



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

Write or Type Committee Name  
The Eye of the Tiger Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

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	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>									<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 0.00								
Y	Y	Y	Y																							
2	0	0	9																							
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 0.00																									
(c) Total Receipts (from Line 19) .....	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 46900.00									<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 46900.00																
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 46900.00									<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 46900.00																
7. Total Disbursements (from Line 31) .....	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 6280.67									<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 6280.67																
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 40619.33									<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 40619.33																
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 0.00																									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 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  
The Eye of the Tiger Political Action Committee

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) .....	40800.00	40800.00
(ii) Unitemized .....	100.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	40900.00	40900.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	6000.00	6000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	46900.00	46900.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	46900.00	46900.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	46900.00	46900.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2780.67	2780.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2780.67	2780.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	3500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6280.67	6280.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6280.67	6280.67

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 21

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 .....	46900.00	46900.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	46900.00	46900.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2780.67	2780.67
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2780.67	2780.67

# 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 / 21
	<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)  
The Eye of the Tiger Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Michael Cormaci		Date of Receipt MM / DD / YYYY 12 / 23 / 2009		
	Mailing Address 228 Blue Crane 1 Drive		<b>Transaction ID:</b> SA11AI-31-22-c		
	City Slidell	State LA	Zip Code 70461-3218	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Watch Systems, LLC	Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1800.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs. Connie Boudreaux		Date of Receipt MM / DD / YYYY 12 / 23 / 2009		
	Mailing Address 431 Bellview Street		<b>Transaction ID:</b> SA11AI-34-29-c		
	City River Ridge	State LA	Zip Code 70123-2819	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer none	Occupation homemaker			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Michael Cormaci		Date of Receipt MM / DD / YYYY 12 / 23 / 2009		
	Mailing Address 228 Blue Crane 1 Drive		<b>Transaction ID:</b> SA11AI-31-23-c		
	City Slidell	State LA	Zip Code 70461-3218	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Watch Systems, LLC	Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1800.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
The Eye of the Tiger Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Associated Branch Pilots

Mailing Address 3813 N Causeway Boulevard  
# 100

City State Zip Code  
Metairie LA 70002-1724

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

**Transaction ID:** SA11AI-26-15-c

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Murray Calhoun

Mailing Address 217 Brockenbraugh Court

City State Zip Code  
Metairie LA 70005-3319

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

Name of Employer Occupation  
MAC-Re LLC Business person

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

**Transaction ID:** SA11AI-38-33-c

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Dino Chouest

Mailing Address PO Box 310

City State Zip Code  
Galliano LA 70354-0310

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

Name of Employer Occupation  
Edison Chouest Offshore Business person

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

**Transaction ID:** SA11AI-44-46-c

Amount of Each Receipt this Period  
4000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4600.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 21
	<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)  
The Eye of the Tiger Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Michael Cormaci		Date of Receipt	
	Mailing Address 228 Blue Crane 1 Drive		M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI-31-26-c
	Slidell	LA	70461-3218	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		300.00	
Name of Employer Watch Systems, LLC		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1800.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Joseph Canizaro		Date of Receipt	
	Mailing Address 909 Poydras Street Suite 1700		M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI-6-2-c
	New Orleans	LA	70112-4010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		5000.00	
Name of Employer Columbus Properties		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		5000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Murray Calhoun		Date of Receipt	
	Mailing Address 217 Brockenbraugh Court		M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI-38-42-c
	Metairie	LA	70005-3319	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer MAC-Re LLC		Occupation Business person		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		800.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 9 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
The Eye of the Tiger Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Sammy Zito

Mailing Address 732 Rural Street

City State Zip Code  
River Ridge LA 70123-3660

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

Name of Employer Occupation  
Zito Companies Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

**Transaction ID:** SA11AI-35-30-c

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ross Chouest

Mailing Address 237 W 104th Street

City State Zip Code  
Cut Off LA 70345-3580

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

Name of Employer Occupation  
Edison Chouest Offshore Business person

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

**Transaction ID:** SA11AI-43-45-c

Amount of Each Receipt this Period  
4000.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Karen Lacorte

Mailing Address 412 Northline Street

City State Zip Code  
Metairie LA 70005-4452

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

Name of Employer Occupation  
Self-employed Nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

**Transaction ID:** SA11AI-27-36-c

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5300.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 21  
(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)  
The Eye of the Tiger Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Connie Boudreaux

Mailing Address 431 Bellview Street

City State Zip Code  
River Ridge LA 70123-2819

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

Name of Employer none Occupation homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: MM / DD / YYYY  
12 / 23 / 2009

Transaction ID: SA11AI-34-41-c

Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Karen Lacorte

Mailing Address 412 Northline Street

City State Zip Code  
Metairie LA 70005-4452

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

Name of Employer Self-employed Occupation Nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: MM / DD / YYYY  
12 / 23 / 2009

Transaction ID: SA11AI-27-18-c

Amount of Each Receipt this Period: 300.00

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

Mailing Address 228 Blue Crane 1 Drive

City State Zip Code  
Slidell LA 70461-3218

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

Name of Employer Watch Systems, LLC Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt: MM / DD / YYYY  
12 / 23 / 2009

