

# 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  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC-')

ADDRESS (number and street) 655 15TH STREET NW  
SUITE 900  
 Check if different than previously reported. (ACC)  
WASHINGTON DC 20005

2. **FEC IDENTIFICATION NUMBER** C00255216  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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

5. Covering Period 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 Marc J. Gerson

Signature of Treasurer Electronically Filed by Marc J. Gerson Date 08 19 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.

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

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

Write or Type Committee Name

MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC-  
)

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"><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		56064.72
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	56064.72									
(c) Total Receipts (from Line 19) .....	23068.82	23068.82								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	79133.54	79133.54								
7. Total Disbursements (from Line 31) .....	36901.59	36901.59								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	42231.95	42231.95								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC-')

Report Covering the Period: From:    To:

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) .....	20930.27	20930.27
(ii) Unitemized .....	2138.55	2138.55
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	23068.82	23068.82
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	23068.82	23068.82
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)) .....	23068.82	23068.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	23068.82	23068.82

## 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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36750.00	36750.00
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.....	151.59	151.59
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))..	36901.59	36901.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36901.59	36901.59

**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) .....	23068.82	23068.82
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23068.82	23068.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 49
	<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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. James Altman	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900	<b>Transaction ID:</b> SA11AI.5626
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. James Altman	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900	<b>Transaction ID:</b> SA11AI.5645
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. James Altman	Date of Receipt MM / DD / YYYY 05 / 29 / 2009
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900	<b>Transaction ID:</b> SA11AI.5712
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 49
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. James Altman	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900	<b>Transaction ID:</b> SA11AI.5777
	City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms Pamela Bernstein	Date of Receipt MM / DD / YYYY 05 / 29 / 2009
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900	<b>Transaction ID:</b> SA11AI.5713
	City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms Pamela Bernstein	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900	<b>Transaction ID:</b> SA11AI.5778
	City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 49
	<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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) Leonard Bickwit	Date of Receipt MM / DD / YYYY 02 / 25 / 2009
	Mailing Address Miller & Chevalier Chartered 655 Fifteenth Street, NW	<b>Transaction ID:</b> SA11AI.5582
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 3500.00
	FEC ID number of contributing federal political committee. <b>C</b>	One time contribution
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 3500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Larry E. Christensen	Date of Receipt MM / DD / YYYY 01 / 31 / 2009
	Mailing Address Miller & Chevalier Chartered 655 15th St. NW, Suite 900	<b>Transaction ID:</b> SA11AI.5548
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Larry E. Christensen	Date of Receipt MM / DD / YYYY 02 / 27 / 2009
	Mailing Address Miller & Chevalier Chartered 655 15th St. NW, Suite 900	<b>Transaction ID:</b> SA11AI.5596
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 49
	<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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Larry E. Christensen	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address Miller & Chevalier Chartered 655 15th St. NW, Suite 900	<b>Transaction ID:</b> SA11AI.5639
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 750.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Larry E. Christensen	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address Miller & Chevalier Chartered 655 15th St. NW, Suite 900	<b>Transaction ID:</b> SA11AI.5647
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Larry E. Christensen	Date of Receipt MM / DD / YYYY 05 / 29 / 2009
	Mailing Address Miller & Chevalier Chartered 655 15th St. NW, Suite 900	<b>Transaction ID:</b> SA11AI.5714
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 49
	<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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Larry E. Christensen	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address Miller & Chevalier Chartered 655 15th St. NW, Suite 900	Transaction ID: SA11AI.5779
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Marianna Dyson	Date of Receipt MM / DD / YYYY 01 / 31 / 2009
	Mailing Address Miller & Chevalier 655-15th St NW Ste 900	Transaction ID: SA11AI.5538
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 296.88
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 296.88	

<b>C.</b>	Full Name (Last, First, Middle Initial) Marianna Dyson	Date of Receipt MM / DD / YYYY 02 / 27 / 2009
	Mailing Address Miller & Chevalier 655-15th St NW Ste 900	Transaction ID: SA11AI.5585
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 296.88
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 593.76	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>843.76</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 49
	<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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) Marianna Dyson			Date of Receipt MM / DD / YYYY 03 / 31 / 2009		
	Mailing Address Miller & Chevalier 655-15th St NW Ste 900			<b>Transaction ID:</b> SA11AI.5628		
	City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period 296.88		
	FEC ID number of contributing federal political committee. C			Payroll Deduction		
	Name of Employer Miller & Chevalier Chartered		Occupation Attorney	Aggregate Year-to-Date 890.64		

<b>B.</b>	Full Name (Last, First, Middle Initial) Marianna Dyson			Date of Receipt MM / DD / YYYY 04 / 30 / 2009		
	Mailing Address Miller & Chevalier 655-15th St NW Ste 900			<b>Transaction ID:</b> SA11AI.5648		
	City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period 296.88		
	FEC ID number of contributing federal political committee. C			Payroll Deduction		
	Name of Employer Miller & Chevalier Chartered		Occupation Attorney	Aggregate Year-to-Date 1187.52		

