> INTEREST	
Aggregate Year-to-Date ▼		<input type="text" value="753.47"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="94.87"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="94.87"/>

# 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)  
Continuing A Majority Party Action Committee (CAMPAC)

A.	Full Name (Last, First, Middle Initial) JIM BRANDELL	Transaction ID: SB21B.7197 Date of Disbursement 06 / 19 / 2008
	Mailing Address 611 PENNSYLVANIA AVE SE #323	Amount of Each Disbursement this Period 468.25
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement LODGING, CAR RENTAL, AIRFARE, GAS Candidate Name	002 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) BURNSIDE & LANG, PC	Transaction ID: SB21B.7137 Date of Disbursement 06 / 09 / 2008
	Mailing Address 5915 EASTMAN AVE SUITE 100	Amount of Each Disbursement this Period 577.25
	City MIDLAND State MI Zip Code 48640	
	Purpose of Disbursement ACCOUNTING FEES Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FIA CARD SERVICES	Transaction ID: SB21B.7134 Date of Disbursement 06 / 02 / 2008
	Mailing Address PO BOX 15184	Amount of Each Disbursement this Period 809.80
	City WILMINGTON State DE Zip Code 19850-5184	
	Purpose of Disbursement CREDIT CARD - SEE BELOW Candidate Name	002 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1855.30
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Continuing A Majority Party Action Committee (CAMPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>DELTA AIRLINES</b> Mailing Address <b>PO BOX 20706</b> City <b>ATLANTA</b> State <b>GA</b> Zip Code <b>30320-6001</b> Purpose of Disbursement <b>AIRFARE</b> Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.7134.0 <b>Date of Disbursement</b> 06 / 02 / 2008	Amount of Each Disbursement this Period 773.50 <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>FIA CARD SERVICES</b> Mailing Address <b>PO BOX 15184</b> City <b>WILMINGTON</b> State <b>DE</b> Zip Code <b>19850-5184</b> Purpose of Disbursement <b>FEES</b> Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.7134.1 <b>Date of Disbursement</b> 06 / 02 / 2008	Amount of Each Disbursement this Period 36.30 <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>THE LEVANTINO GROUP</b> Mailing Address <b>2501 WISCONSIN AVE NW SUITE 304</b> City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20007</b> Purpose of Disbursement <b>FUNDRAISING EVENT EXPENSES-SEE MEMO</b> Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.7195 <b>Date of Disbursement</b> 06 / 12 / 2008	Amount of Each Disbursement this Period 15525.96

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

**15525.96**

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Continuing A Majority Party Action Committee (CAMPAC)

A.

Full Name (Last, First, Middle Initial)  
THE LEVANTINO GROUP

Transaction ID: SB21B.7196  
Date of Disbursement

Mailing Address 2501 WISCONSIN AVE NW  
SUITE 304

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	0	8

City WASHINGTON State DC Zip Code 20007

Amount of Each Disbursement this Period

10030.00
----------

Purpose of Disbursement  
FUNDRAISING COORDINATION FEES

003
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Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

10030.00
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TOTAL This Period (last page this line number only) ..... ▶

27411.26
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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)  
Continuing A Majority Party Action Committee (CAMPAC)

A.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: SB23.7150 Date of Disbursement 06 / 11 / 2008
	Mailing Address BOX 49756	Amount of Each Disbursement this Period 2000.00
	City BLAINE State MN Zip Code 55449	
	Purpose of Disbursement CONTRIBUTION TO CANDIDATE Candidate Name MICHELE M BACHMANN	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BACHMANN FOR CONGRESS	Transaction ID: SB23.7240 Date of Disbursement 06 / 30 / 2008
	Mailing Address BOX 49756	Amount of Each Disbursement this Period 500.00
	City BLAINE State MN Zip Code 55449	
	Purpose of Disbursement IN-KIND FUNDRAISING EXPENSES Candidate Name MICHELE M BACHMANN	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) CHRIS HACKETT FOR CONGRESS	Transaction ID: SB23.7175 Date of Disbursement 06 / 11 / 2008
	Mailing Address 23 Dallas Shopping Center	Amount of Each Disbursement this Period 5000.00
	City Dallas State PA Zip Code 18612	
	Purpose of Disbursement CONTRIBUTION TO CANDIDATE Candidate Name CHRISTOPHER LAWRENCE HACKETT	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> 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)  
Continuing A Majority Party Action Committee (CAMPAC)