Transaction ID: SA11AI-31-24-c

Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
The Eye of the Tiger Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael Goff

Mailing Address 1334 Woodmere Drive

City State Zip Code  
Mandeville LA 70471-7456

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

Name of Employer Geocent Occupation Executive

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

**Transaction ID:** SA11AI-37-32-c

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Casey Chouest

Mailing Address PO Box 310

City State Zip Code  
Galliano LA 70354-0310

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

Name of Employer Edison Chouest Offshore Occupation Business person

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

**Transaction ID:** SA11AI-47-49-c

Amount of Each Receipt this Period  
4000.00

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

Mailing Address 228 Blue Crane 1 Drive

City State Zip Code  
Slidell LA 70461-3218

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

Name of Employer Watch Systems, LLC Occupation President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

**Transaction ID:** SA11AI-31-25-c

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4600.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 21		
	<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

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NAME OF COMMITTEE (In Full)  
The Eye of the Tiger Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Mary Jane Becker		Date of Receipt MM / DD / YYYY 12 / 23 / 2009		
	Mailing Address PO Box 8947		<b>Transaction ID:</b> SA11AI-29-37-c		
	City Mandeville	State LA	Zip Code 70470-8947	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer none	Occupation Homemaker	Aggregate Year-to-Date 1800.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Michael Cormaci		Date of Receipt MM / DD / YYYY 12 / 23 / 2009		
	Mailing Address 228 Blue Crane 1 Drive		<b>Transaction ID:</b> SA11AI-31-21-c		
	City Slidell	State LA	Zip Code 70461-3218	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Watch Systems, LLC	Occupation President	Aggregate Year-to-Date 1800.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Mary Jane Becker		Date of Receipt MM / DD / YYYY 12 / 23 / 2009		
	Mailing Address PO Box 8947		<b>Transaction ID:</b> SA11AI-29-19-c		
	City Mandeville	State LA	Zip Code 70470-8947	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer none	Occupation Homemaker	Aggregate Year-to-Date 1800.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 21  
(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)  
The Eye of the Tiger Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Sammy Zito

Mailing Address 732 Rural Street

City State Zip Code  
River Ridge LA 70123-3660

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

Name of Employer Occupation  
Zito Companies Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI-35-39-c

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Damon Chouest

Mailing Address PO Box 310

City State Zip Code  
Galliano LA 70354-0310

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

Name of Employer Occupation  
Edison Chouest Offshore Business person

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI-45-47-c

Amount of Each Receipt this Period  
4000.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Mary Moore

Mailing Address 601 25th Street North

City State Zip Code  
Arlington VA 22202

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

Name of Employer Occupation  
Washington Grantmakers Director of Member Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI-36-31-c

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5300.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 21

(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)  
The Eye of the Tiger Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Dionne Chouest

Mailing Address PO Box 310

City State Zip Code  
Galliano LA 70354-0310

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

Name of Employer Occupation  
Edison Chouest Offshore Business person

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI-46-48-c

Amount of Each Receipt this Period

4000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. L.Lane Grigsby

Mailing Address PO Box 104

City State Zip Code  
Baton Rouge LA 70821-0104

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

Name of Employer Occupation  
Cajun Constructors, Inc. CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI-8-4-c

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Troy Hebert

Mailing Address PO Box 11308

City State Zip Code  
New Iberia LA 70562-1308

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

Name of Employer Occupation  
State of Louisiana State Senate

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI-30-20-c

Amount of Each Receipt this Period

300.00

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

9300.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 21  
(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)  
The Eye of the Tiger Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Mary Jane Becker

Mailing Address PO Box 8947

City State Zip Code  
Mandeville LA 70470-8947

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

Name of Employer none Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI-29-38-c

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Nicky Bergeron

Mailing Address 5044 Craig Avenue

City State Zip Code  
Kenner LA 70065-3214

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

Name of Employer none Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI-33-40-c

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Nicky Bergeron

Mailing Address 5044 Craig Avenue

City State Zip Code  
Kenner LA 70065-3214

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

Name of Employer none Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI-33-28-c

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2300.00

**TOTAL** This Period (last page this line number only) ..... ► 40800.00

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

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

FOR LINE NUMBER: PAGE 16 / 21  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
The Eye of the Tiger Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
WalMart Stores, Inc. PAC for Responsible Government

Mailing Address 702 SW 8th Street

City State Zip Code  
Bentonville AR 72716-6209

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

**Transaction ID:** SA11C-41-35-c

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
UPS PAC

Mailing Address 55 Glenlake Parkway NE

City State Zip Code  
Atlanta GA 30328-3474

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

**Transaction ID:** SA11C-39-34-c

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00

**TOTAL** This Period (last page this line number only) ..... ► 6000.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Eye of the Tiger Political Action Committee