<b>C.</b>	Full Name (Last, First, Middle Initial) Marianna Dyson			Date of Receipt MM / DD / YYYY 05 / 29 / 2009		
	Mailing Address Miller & Chevalier 655-15th St NW Ste 900			<b>Transaction ID:</b> SA11AI.5715		
	City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period 296.88		
	FEC ID number of contributing federal political committee. C			Payroll Deduction		
	Name of Employer Miller & Chevalier Chartered		Occupation Attorney	Aggregate Year-to-Date 1484.40		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	890.64
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 49  
(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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

**A.**

Full Name (Last, First, Middle Initial)  
Marianna Dyson

Mailing Address Miller & Chevalier  
655-15th St NW Ste 900

City Washington State DC Zip Code 20005

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

Name of Employer Miller & Chevalier Chartered Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1781.28

Date of Receipt 06 / 30 / 2009

Transaction ID: SA11AI.5780

Amount of Each Receipt this Period 296.88

Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Rocco Femia

Mailing Address Miller & Chevalier Chartered  
655 15th St NW Suite 900

City Washington State DC Zip Code 20005

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

Name of Employer Miller & Chevalier Chartered Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 27 / 2009

Transaction ID: SA11AI.5586

Amount of Each Receipt this Period 125.00

Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Rocco Femia

Mailing Address Miller & Chevalier Chartered  
655 15th St NW Suite 900

City Washington State DC Zip Code 20005

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

Name of Employer Miller & Chevalier Chartered Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 31 / 2009

Transaction ID: SA11AI.5629

Amount of Each Receipt this Period 125.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 546.88

**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 13 / 49
	<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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Rocco Femia	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900	<b>Transaction ID:</b> SA11AI.5649
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Rocco Femia	Date of Receipt MM / DD / YYYY 05 / 29 / 2009
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900	<b>Transaction ID:</b> SA11AI.5716
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 625.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Rocco Femia	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900	<b>Transaction ID:</b> SA11AI.5781
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>375.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 49  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

**A.**

Full Name (Last, First, Middle Initial)  
Mr. F. David Foster

Mailing Address Miller & Chevalier Chartered  
655 15th St NW Suite 900

City Washington State DC Zip Code 20005

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

Name of Employer Miller & Chevalier Chartered Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 416.66

Date of Receipt 01 / 31 / 2009

Transaction ID: SA11AI.5540

Amount of Each Receipt this Period 416.66

Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)  
Mr. F. David Foster

Mailing Address Miller & Chevalier Chartered  
655 15th St NW Suite 900

City Washington State DC Zip Code 20005

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

Name of Employer Miller & Chevalier Chartered Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 833.32

Date of Receipt 02 / 27 / 2009

Transaction ID: SA11AI.5587

Amount of Each Receipt this Period 416.66

Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)  
Mr. F. David Foster

Mailing Address Miller & Chevalier Chartered  
655 15th St NW Suite 900

City Washington State DC Zip Code 20005

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

Name of Employer Miller & Chevalier Chartered Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.98