A.	Full Name (Last, First, Middle Initial) CHRIS LEE FOR CONGRESS	Transaction ID: SB23.7228 Date of Disbursement 06 / 27 / 2008
	Mailing Address PO BOX 15395	Amount of Each Disbursement this Period 1000.00
	City ROCHESTER State NY Zip Code 14615	
	Purpose of Disbursement CONTRIBUTION TO CANDIDATE Candidate Name CHRISTOPHER J. LEE	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CITIZENS FOR ANDAL	Transaction ID: SB23.7161 Date of Disbursement 06 / 11 / 2008
	Mailing Address POST OFFICE BOX 1607	Amount of Each Disbursement this Period 5000.00
	City STOCKTON State CA Zip Code 95201	
	Purpose of Disbursement CONTRIBUTION TO CANDIDATE Candidate Name DEAN F ANDAL	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT DAVID CAPPIELLO FOR CONGRESS	Transaction ID: SB23.7148 Date of Disbursement 06 / 11 / 2008
	Mailing Address PO BOX 3198	Amount of Each Disbursement this Period 1000.00
	City DANBURY State CT Zip Code 06813	
	Purpose of Disbursement CONTRIBUTION TO CANDIDATE Candidate Name	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> 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)  
Continuing A Majority Party Action Committee (CAMPAC)

A.	Full Name (Last, First, Middle Initial) <b>COMMITTEE TO ELECT DAVID CAPIELLO FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.7149
	Mailing Address <b>PO BOX 3198</b>	Date of Disbursement MM / DD / YYYY 06 / 11 / 2008
	City <b>DANBURY</b> State <b>CT</b> Zip Code <b>06813</b>	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement <b>CONTRIBUTION TO CANDIDATE</b>	011 Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>CT</b> District: <b>05</b>	

B.	Full Name (Last, First, Middle Initial) <b>COMMON SENSE COMMON SOLUTIONS POLITICAL ACTION COMMITTEE</b>	<b>Transaction ID:</b> SB23.7142
	Mailing Address <b>1155 21st Street NW Suite 300</b>	Date of Disbursement MM / DD / YYYY 06 / 11 / 2008
	City <b>Washington</b> State <b>DC</b> Zip Code <b>20036</b>	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement <b>CONTRIBUTION</b>	011 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) <b>CONSERVATIVE OPPORTUNITIES FOR A NEW AMERICA PAC</b>	<b>Transaction ID:</b> SB23.7144
	Mailing Address <b>110 W Louisiana Avenue Suite 312</b>	Date of Disbursement MM / DD / YYYY 06 / 11 / 2008
	City <b>Midland</b> State <b>TX</b> Zip Code <b>79701</b>	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement <b>DONATION</b>	011 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> 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)  
Continuing A Majority Party Action Committee (CAMPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>CULBERSON FOR CONGRESS</b>  Mailing Address P.O. Box 41964  City Houston State TX Zip Code 77241  Purpose of Disbursement CONTRIBUTION TO CANDIDATE  Candidate Name JOHN CULBERSON  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: TX District: 07	<b>Transaction ID:</b> SB23.7223 Date of Disbursement 06 / 27 / 2008	Amount of Each Disbursement this Period 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>DARREN WHITE FOR CONGRESS</b>  Mailing Address P.O. Box 16601  City Albuquerque State NM Zip Code 87191  Purpose of Disbursement CONTRIBUTION TO CANDIDATE  Candidate Name DARREN P. WHITE  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: NM District: 01	<b>Transaction ID:</b> SB23.7192 Date of Disbursement 06 / 11 / 2008	Amount of Each Disbursement this Period 5000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF ERIK PAULSEN</b>  Mailing Address P.O. Box 44369 250 Prairie Center Drive  City Eden Prairie State MN Zip Code 55344  Purpose of Disbursement CONTRIBUTION TO CANDIDATE  Candidate Name ERIK PAULSEN  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: MN District: 03	<b>Transaction ID:</b> SB23.7188 Date of Disbursement 06 / 11 / 2008	Amount of Each Disbursement this Period 5000.00