A.	Full Name (Last, First, Middle Initial) Galliano Marine Services	Transaction ID: SB21B-21-11-e Date of Disbursement																			
	Mailing Address Attn: Kirt Chouest P.O. Box 310	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	2		2	0	0	9												
	City Galliano State LA Zip Code 70354	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Campaign Event: event tickets Candidate Name	<table border="1"><tr><td>300.00</td></tr></table>	300.00																		
300.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		007 Category/Type																			

B.	Full Name (Last, First, Middle Initial) Emeril's Delmonico	Transaction ID: SB21B-7-3-e Date of Disbursement																			
	Mailing Address 1300 Saint Charles Avenue	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	3		2	0	0	9												
	City New Orleans State LA Zip Code 70130-4336	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Fundraising: event dinner expense Candidate Name	<table border="1"><tr><td>1404.70</td></tr></table>	1404.70																		
1404.70																					
	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 checked="" type="checkbox"/> Other (specify) ▼ Retire Debt -																			
		003 Category/Type																			

C.	Full Name (Last, First, Middle Initial) Chowder & Marching	Transaction ID: SB21B-25-14-e Date of Disbursement																			
	Mailing Address info requested	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	8		2	0	0	9												
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Campaign Event: event dinner expense Candidate Name	<table border="1"><tr><td>300.00</td></tr></table>	300.00																		
300.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		007 Category/Type																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>2004.70</td></tr></table>	2004.70
2004.70		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 21

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

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NAME OF COMMITTEE (In Full)

The Eye of the Tiger Political Action Committee

A.

Full Name (Last, First, Middle Initial)

The Mystick Krweve of Louisianians, Inc.

Mailing Address PO Box 80518

City Baton Rouge State LA Zip Code 70898-0518

Purpose of Disbursement  
Campaign Event: Casting fees

Candidate Name

007  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-24-13-e

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

700.00

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

700.00

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

2704.70

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

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

FOR LINE NUMBER: (check only one)

PAGE 19 / 21

<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)  
The Eye of the Tiger Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Charlie Dent For Congress <hr/> Mailing Address PO Box 442 <hr/> City Allentown State PA Zip Code 18105-0442 <hr/> Purpose of Disbursement Political Contribution: <span style="border: 1px solid black; padding: 2px;">011</span> Candidate Name Charles W Dent <hr/> 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: PA District: 15	Transaction ID: SB23-12-6-e Date of Disbursement <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2009</span> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">500.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) Lynn Jenkins For Congress <hr/> Mailing Address PO Box 1441 <hr/> City Topeka State KS Zip Code 66601-1441 <hr/> Purpose of Disbursement Political Contribution: <span style="border: 1px solid black; padding: 2px;">011</span> Candidate Name Lynn Jenkins <hr/> 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	Transaction ID: SB23-14-7-e Date of Disbursement <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2009</span> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">500.00</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) Steve Fincher For Congress <hr/> Mailing Address PO Box 11153 <hr/> City Jackson State TN Zip Code 38308-0119 <hr/> Purpose of Disbursement Political Contribution: <span style="border: 1px solid black; padding: 2px;">011</span> Candidate Name Steve Fincher <hr/> 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: TN District: 08	Transaction ID: SB23-23-12-e Date of Disbursement <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2009</span> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">500.00</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">1500.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Eye of the Tiger Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Tiberi For Congress <hr/> Mailing Address 2021 E Dbln Grnvll Road Suite 2000 <hr/> City Columbus State OH Zip Code 43229-3572 <hr/> Purpose of Disbursement Political Contribution: <input type="checkbox"/> 011 Candidate Name Patrick J Tiberi <hr/> 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: OH District: 12	Transaction ID: SB23-20-10-e Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 500.00
--	---

<b>B.</b> Full Name (Last, First, Middle Initial) Lee Terry For Congress <hr/> Mailing Address PO Box 540098 <hr/> City Omaha State NE Zip Code 68154-0098 <hr/> Purpose of Disbursement Political Contribution: <input type="checkbox"/> 011 Candidate Name Lee Terry <hr/> 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: NE District: 02	Transaction ID: SB23-18-9-e Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 500.00
---	--

<b>C.</b> Full Name (Last, First, Middle Initial) Tom Rooney For Congress <hr/> Mailing Address 2336 SE Ocean Boulevard # 313 <hr/> City Stuart State FL Zip Code 34996-3319 <hr/> Purpose of Disbursement Political Contribution: <input type="checkbox"/> 011 Candidate Name Tom Rooney <hr/> 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: FL District: 16	Transaction ID: SB23-16-8-e Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 500.00
---	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 21 / 21

<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)  
The Eye of the Tiger Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
Mary Bono Mack Committee

Transaction ID: SB23-10-5-e  
Date of Disbursement

Mailing Address PO Box 3370

<sup>M</sup> 1	<sup>M</sup> 2	/	<sup>D</sup> 0	<sup>D</sup> 2	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 9
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

City State Zip Code  
Palm Springs CA 92263-3370

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Political Contribution:

011
-----

Category/  
Type

Candidate Name  
Mary Bono Mack

Office Sought:  House  
 Senate  
 President  
State: CA District: 45

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

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

500.00
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TOTAL This Period (last page this line number only) ..... ►

3500.00
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