Date of Receipt 03 / 31 / 2009

Transaction ID: SA11AI.5630

Amount of Each Receipt this Period 416.66

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1249.98

**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 / 49  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. F. David Foster</p> <p>Mailing Address Miller &amp; Chevalier Chartered 655 15th St NW Suite 900</p> <p>City State Zip Code Washington DC 20005</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Miller &amp; Chevalier Chartered Occupation Attorney</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1666.64</p>	<p>Date of Receipt MM / DD / YYYY 04 / 30 / 2009</p> <p><b>Transaction ID:</b> SA11AI.5650</p> <p>Amount of Each Receipt this Period 416.66</p> <p>Payroll Deduction</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. F. David Foster</p> <p>Mailing Address Miller &amp; Chevalier Chartered 655 15th St NW Suite 900</p> <p>City State Zip Code Washington DC 20005</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Miller &amp; Chevalier Chartered Occupation Attorney</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2083.30</p>	<p>Date of Receipt MM / DD / YYYY 05 / 29 / 2009</p> <p><b>Transaction ID:</b> SA11AI.5717</p> <p>Amount of Each Receipt this Period 416.66</p> <p>Payroll Deduction</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. F. David Foster</p> <p>Mailing Address Miller &amp; Chevalier Chartered 655 15th St NW Suite 900</p> <p>City State Zip Code Washington DC 20005</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Miller &amp; Chevalier Chartered Occupation Attorney</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2499.96</p>	<p>Date of Receipt MM / DD / YYYY 06 / 30 / 2009</p> <p><b>Transaction ID:</b> SA11AI.5782</p> <p>Amount of Each Receipt this Period 416.66</p> <p>Payroll Deduction</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1249.98</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 49
	<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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) Marc J. Gerson	Date of Receipt MM / DD / YYYY 02 / 27 / 2009
	Mailing Address Miller & Chevalier Chartered 655 Fifteenth Street, NW	<b>Transaction ID:</b> SA11AI.5598
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Treasurer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Marc J. Gerson	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address Miller & Chevalier Chartered 655 Fifteenth Street, NW	<b>Transaction ID:</b> SA11AI.5641
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Treasurer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 450.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Marc J. Gerson	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address Miller & Chevalier Chartered 655 Fifteenth Street, NW	<b>Transaction ID:</b> SA11AI.5651
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Treasurer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) Marc J. Gerson			Date of Receipt MM / DD / YYYY 05 / 29 / 2009		
	Mailing Address Miller & Chevalier Chartered 655 Fifteenth Street, NW			<b>Transaction ID:</b> SA11AI.5718		
	City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period 150.00		
	FEC ID number of contributing federal political committee. C			Payroll Deduction		
	Name of Employer Miller & Chevalier Chartered		Occupation Treasurer	Aggregate Year-to-Date 750.00		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Marc J. Gerson			Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address Miller & Chevalier Chartered 655 Fifteenth Street, NW			<b>Transaction ID:</b> SA11AI.5783		
	City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period 150.00		
	FEC ID number of contributing federal political committee. C			Payroll Deduction		
	Name of Employer Miller & Chevalier Chartered		Occupation Treasurer	Aggregate Year-to-Date 900.00		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Lawrence B Gibbs			Date of Receipt MM / DD / YYYY 01 / 31 / 2009		
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900			<b>Transaction ID:</b> SA11AI.5541		
	City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period 406.25		
	FEC ID number of contributing federal political committee. C			Payroll Deduction		
	Name of Employer Miller & Chevalier Chartered		Occupation Attorney	Aggregate Year-to-Date 406.25		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	706.25
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 49  
(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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

**A.**

Full Name (Last, First, Middle Initial) Mr. Lawrence B Gibbs		Date of Receipt MM / DD / YYYY 02 / 27 / 2009
Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900		Transaction ID: SA11AI.5588
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 406.25
Name of Employer Miller & Chevalier Chartered	Occupation Attorney	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 812.50	

**B.**

Full Name (Last, First, Middle Initial) Mr. Lawrence B Gibbs		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900		Transaction ID: SA11AI.5631
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 406.25
Name of Employer Miller & Chevalier Chartered	Occupation Attorney	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1218.75	

**C.**

Full Name (Last, First, Middle Initial) Mr. Lawrence B Gibbs		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900		Transaction ID: SA11AI.5652
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 406.25
Name of Employer Miller & Chevalier Chartered	Occupation Attorney	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1625.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1218.75
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 19 / 49  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

**A.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence B Gibbs

Mailing Address Miller & Chevalier Chartered  
655 15th St NW Suite 900

City Washington State DC Zip Code 20005

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

Name of Employer Miller & Chevalier Chartered Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2031.25

Date of Receipt MM / DD / YYYY  
05 / 29 / 2009

**Transaction ID:** SA11AI.5719

Amount of Each Receipt this Period 406.25

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence B Gibbs

Mailing Address Miller & Chevalier Chartered  
655 15th St NW Suite 900

City Washington State DC Zip Code 20005

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

Name of Employer Miller & Chevalier Chartered Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2437.50

Date of Receipt MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** SA11AI.5784

Amount of Each Receipt this Period 406.25

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Shane Hamilton

Mailing Address Miller & Chevalier Chartered  
655 Fifteenth Street, NW

City Washington State DC Zip Code 20005

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

Name of Employer Miller & Chevalier Chartered Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** SA11AI.5640

Amount of Each Receipt this Period 100.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 912.50

**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 20 / 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) Shane Hamilton	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address Miller & Chevalier Chartered 655 Fifteenth Street, NW	<b>Transaction ID:</b> SA11AI.5653
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Shane Hamilton	Date of Receipt MM / DD / YYYY 05 / 29 / 2009
	Mailing Address Miller & Chevalier Chartered 655 Fifteenth Street, NW	<b>Transaction ID:</b> SA11AI.5720
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Shane Hamilton	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address Miller & Chevalier Chartered 655 Fifteenth Street, NW	<b>Transaction ID:</b> SA11AI.5785
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) George Hani	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address Miller & Chevalier Chartered 655 Fifteenth Street, NW	<b>Transaction ID:</b> SA11AI.5642
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) George Hani	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address Miller & Chevalier Chartered 655 Fifteenth Street, NW	<b>Transaction ID:</b> SA11AI.5654
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) George Hani	Date of Receipt MM / DD / YYYY 05 / 29 / 2009
	Mailing Address Miller & Chevalier Chartered 655 Fifteenth Street, NW	<b>Transaction ID:</b> SA11AI.5721
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 49
	<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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) George Hani	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address Miller & Chevalier Chartered 655 Fifteenth Street, NW	<b>Transaction ID:</b> SA11AI.5786
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Maria Jones	Date of Receipt MM / DD / YYYY 02 / 27 / 2009
	Mailing Address Miller & Chevalier Chartered 655-15th St NW Ste 900	<b>Transaction ID:</b> SA11AI.5589
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 171.88
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 343.76	