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

11000.00

**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)  
Continuing A Majority Party Action Committee (CAMPAC)

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS OF GINNY BROWN-WAITE

Mailing Address P.O. Box 865

City Brooksville State FL Zip Code 34605

Purpose of Disbursement  
CONTRIBUTION TO CANDIDATE

Candidate Name  
VIRGINIA BROWN-WAITE

Office Sought:  House  
 Senate  
 President

State: FL District: 05

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.7141  
Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF MIKE SODREL

Mailing Address 702 NORTH SHORE DRIVE SUITE 500

City JEFFERSONVILLE State IN Zip Code 47130

Purpose of Disbursement  
CONTRIBUTION TO CANDIDATE

Candidate Name  
MICHAEL E SODREL

Office Sought:  House  
 Senate  
 President

State: IN District: 09

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.7187  
Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
GARD FOR CONGRESS

Mailing Address PO BOX 277

City GREEN BAY State WI Zip Code 54305

Purpose of Disbursement  
CONTRIBUTION TO CANDIDATE

Candidate Name  
JOHN G GARD

Office Sought:  House  
 Senate  
 President

State: WI District: 08

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.7166  
Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

4000.00

**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)  
Continuing A Majority Party Action Committee (CAMPAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) GODDARD FOR CONGRESS</p> <p>Mailing Address P.O. Box 9460</p> <p>City Warner Robins State GA Zip Code 31095</p> <p>Purpose of Disbursement CONTRIBUTION TO CANDIDATE</p> <p>Candidate Name RICHARD NEIL GODDARD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7167</p> <p>Date of Disbursement 06 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Graves For Congress</p> <p>Mailing Address 2345 GRAND SUITE 2400</p> <p>City KANSAS CITY State MO Zip Code 64108</p> <p>Purpose of Disbursement CONTRIBUTION TO CANDIDATE</p> <p>Candidate Name SAMUEL B 'SAM' GRAVES</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7154</p> <p>Date of Disbursement 06 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Graves For Congress</p> <p>Mailing Address 2345 GRAND SUITE 2400</p> <p>City KANSAS CITY State MO Zip Code 64108</p> <p>Purpose of Disbursement IN-KIND FUNDRAISING EXPENSES</p> <p>Candidate Name SAMUEL B 'SAM' GRAVES</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7241</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>[MEMO ITEM]</p>

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

7000.00

**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)  
Continuing A Majority Party Action Committee (CAMPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>GREENBERG FOR CONGRESS</b>  Mailing Address <b>PO BOX 894</b>  City <b>MUNDELEIN</b> State <b>IL</b> Zip Code <b>60060</b> Purpose of Disbursement <b>CONTRIBUTION TO CANDIDATE</b> Candidate Name <b>STEVEN MATHEW GREENBERG</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>IL</b> District: <b>08</b>	<b>Transaction ID:</b> SB23.7171 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>06 / 11 / 2008</b>  <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>HOUSE REPUBLICAN COMBINED NOMINEE FUND</b>  Mailing Address <b>228 S WASHINGTON ST STE 115</b>  City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22314</b> Purpose of Disbursement <b>SEE COMMITTEE ALLOCATION BELOW</b> 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>Transaction ID:</b> SB23.7202 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>06 / 27 / 2008</b>  <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">35000.00</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>LOUISIANA-04 NOMINEE FUND</b>  Mailing Address <b>228 S WASHINGTON ST STE 115</b>  City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22314</b> Purpose of Disbursement <b>CONTRIBUTION</b> 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>Transaction ID:</b> SB23.7202.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>06 / 27 / 2008</b>  <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div> <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 5px;">40000.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

**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)  
Continuing A Majority Party Action Committee (CAMPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) ARIZONA-05 NOMINEE FUND <hr/> Mailing Address 228 S WASHINGTON ST STE 115 <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7202.1 Date of Disbursement 06 / 27 / 2008
	Amount of Each Disbursement this Period 5000.00
	[MEMO ITEM]
	Category/Type: 011
<b>B.</b> Full Name (Last, First, Middle Initial) MISSOURI-09 NOMINEE FUND <hr/> Mailing Address 228 S WASHINGTON ST STE 115 <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7202.2 Date of Disbursement 06 / 27 / 2008
	Amount of Each Disbursement this Period 5000.00
	[MEMO ITEM]
	Category/Type: 011
<b>C.</b> Full Name (Last, First, Middle Initial) FLORIDA-16 NOMINEE FUND <hr/> Mailing Address 228 S WASHINGTON ST STE 115 <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7202.3 Date of Disbursement 06 / 27 / 2008
	Amount of Each Disbursement this Period 5000.00
	[MEMO ITEM]
	Category/Type: 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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)  
Continuing A Majority Party Action Committee (CAMPAC)

A.	Full Name (Last, First, Middle Initial) <b>NEW HAMPSHIRE-01 NOMINEE FUND</b>	<b>Transaction ID:</b> SB23.7202.4
	Mailing Address 228 S WASHINGTON ST STE 115	Date of Disbursement MM / DD / YYYY 06 / 27 / 2008
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement DONATION Candidate Name	011 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) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) <b>KANSAS-02 NOMINEE FUND</b>	<b>Transaction ID:</b> SB23.7202.5
	Mailing Address 228 S WASHINGTON ST STE 115	Date of Disbursement MM / DD / YYYY 06 / 27 / 2008
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement CONTRIBUTION Candidate Name	011 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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) <b>WYOMING-AT LARGE NOMINEE FUND</b>	<b>Transaction ID:</b> SB23.7202.6
	Mailing Address 228 S WASHINGTON ST STE 115	Date of Disbursement MM / DD / YYYY 06 / 27 / 2008
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement CONTRIBUTION Candidate Name	011 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) ▼

[MEMO ITEM]

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

0.00

**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)  
Continuing A Majority Party Action Committee (CAMPAC)

A.	Full Name (Last, First, Middle Initial) JEFF THOMPSON FOR CONGRESS	Transaction ID: SB23.7218 Date of Disbursement 06 / 27 / 2008
	Mailing Address 2250 HOSPITAL DRIVE SUITE 200	Amount of Each Disbursement this Period 5000.00
	City BOSSIER CITY State LA Zip Code 71111	
	Purpose of Disbursement CONTRIBUTION TO CANDIDATE Candidate Name JEFFERSON ROWE THOMPSON	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JORDAN FOR CONGRESS	Transaction ID: SB23.7177 Date of Disbursement 06 / 11 / 2008
	Mailing Address PO Box 860580	Amount of Each Disbursement this Period 5000.00
	City Shawnee Mission State KS Zip Code 66226	
	Purpose of Disbursement CONTRIBUTION Candidate Name NICHOLAS M JORDAN	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LATHAM FOR CONGRESS	Transaction ID: SB23.7226 Date of Disbursement 06 / 27 / 2008
	Mailing Address PO Box 71 PO BOX 71	Amount of Each Disbursement this Period 5000.00
	City Clarion State IA Zip Code 50525	
	Purpose of Disbursement CONTRIBUTION TO CANDIDATE Candidate Name TOM LATHAM	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15000.00
<b>TOTAL</b> 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)  
Continuing A Majority Party Action Committee (CAMPAC)

**A.** Full Name (Last, First, Middle Initial)  
LATOURETTE FOR CONGRESS COMMITTEE

Mailing Address 320 Kenarden Dr.