<b>C.</b>	Full Name (Last, First, Middle Initial) Maria Jones	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address Miller & Chevalier Chartered 655-15th St NW Ste 900	<b>Transaction ID:</b> SA11AI.5632
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 171.88
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 515.64	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>443.76</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 49
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) Maria Jones		Date of Receipt
	Mailing Address Miller & Chevalier Chartered 655-15th St NW Ste 900		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 30 / 2009
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5655
	C		Amount of Each Receipt this Period 171.88
Name of Employer Miller & Chevalier Chartered		Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 687.52	

<b>B.</b>	Full Name (Last, First, Middle Initial) Maria Jones		Date of Receipt
	Mailing Address Miller & Chevalier Chartered 655-15th St NW Ste 900		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 29 / 2009
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5722
	C		Amount of Each Receipt this Period 171.88
Name of Employer Miller & Chevalier Chartered		Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 859.40	

<b>C.</b>	Full Name (Last, First, Middle Initial) Maria Jones		Date of Receipt
	Mailing Address Miller & Chevalier Chartered 655-15th St NW Ste 900		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2009
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5787
	C		Amount of Each Receipt this Period 171.88
Name of Employer Miller & Chevalier Chartered		Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1031.28	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	515.64
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 49
	<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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) Emmett Lewis		Date of Receipt
	Mailing Address 655 15th Street, N.W.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2009
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5788
Name of Employer Miller & Chevalier Chartered		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 300.00	Payroll Deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Tim O'Toole		Date of Receipt
	Mailing Address Miller & Chevalier Chartered 655 15th Street NW Suite 900		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2009
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5638
Name of Employer Miller & Chevalier		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 300.00	Payroll Deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Tim O'Toole		Date of Receipt
	Mailing Address Miller & Chevalier Chartered 655 15th Street NW Suite 900		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 30 / 2009
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5656
Name of Employer Miller & Chevalier		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 400.00	Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 300.00
<b>TOTAL</b> 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 25 / 49  
(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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

**A.**

Full Name (Last, First, Middle Initial) Mr. Tim O'Toole		Date of Receipt MM / DD / YYYY 05 / 29 / 2009
Mailing Address Miller & Chevalier Chartered 655 15th Street NW Suite 900		Transaction ID: SA11AI.5724
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Miller & Chevalier	Occupation Attorney	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Mr. Tim O'Toole		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address Miller & Chevalier Chartered 655 15th Street NW Suite 900		Transaction ID: SA11AI.5789
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Miller & Chevalier	Occupation Attorney	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**C.**

Full Name (Last, First, Middle Initial) Mr. C Frederick Oliphant, III		Date of Receipt MM / DD / YYYY 02 / 27 / 2009
Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900		Transaction ID: SA11AI.5590
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 187.50
Name of Employer Miller & Chevalier Chartered	Occupation Attorney	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>387.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 49  
(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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

**A.**

Full Name (Last, First, Middle Initial) Mr. C Frederick Oliphant, III		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900		Transaction ID: SA11AI.5633
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 187.50
Name of Employer Miller & Chevalier Chartered	Occupation Attorney	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 562.50	

**B.**

Full Name (Last, First, Middle Initial) Mr. C Frederick Oliphant, III		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900		Transaction ID: SA11AI.5657
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 187.50
Name of Employer Miller & Chevalier Chartered	Occupation Attorney	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

**C.**

Full Name (Last, First, Middle Initial) Mr. C Frederick Oliphant, III		Date of Receipt MM / DD / YYYY 05 / 29 / 2009
Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900		Transaction ID: SA11AI.5725
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 187.50
Name of Employer Miller & Chevalier Chartered	Occupation Attorney	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 937.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	562.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 49  
(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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

**A.**

Full Name (Last, First, Middle Initial)  
Mr. C Frederick Oliphant, III

Mailing Address Miller & Chevalier Chartered  
655 15th St NW Suite 900

City Washington State DC Zip Code 20005

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

Name of Employer Miller & Chevalier Chartered Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt MM / DD / YYYY 06 / 30 / 2009

Transaction ID: SA11AI.5790

Amount of Each Receipt this Period 187.50

Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)  
Gary Quintiere

Mailing Address Miller & Chevalier  
655 15th St NW Ste 900

City Washington State DC Zip Code 20005

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

Name of Employer Miller & Chevalier Chartered Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt MM / DD / YYYY 02 / 27 / 2009