City Highland Hts. State OH Zip Code 44143

Purpose of Disbursement  
CONTRIBUTION TO CANDIDATE

Candidate Name  
STEVEN C LATOURETTE

Office Sought:  House  
 Senate  
 President

State: OH District: 14

Disbursement For: 2000  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.7151

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
LATOURETTE FOR CONGRESS COMMITTEE

Mailing Address 320 Kenarden Dr.

City Highland Hts. State OH Zip Code 44143

Purpose of Disbursement  
CONTRIBUTION TO CANDIDATE

Candidate Name  
STEVEN C LATOURETTE

Office Sought:  House  
 Senate  
 President

State: OH District: 14

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.7227

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Category/  
Type

**C.** Full Name (Last, First, Middle Initial)  
LATOURETTE FOR CONGRESS COMMITTEE

Mailing Address 320 Kenarden Dr.

City Highland Hts. State OH Zip Code 44143

Purpose of Disbursement  
IN-KIND FUNDRAISING EXPENSES

Candidate Name  
STEVEN C LATOURETTE

Office Sought:  House  
 Senate  
 President

State: OH District: 14

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.7239

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Category/  
Type

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Continuing A Majority Party Action Committee (CAMPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) LOU BARLETTA FOR CONGRESS <hr/> Mailing Address PO BOX 128 <hr/> City HAZLETON State PA Zip Code 18201 <hr/> Purpose of Disbursement CONTRIBUTION TO CANDIDATE Candidate Name LOU BARLETTA <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7162 Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2008
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) LYLE LARSON FOR CONGRESS <hr/> Mailing Address PO BOX 171148 <hr/> City SAN ANTONIO State TX Zip Code 78217 <hr/> Purpose of Disbursement CONTRIBUTION TO CANDIDATE Candidate Name LYLE LARSON <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7178 Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2008
	Amount of Each Disbursement this Period 4000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) MANION FOR CONGRESS <hr/> Mailing Address PO Box 28 <hr/> City Doylestown State PA Zip Code 18901 <hr/> Purpose of Disbursement CONTRIBUTION TO CANDIDATE Candidate Name JAMES R S MANION <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 21 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7179 Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2008
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

14000.00

**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)  
Continuing A Majority Party Action Committee (CAMPAC)

A.	Full Name (Last, First, Middle Initial) <b>MARIO DIAZ-BALART FOR CONGRESS</b>	<b>Transaction ID: SB23.7233</b>
	Mailing Address 95 Merrick Way, Suite 250	Date of Disbursement 06 / 27 / 2008
	City Coral Gables State FL Zip Code 33134	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION TO CANDIDATE Candidate Name MARIO DIAZ-BALART	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 25	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>MCCAUL FOR CONGRESS INC</b>	<b>Transaction ID: SB23.7232</b>
	Mailing Address 815-A Brazos Street PMB 230	Date of Disbursement 06 / 27 / 2008
	City Austin State TX Zip Code 78701	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement CONTRIBUTION TO CANDIDATE Candidate Name MICHAEL MCCAUL	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>MUSGRAVE FOR CONGRESS</b>	<b>Transaction ID: SB23.7152</b>
	Mailing Address 257 Johnstown Center Drive #211	Date of Disbursement 06 / 11 / 2008
	City Johnstown State CO Zip Code 80534	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement DONATION Candidate Name MARILYN MUSGRAVE	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**5500.00**

**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)  
Continuing A Majority Party Action Committee (CAMPAC)

A.

Full Name (Last, First, Middle Initial)  
MUSGRAVE FOR CONGRESS

Transaction ID: SB23.7153

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	8

Mailing Address 257 Johnstown Center Drive #211

Amount of Each Disbursement this Period

1500.00
---------

City Johnstown State CO Zip Code 80534

Purpose of Disbursement  
CONTRIBUTION TO CANDIDATE

011
Category/ Type

Candidate Name  
MARILYN MUSGRAVE

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  Other (specify) ▼

State: CO District: 04

B.

Full Name (Last, First, Middle Initial)  
NORTHUP FOR CONGRESS

Transaction ID: SB23.7182

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	8

Mailing Address P.O. Box 7913

Amount of Each Disbursement this Period

5000.00
---------

City Louisville State KY Zip Code 40257

Purpose of Disbursement  
CONTRIBUTION TO CANDIDATE

011
Category/ Type

Candidate Name  
ANNE M NORTHUP

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  Other (specify) ▼

State: KY District: 03

C.

Full Name (Last, First, Middle Initial)  
OLSON FOR CONGRESS COMMITTEE

Transaction ID: SB23.7186

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	8

Mailing Address PO Box 16381

Amount of Each Disbursement this Period

5000.00
---------

City Sugar Land State TX Zip Code 77496

Purpose of Disbursement  
CONTRIBUTION TO CANDIDATE

011
Category/ Type

Candidate Name  
PETER G OLSON

Office Sought:  House  Senate  President

Disbursement For: 5000  
 Primary  General  Other (specify) ▼

State: TX District: 22

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

11500.00
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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)  
Continuing A Majority Party Action Committee (CAMPAC)

A.	Full Name (Last, First, Middle Initial) <b>OZINGA FOR CONGRESS</b>	<b>Transaction ID: SB23.7236</b>
	Mailing Address 19001 OLD LAGRANGE ROAD SUITE 430	Date of Disbursement 06 / 27 / 2008
	City MOKENA State IL Zip Code 60448	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION TO CANDIDATE Candidate Name MARTIN III OZINGA	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>PEOPLE WITH HART INC</b>	<b>Transaction ID: SB23.7176</b>
	Mailing Address PO BOX 435	Date of Disbursement 06 / 11 / 2008
	City WEXFORD State PA Zip Code 15090	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement CONTRIBUTION TO CANDIDATE Candidate Name MELISSA A. HART	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>SCHOCK FOR CONGRESS</b>	<b>Transaction ID: SB23.7189</b>
	Mailing Address PO Box 10555	Date of Disbursement 06 / 11 / 2008
	City Peoria State IL Zip Code 61612	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement CONTRIBUTION TO CANDIDATE Candidate Name AARON SCHOCK	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8000.00</b>
<b>TOTAL</b> 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)  
Continuing A Majority Party Action Committee (CAMPAC)

A.	Full Name (Last, First, Middle Initial) <b>SCHURING FOR CONGRESS COMMITTEE</b>	<b>Transaction ID:</b> SB23.7190
	Mailing Address 400 MARKET AVE NORTH SUITE 400	Date of Disbursement MM / DD / YYYY 06 / 11 / 2008
	City CANTON State OH Zip Code 44702	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement CONTRIBUTION TO CANDIDATE	011 Category/ Type
	Candidate Name KIRK SCHURING	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16	Disbursement For: 3000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>SHELLEY MOORE CAPITO FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.7231
	Mailing Address P.O. Box 11519	Date of Disbursement MM / DD / YYYY 06 / 27 / 2008
	City Charleston State WV Zip Code 25339	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement CONTRIBUTION TO CANDIDATE	011 Category/ Type
	Candidate Name SHELLEY MOORE CAPITO	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>STEVE AUSTRIA FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.7160
	Mailing Address 2537 Obetz Drive	Date of Disbursement MM / DD / YYYY 06 / 11 / 2008
	City Beaver creek State OH Zip Code 45434	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement CONTRIBUTION TO CANDIDATE	011 Category/ Type
	Candidate Name STEVE C AUSTRIA	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>10000.00</b>
<b>TOTAL</b> 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)  
Continuing A Majority Party Action Committee (CAMPAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>STEVE CHABOT FOR CONGRESS</b></p> <p>Mailing Address 3339 Harrison Ave. 3014 Harrison Ave.</p> <p>City Cincinnati State OH Zip Code 45211</p> <p>Purpose of Disbursement CONTRIBUTION TO CANDIDATE</p> <p>Candidate Name STEVE CHABOT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7225</p> <p>Date of Disbursement 06 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>STIVERS FOR CONGRESS</b></p> <p>Mailing Address 81 S FIFTH STREET</p> <p>City COLUMBUS State OH Zip Code 43215</p> <p>Purpose of Disbursement CONTRIBUTION TO CANDIDATE</p> <p>Candidate Name STEVE STIVERS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 15</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7191</p> <p>Date of Disbursement 06 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>TIM BEE FOR CONGRESS</b></p> <p>Mailing Address PO BOX 31985</p> <p>City TUCSON State AZ Zip Code 85751</p> <p>Purpose of Disbursement CONTRIBUTION TO CANDIDATE</p> <p>Candidate Name TIMOTHY BEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AZ District: 08</p> <p>Disbursement For: 5000 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7163</p> <p>Date of Disbursement 06 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Category/ Type</p>