Transaction ID: SA11AI.5591

Amount of Each Receipt this Period 187.50

Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)  
Gary Quintiere

Mailing Address Miller & Chevalier  
655 15th St NW Ste 900

City Washington State DC Zip Code 20005

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

Name of Employer Miller & Chevalier Chartered Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 562.50

Date of Receipt MM / DD / YYYY 03 / 31 / 2009

Transaction ID: SA11AI.5634

Amount of Each Receipt this Period 187.50

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 562.50

**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 28 / 49
	<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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) Gary Quintiere			Date of Receipt MM / DD / YYYY 04 / 30 / 2009		
	Mailing Address Miller & Chevalier 655 15th St NW Ste 900			<b>Transaction ID:</b> SA11AI.5658		
	City Washington		State DC	Zip Code 20005		
	FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 187.50		
	Name of Employer Miller & Chevalier Chartered		Occupation Attorney			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Gary Quintiere			Date of Receipt MM / DD / YYYY 05 / 29 / 2009		
	Mailing Address Miller & Chevalier 655 15th St NW Ste 900			<b>Transaction ID:</b> SA11AI.5726		
	City Washington		State DC	Zip Code 20005		
	FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 187.50		
	Name of Employer Miller & Chevalier Chartered		Occupation Attorney			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 937.50			

<b>C.</b>	Full Name (Last, First, Middle Initial) Gary Quintiere			Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address Miller & Chevalier 655 15th St NW Ste 900			<b>Transaction ID:</b> SA11AI.5791		
	City Washington		State DC	Zip Code 20005		
	FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 187.50		
	Name of Employer Miller & Chevalier Chartered		Occupation Attorney			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1125.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	562.50
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 49
	<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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Mark Rochon	Date of Receipt MM / DD / YYYY 01 / 31 / 2009
	Mailing Address Miller & Chevalier 655-15th St NW Ste 900	<b>Transaction ID:</b> SA11AI.5545
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 218.75
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 218.75	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Mark Rochon	Date of Receipt MM / DD / YYYY 02 / 27 / 2009
	Mailing Address Miller & Chevalier 655-15th St NW Ste 900	<b>Transaction ID:</b> SA11AI.5592
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 218.75
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 437.50	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Mark Rochon	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address Miller & Chevalier 655-15th St NW Ste 900	<b>Transaction ID:</b> SA11AI.5635
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 218.75
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 656.25	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	656.25
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 49
	<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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Mark Rochon		Date of Receipt
	Mailing Address Miller & Chevalier 655-15th St NW Ste 900		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 30 / 2009
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5659
	C		Amount of Each Receipt this Period
		218.75	
Name of Employer Miller & Chevalier Chartered		Occupation Attorney	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		875.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Mark Rochon		Date of Receipt
	Mailing Address Miller & Chevalier 655-15th St NW Ste 900		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 29 / 2009
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5727
	C		Amount of Each Receipt this Period
		218.75	
Name of Employer Miller & Chevalier Chartered		Occupation Attorney	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		1093.75	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Mark Rochon		Date of Receipt
	Mailing Address Miller & Chevalier 655-15th St NW Ste 900		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2009
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5792
	C		Amount of Each Receipt this Period
		218.75	
Name of Employer Miller & Chevalier Chartered		Occupation Attorney	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		1312.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	656.25
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 49
	<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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary Lou Soller	Date of Receipt MM / DD / YYYY 02 / 27 / 2009
	Mailing Address Miller & Chevalier 655-15th St NW Ste 900	<b>Transaction ID:</b> SA11AI.5593
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 116.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 233.34	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Lou Soller	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address Miller & Chevalier 655-15th St NW Ste 900	<b>Transaction ID:</b> SA11AI.5636
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 116.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.01	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary Lou Soller	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address Miller & Chevalier 655-15th St NW Ste 900	<b>Transaction ID:</b> SA11AI.5660
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 116.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 466.68	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 49
	<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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary Lou Soller		Date of Receipt MM / DD / YYYY 05 / 29 / 2009		
	Mailing Address Miller & Chevalier 655-15th St NW Ste 900		<b>Transaction ID:</b> SA11AI.5728		
	City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period 116.67	
	FEC ID number of contributing federal political committee. C		Payroll Deduction		
	Name of Employer Miller & Chevalier Chartered		Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 583.35			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Lou Soller		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address Miller & Chevalier 655-15th St NW Ste 900		<b>Transaction ID:</b> SA11AI.5793		
	City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period 116.67	
	FEC ID number of contributing federal political committee. C		Payroll Deduction		
	Name of Employer Miller & Chevalier Chartered		Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.02			

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms Patricia Sweeney		Date of Receipt MM / DD / YYYY 01 / 31 / 2009		
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900		<b>Transaction ID:</b> SA11AI.5547		
	City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period 234.38	
	FEC ID number of contributing federal political committee. C		Payroll Deduction		
	Name of Employer Miller & Chevalier Chartered		Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 234.38			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	467.72
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 49
	<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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms Patricia Sweeney		Date of Receipt	
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900		M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5594
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		234.38	
Name of Employer Miller & Chevalier Chartered		Occupation Attorney		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		468.76		