**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 33 / 42

<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)  
Continuing A Majority Party Action Committee (CAMPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) <b>TREADWELL FOR CONGRESS</b> <hr/> Mailing Address PO BOX 685 <hr/> City SARATOGA SPRINGS State NY Zip Code 12866 Purpose of Disbursement CONTRIBUTION TO CANDIDATE Candidate Name SANDY TREADWELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.7199 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011
<b>B.</b> Full Name (Last, First, Middle Initial) <b>WALBERG FOR CONGRESS</b> <hr/> Mailing Address 6769 Teachout Road <hr/> City Tipton State MI Zip Code 49287 Purpose of Disbursement CONTRIBUTION TO CANDIDATE Candidate Name TIMOTHY WALBERG Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.7139 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00 Category/Type: 011

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

6000.00

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

178500.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Continuing A Majority Party Action Committee (CAMPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor THE LEVANTINO GROUP	Nature of Debt (Purpose): IN-KIND-FUND RAISER EXPEN- SES-WALBERG
Mailing Address 2501 WISCONSIN AVE NW SUITE 304	
City State ZIP Code WASHINGTON DC 20007	

Outstanding Balance Beginning This Period 500.00	<b>Transaction ID: SD10.7049</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor THE LEVANTINO GROUP	Nature of Debt (Purpose): IN-KIND FUND RAISER EXPEN- SES-BUCHANAN
Mailing Address 2501 WISCONSIN AVE NW SUITE 304	
City State ZIP Code WASHINGTON DC 20007	

Outstanding Balance Beginning This Period 500.00	<b>Transaction ID: SD10.7048</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor THE LEVANTINO GROUP	Nature of Debt (Purpose): IN-KIND-FUND RAISER EXPEN- SES-REICHERT
Mailing Address 2501 WISCONSIN AVE NW SUITE 304	
City State ZIP Code WASHINGTON DC 20007	

Outstanding Balance Beginning This Period 500.00	<b>Transaction ID: SD10.7050</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>1500.00</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Continuing A Majority Party Action Committee (CAMPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor THE LEVANTINO GROUP	Nature of Debt (Purpose): IN-KIND FUNDRAISING EXPEN- SES-HAYES
Mailing Address 2501 WISCONSIN AVE NW SUITE 304	
City State ZIP Code WASHINGTON DC 20007	

Outstanding Balance Beginning This Period 500.00	<b>Transaction ID: SD10.7096</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor THE LEVANTINO GROUP	Nature of Debt (Purpose): IN-KIND FUNDRAISING EXPEN- SES-MUSGRAVE
Mailing Address 2501 WISCONSIN AVE NW SUITE 304	
City State ZIP Code WASHINGTON DC 20007	