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms Patricia Sweeney		Date of Receipt	
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900		M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5637
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		234.38	
Name of Employer Miller & Chevalier Chartered		Occupation Attorney		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		703.14		

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms Patricia Sweeney		Date of Receipt	
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900		M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5661
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		234.38	
Name of Employer Miller & Chevalier Chartered		Occupation Attorney		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		937.52		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	703.14
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 34 / 49  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC-')

**A.** Full Name (Last, First, Middle Initial)  
Ms Patricia Sweeney

Mailing Address Miller & Chevalier Chartered  
655 15th St NW Suite 900

City Washington State DC Zip Code 20005

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

Name of Employer Miller & Chevalier Chartered Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1171.90

Date of Receipt 05 / 29 / 2009  
Transaction ID: SA11AI.5729  
Amount of Each Receipt this Period 234.38  
Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Ms Patricia Sweeney

Mailing Address Miller & Chevalier Chartered  
655 15th St NW Suite 900

City Washington State DC Zip Code 20005

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

Name of Employer Miller & Chevalier Chartered Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1406.28

Date of Receipt 06 / 30 / 2009  
Transaction ID: SA11AI.5794  
Amount of Each Receipt this Period 234.38  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 468.76

**TOTAL** This Period (last page this line number only) ..... ► 20930.27

**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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b> Full Name (Last, First, Middle Initial) BEN CARDIN FOR SENATE <hr/> Mailing Address P.O. BOX 21093 <hr/> City CATONSVILLE State MD Zip Code 21228 <hr/> Purpose of Disbursement Bagels with Ben Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5625 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) BRADY FOR CONGRESS <hr/> Mailing Address P.O. Box 8277 <hr/> City The Woodlands State TX Zip Code 77387 <hr/> Purpose of Disbursement Primary 2010 Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5816 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) CARPER FOR SENATE <hr/> Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR <hr/> City NEW CASTLE State DE Zip Code 19720 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5705 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	3000.00

# 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 36 / 49

<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)

MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

**A.** Full Name (Last, First, Middle Initial)  
**COMMITTEE TO RE-ELECT LINDA SANCHEZ**

Mailing Address 1212 S. Victory Blvd  
SUITE 211

City BURBANK State CA Zip Code 91502

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 39

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.5703  
Date of Disbursement

05 / 21 / 2009

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE**

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
2010 Primary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 30

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.5819  
Date of Disbursement

06 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAM-PAC)**

Mailing Address 5915 Eastman Avenue Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement  
Contribution to PAC of Congres Dave Camp

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.5798  
Date of Disbursement

06 / 03 / 2009

Amount of Each Disbursement this Period

5000.00

**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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC-')

A.	Full Name (Last, First, Middle Initial) CRAIG FOR U S SENATE	Transaction ID: SB23.5681 Date of Disbursement 05 / 13 / 2009
	Mailing Address P.O. BOX 2754 802 W BANNOCK SUITE LP101	Amount of Each Disbursement this Period -1000.00
	City BOISE State ID Zip Code 83701	
	Purpose of Disbursement Void Check issued 06/27/2006	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS	Transaction ID: SB23.5701 Date of Disbursement 05 / 21 / 2009
	Mailing Address P.O. Box 9336	Amount of Each Disbursement this Period 1000.00
	City Fargo State ND Zip Code 58106	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND 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) ERC PAC	Transaction ID: SB23.5699 Date of Disbursement 05 / 18 / 2009
	Mailing Address 4425 Issaquah Pine Lake Road SE S-22	Amount of Each Disbursement this Period 1500.00
	City Sammamish State WA Zip Code 98075	
	Purpose of Disbursement Cantor PAC (no specific election)	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1500.00
<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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC-')

A.	Full Name (Last, First, Middle Initial) EVAN BAYH COMMITTEE	Transaction ID: SB23.5696 Date of Disbursement 05 / 21 / 2009
	Mailing Address 850 FORT WAYNE AVENUE	Amount of Each Disbursement this Period 1000.00
	City INDIANAPOLIS State IN Zip Code 46204	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	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 BARBARA BOXER	Transaction ID: SB23.5685 Date of Disbursement 05 / 12 / 2009
	Mailing Address PO BOX 641751	Amount of Each Disbursement this Period 250.00
	City LOS ANGELES State CA Zip Code 90064	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA 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) FRIENDS OF BLANCHE LINCOLN	Transaction ID: SB23.5801 Date of Disbursement 06 / 09 / 2009
	Mailing Address PO BOX 3197	Amount of Each Disbursement this Period 1000.00
	City LITTLE ROCK State AR Zip Code 72203	
	Purpose of Disbursement Contribution U.S. Senator Blanche Lincoln Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2250.00
<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)

MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC-')

<b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN Mailing Address PO BOX 3197 City LITTLE ROCK State AR Zip Code 72203 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5804 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF JOHN TANNER Mailing Address Post Office Box 1994 Post Office Box 1994 City Union City State TN Zip Code 38281 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5676 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF KENT CONRAD Mailing Address PO BOX 812 City BISMARCK State ND Zip Code 58502 Purpose of Disbursement contribution to replace refund of original contribution (which was incorrectly coded) Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5678 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3000.00

**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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC-')

A.	Full Name (Last, First, Middle Initial) FRIENDS OF KENT CONRAD	Transaction ID: SB23.5679 Date of Disbursement
	Mailing Address PO BOX 812	<input type="text" value="05"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City BISMARCK State ND Zip Code 58502	Amount of Each Disbursement this Period
	Purpose of Disbursement refund of incorrectly coded contribution made 12/16/2008	<input type="text" value="-1000.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF KENT CONRAD	Transaction ID: SB23.5800 Date of Disbursement
	Mailing Address PO BOX 812	<input type="text" value="06"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City BISMARCK State ND Zip Code 58502	Amount of Each Disbursement this Period
	Purpose of Disbursement Reception for Kent Conrad	<input type="text" value="1000.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS	Transaction ID: SB23.5606 Date of Disbursement
	Mailing Address PO BOX 586	<input type="text" value="02"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City HELENA State MT Zip Code 59624	Amount of Each Disbursement this Period
	Purpose of Disbursement General Election	<input type="text" value="1000.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1000.00"/>
<b>TOTAL</b> 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)

MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

**A.** Full Name (Last, First, Middle Initial)  
JEFF MERKLEY FOR OREGON

Mailing Address 2236 SE 10TH AVE

City PORTLAND State OR Zip Code 97214

Purpose of Disbursement  
debt reduction for 2008 General election

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: OR District: 00

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5812

Date of Disbursement

06 / 18 / 2009

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
JOHN KERRY FOR SENATE

Mailing Address 511 C STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: MA District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5683

Date of Disbursement

05 / 14 / 2009

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
KENDRICK MEEK CAMPAIGN FOR CONGRESS

Mailing Address 111 NW 183rd Street  
Suite 325

City Miami State FL Zip Code 33169

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: FL District: 17

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5674

Date of Disbursement

05 / 04 / 2009

Amount of Each Disbursement this Period

1000.00

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

3000.00

**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)

MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

A.

Full Name (Last, First, Middle Initial)

LARSON FOR CONGRESS

Mailing Address 29 RUFF CIRCLE

City GLASTONBURY State CT Zip Code 06033

Purpose of Disbursement

2010 Primary

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CT District: 01

Transaction ID: SB23.5811

Date of Disbursement

06 / 15 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

LAUTENBERG FOR SENATE

Mailing Address RIVERFRONT PLAZA STATION  
PO BOX 200596

City NEWARK State NJ Zip Code 07102

Purpose of Disbursement

C00382457

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 00

Transaction ID: SB23.5667

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

LYNN JENKINS FOR CONGRESS

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: KS District: 02

Transaction ID: SB23.5665

Date of Disbursement

04 / 20 / 2009

Amount of Each Disbursement this Period

1000.00

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

3000.00

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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC-')

A.	Full Name (Last, First, Middle Initial) LYNN JENKINS FOR CONGRESS	Transaction ID: SB23.5817 Date of Disbursement 06 / 29 / 2009
	Mailing Address P.O. Box 1441	Amount of Each Disbursement this Period 1000.00
	City Topeka State KS Zip Code 66601	
	Purpose of Disbursement 2010 Primary	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" 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: KS District: 02	

B.	Full Name (Last, First, Middle Initial) MARKEY COMMITTEE, THE	Transaction ID: SB23.5618 Date of Disbursement 03 / 03 / 2009
	Mailing Address PO Box 526	Amount of Each Disbursement this Period 1000.00
	City Medford State MA Zip Code 02155	
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" 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: MA District: 07	

C.	Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS	Transaction ID: SB23.5814 Date of Disbursement 06 / 29 / 2009
	Mailing Address P.O. BOX 521048 Suite A	Amount of Each Disbursement this Period 1000.00
	City SALT LAKE CITY State UT Zip Code 84152	
	Purpose of Disbursement 2010 Primary	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" 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: UT District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<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)

MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

A.	Full Name (Last, First, Middle Initial) <b>MIKE ROSS FOR CONGRESS COMMITTEE</b>	<b>Transaction ID:</b> SB23.5675
	Mailing Address <b>PO Box 360</b>	Date of Disbursement MM / DD / YYYY <b>05 / 05 / 2009</b>
	City <b>Prescott</b> State <b>AR</b> Zip Code <b>71857</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement Candidate Name	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>AR</b> District: <b>04</b>	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) <b>MIKULSKI FOR SENATE COMMITTEE</b>	<b>Transaction ID:</b> SB23.5623
	Mailing Address <b>P O B 13147</b>	Date of Disbursement MM / DD / YYYY <b>03 / 12 / 2009</b>
	City <b>BALTIMORE</b> State <b>MD</b> Zip Code <b>21203</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MD</b> District: <b>00</b>	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) <b>PRICE FOR CONGRESS COMMITTEE</b>	<b>Transaction ID:</b> SB23.5673
	Mailing Address <b>P. O. Box 1986</b>	Date of Disbursement MM / DD / YYYY <b>04 / 30 / 2009</b>
	City <b>Raleigh</b> State <b>NC</b> Zip Code <b>27602</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement Candidate Name	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NC</b> District: <b>04</b>	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**3000.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

A.	Full Name (Last, First, Middle Initial) RICHARD E NEAL FOR CONGRESS COMMITTEE	Transaction ID: SB23.5581 Date of Disbursement 02 / 11 / 2009
	Mailing Address 76 MAGNOLIA TERRACE	Amount of Each Disbursement this Period 1000.00
	City SPRINGFIELD State MA Zip Code 01108	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) RICHARD E NEAL FOR CONGRESS COMMITTEE	Transaction ID: SB23.5707 Date of Disbursement 05 / 21 / 2009
	Mailing Address 76 MAGNOLIA TERRACE	Amount of Each Disbursement this Period 1000.00
	City SPRINGFIELD State MA Zip Code 01108	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) STABENOW FOR US SENATE	Transaction ID: SB23.5810 Date of Disbursement 06 / 15 / 2009
	Mailing Address P.O. BOX 4945	Amount of Each Disbursement this Period 1000.00
	City EAST LANSING State MI Zip Code 48826	
	Purpose of Disbursement 2012 Primary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3000.00

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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

A.	Full Name (Last, First, Middle Initial) <b>STEVE ISRAEL FOR CONGRESS COMMITTEE</b>	<b>Transaction ID:</b> SB23.5614
	Mailing Address PO Box 777	Date of Disbursement 03 / 03 / 2009
	City Deer Park State NY Zip Code 11729	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>VAN HOLLEN FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.5680
	Mailing Address 10537 St. Paul Street	Date of Disbursement 05 / 13 / 2009
	City Kensington State MD Zip Code 20895	Amount of Each Disbursement this Period -1000.00
	Purpose of Disbursement Void Check issued 6/6/2007	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08	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>WE THE PEOPLE PAC</b>	<b>Transaction ID:</b> SB23.5813
	Mailing Address P.O. Box 2232	Date of Disbursement 06 / 18 / 2009
	City Jenkintown State PA Zip Code 19046	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement PAC	Category/ Type
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1000.00
<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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

A.	Full Name (Last, First, Middle Initial) WYDEN FOR SENATE	Transaction ID: SB23.5613 Date of Disbursement 02 / 27 / 2009
	Mailing Address PO BOX 3498	Amount of Each Disbursement this Period 1000.00
	City PORTLAND State OR Zip Code 97208	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR 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) WYDEN FOR SENATE	Transaction ID: SB23.5803 Date of Disbursement 06 / 18 / 2009
	Mailing Address PO BOX 3498	Amount of Each Disbursement this Period 1000.00
	City PORTLAND State OR Zip Code 97208	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR 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) YARMUTH FOR CONGRESS	Transaction ID: SB23.5617 Date of Disbursement 03 / 10 / 2009
	Mailing Address 1819 Brownsboro Road Suite 100	Amount of Each Disbursement this Period 1000.00
	City Louisville State KY Zip Code 40202	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	36750.00

**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)

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<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)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b> Full Name (Last, First, Middle Initial) SunTrust Bank <hr/> Mailing Address P.O. Box 622227 <hr/> City Orlando State FL Zip Code 32862-2227 <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> 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) ▼	Transaction ID: SB29.5553 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 22.77
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) SunTrust Bank <hr/> Mailing Address P.O. Box 622227 <hr/> City Orlando State FL Zip Code 32862-2227 <hr/> Purpose of Disbursement Account Analysis Fees Candidate Name <hr/> 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) ▼	Transaction ID: SB29.5608 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 31.49
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) SunTrust Bank <hr/> Mailing Address P.O. Box 622227 <hr/> City Orlando State FL Zip Code 32862-2227 <hr/> Purpose of Disbursement Bank Charges Candidate Name <hr/> 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) ▼	Transaction ID: SB29.5643 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 20.13
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	74.39
<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 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)

MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC-')

<b>A.</b> Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address P.O. Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement Account Analysis Fee 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) ▼	Transaction ID: SB29.5669 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 21.05
<b>B.</b> Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address P.O. Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement Account Analysis Fee 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) ▼	Transaction ID: SB29.5710 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 27.33

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

48.38

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

122.77