Outstanding Balance Beginning This Period 500.00	<b>Transaction ID: SD10.7098</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor THE LEVANTINO GROUP	Nature of Debt (Purpose): INKIND FUNDRAISING EXPENS- ES-LATOURETTE
Mailing Address 2501 WISCONSIN AVE NW SUITE 304	
City State ZIP Code WASHINGTON DC 20007	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.7242</b>	
Amount Incurred This Period 500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>1500.00</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Continuing A Majority Party Action Committee (CAMPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor THE LEVANTINO GROUP	Nature of Debt (Purpose): INKIND FUNDRAISING EXPENS-ES-BACHMAN
Mailing Address 2501 WISCONSIN AVE NW SUITE 304	
City State ZIP Code WASHINGTON DC 20007	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.7243</b>	
Amount Incurred This Period 500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor THE LEVANTINO GROUP	Nature of Debt (Purpose): INKIND FUNDRAISING EXPENS-ES-GRAVES
Mailing Address 2501 WISCONSIN AVE NW SUITE 304	
City State ZIP Code WASHINGTON DC 20007	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.7244</b>	
Amount Incurred This Period 500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	1000.00
2) <b>TOTALS</b> This Period (last page this line number only).....	4000.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	4000.00

Image# 28932278655

Form/Schedule: **SB21B**  
Transaction ID: **SB21B.7195**

FUNDRAISING EVENT EXPENSES INCLUDE FOOD COSTS, POSTAGE, TRANSPORTATION, PARKING, LODGINGS, AND TRAVEL COSTS. THESE COSTS ARE FOR EXPENSES INCURRED ON BEHALF OF CAMPAC AND ARE NOT COSTS ASSOCIATED WITH A

Form/Schedule: **SB23**  
Transaction ID: **SB23.7240**

EXPENSES INCLUDE FUNDRAISING SERVICES, USE OF SPACE, AND FOOD/BEVERAGES FOR EVENT.

\*\*\*\*\*

**Image# 28932278656**

Form/Schedule: **SB23**  
Transaction ID: **SB23.7241**

EXPENSES INCLUDE FUNDRAISING SERVICES, USE OF SPACE, AND FOOD/BEVERAGES FOR EVENT.

Form/Schedule: **SB23**  
Transaction ID: **SB23.7239**

EXPENSES INCLUDE FUNDRAISING SERVICES, USE OF SPACE, AND FOOD/BEVERAGES FOR EVENT.

\*\*\*\*\*

Image# 28932278657

Form/Schedule: **SD10**  
Transaction ID: **SD10.7049**

EXPENSES INCLUDE FUNDRAISING SERVICES, USE OF SPACE AND FOOD AND BEVERAGES FOR EVENT

Form/Schedule: **SD10**  
Transaction ID: **SD10.7048**

EXPENSES INCLUDE FUNDRAISING SERVICES, USE OF SPACE AND FOOD AND BEVERAGES FOR EVENT

\*\*\*\*\*

**Image# 28932278658**

Form/Schedule: **SD10**

Transaction ID: **SD10.7050**

EXPENSES INCLUDE FUNDRAISING SERVICES, USE OF SPACE AND FOOD AND BEVERAGES FOR EVENT

Form/Schedule: **SD10**

Transaction ID: **SD10.7096**

EXPENSES INCLUDE FUNDRAISING SERVICES, USE OF SPACE, AND FOOD AND BEVERAGES FOR THE E

\*\*\*\*\*



**Image# 28932278659**

Form/Schedule: **SD10**  
Transaction ID: **SD10.7242**

EXPENSES INCLUDE FUNDRAISING SERVICES, USE OF SPACE, AND FOOD/BEVERAGES FOR EVENT.

Form/Schedule: **SD10**  
Transaction ID: **SD10.7243**

EXPENSES INCLUDE FUNDRAISING SERVICES, USE OF SPACE, AND FOOD/BEVERAGES FOR EVENT.

\*\*\*\*\*

Image# 28932278660

Form/Schedule: SD10

Transaction ID: SD10.7244

EXPENSES INCLUDE FUNDRAISING SERVICES, USE OF SPACE, AND FOOD/BEVERAGES FOR EVENT.

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