

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
AMERICA'S FOUNDATION

ADDRESS (number and street) PO Box 434
Suite 300
 Check if different than previously reported. (ACC)
Downtown PA 19335

2. **FEC IDENTIFICATION NUMBER** C00305797
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 (12S)
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 2010 through 03 31 2010

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 ALEX BARNA

Signature of Treasurer Electronically Filed by ALEX BARNA Date 07 15 2010

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)

A. Form/Schedule : **F3XA**

Transaction ID :

America's Foundation received payments for list rental services, and these payments did not exceed the usual and normal charge for these services. We assessed the usual and normal charge for these services by comparing the amounts received to previous amounts America's Foundation has either researched, or been charged to purchase or rent lists from list brokerage firms the PAC has used.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
AMERICA'S FOUNDATION

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		62487.14
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	62487.14									
(c) Total Receipts (from Line 19)	254859.89	254859.89								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	317347.03	317347.03								
7. Total Disbursements (from Line 31)	297610.23	297610.23								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19736.80	19736.80								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICA'S FOUNDATION

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	62648.00	62648.00
(ii) Unitemized	177967.96	177967.96
(iii) TOTAL (add Lines 11(a)(i) and (ii)	240615.96	240615.96
(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)	240615.96	240615.96
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.)	14243.93	14243.93
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))	254859.89	254859.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	254859.89	254859.89

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.....	273921.23	273921.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	273921.23	273921.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19000.00	19000.00
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	189.00	189.00
(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))	189.00	189.00
29. Other Disbursements.....	4500.00	4500.00
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))..	297610.23	297610.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	297610.23	297610.23

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)	240615.96	240615.96
34. Total Contribution Refunds (from Line 28(d))	189.00	189.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	240426.96	240426.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	273921.23	273921.23
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	273921.23	273921.23

**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 / 82
	<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)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) Travis A. Allison		Date of Receipt
	Mailing Address 17280 County Road 136		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 7 / 2 0 1 0
	City	State	Zip Code
	Tyler	TX	75703-7712
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4304
Name of Employer Goar, Allison & Assoc		Occupation Chemical	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"/> 260.00

B.	Full Name (Last, First, Middle Initial) Mr. William J. Avery		Date of Receipt
	Mailing Address 110 Commerce Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 3 / 2 0 1 0
	City	State	Zip Code
	Montgomeryville	PA	18936-9624
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16321
Name of Employer		Occupation Retired	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"/> 2000.00

C.	Full Name (Last, First, Middle Initial) Miss Earline H Bates		Date of Receipt
	Mailing Address 415 Ruby Forest Pkwy		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 0 1 / 2 0 1 0
	City	State	Zip Code
	Suwanee	GA	30024-3926
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4289
Name of Employer		Occupation Retired	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"/> 200.00
		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2460.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 82
(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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Mr. John L. Beck

Mailing Address 11748 N 80th PI

City State Zip Code
Scottsdale AZ 85260-5648

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

Name of Employer Occupation
None Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2010

Transaction ID: SA11AI.4125

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Mr Guenther Bizer

Mailing Address 1590 Mountain View Dr

City State Zip Code
Bayfield CO 81122-9656

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

Name of Employer Occupation
ret.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2010

Transaction ID: SA11AI.4208

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Jacqueline Cardone

Mailing Address 5501 Whitaker Avenue

City State Zip Code
Philadelphia PA 19124-9124

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

Name of Employer Occupation
Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2010

Transaction ID: SA11AI.16331

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **5450.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

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

Mailing Address 5501 Whitaker Avenue

City Philadelphia State PA Zip Code 19124-9124

FEC ID number of contributing federal political committee. C

Name of Employer Cardone Industries USA Occupation VP Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 09 / 2010
Transaction ID: SA11AI.16329

Amount of Each Receipt this Period 5000.00

B. Full Name (Last, First, Middle Initial)
Ms. Mary R. Clark

Mailing Address 1951 Morning Star Dr

City Roaming Shores State OH Zip Code 44084-9685

FEC ID number of contributing federal political committee. C

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 02 / 2010
Transaction ID: SA11AI.4144

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Mrs. Geraldine L Cleaveland

Mailing Address 12340 Linshan Dr

City Irwin State PA Zip Code 15642-2806

FEC ID number of contributing federal political committee. C

Name of Employer Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 29 / 2010
Transaction ID: SA11AI.4249

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 6100.00

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 / 82

(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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Ms. Eleanor Cobb

Mailing Address 131 S Vista St

City State Zip Code
Los Angeles CA 90036-2707

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 04 / 2010

Transaction ID: SA11AI.4312

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Ms Rhoda W. Cobb

Mailing Address 336 E Coconut Palm Rd

City State Zip Code
Boca Raton FL 33432-7916

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

Name of Employer Occupation
Ret.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 29 / 2010

Transaction ID: SA11AI.4205

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Grace K. Cohane

Mailing Address 3335 Utopia Pkwy

City State Zip Code
Flushing NY 11358-1921

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 203.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 22 / 2010

Transaction ID: SA11AI.4200

Amount of Each Receipt this Period

203.00

SUBTOTAL of Receipts This Page (optional)

1453.00

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 11 / 82
	<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)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) Rev. John Conte	Date of Receipt MM / DD / YYYY 03 / 26 / 2010
	Mailing Address 1325 Prospect Ave	Transaction ID: SA11AI.4285
	City State Zip Code Bethlehem PA 18018-4916	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Clergy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) David John Conway	Date of Receipt MM / DD / YYYY 02 / 15 / 2010
	Mailing Address PO Box 173	Transaction ID: SA11AI.4330
	City State Zip Code Georgetown DE 19947-0173	Amount of Each Receipt this Period 101.00
	FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.00	

C.	Full Name (Last, First, Middle Initial) Mr. Robert C. Cowen	Date of Receipt MM / DD / YYYY 03 / 08 / 2010
	Mailing Address 2756 Indian Springs Rd	Transaction ID: SA11AI.4168
	City State Zip Code Marianna FL 32446-6889	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	301.00
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 12 / 82
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial)
Mr. Robert C. Cowen

Mailing Address 2756 Indian Springs Rd

City State Zip Code
Marianna FL 32446-6889

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2010

Transaction ID: SA11AI.4170

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Ms Marjorie Davis

Mailing Address 6 Huckleberry Ln

City State Zip Code
Augusta ME 04330-6022

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2010

Transaction ID: SA11AI.4251

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Martha A. Dickerson

Mailing Address 3555 NE 86th St

City State Zip Code
Seattle WA 98115-3635

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

Name of Employer Occupation
Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2010

Transaction ID: SA11AI.4244

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 82
(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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Mrs Louise C Downs

Mailing Address 20 Blueberry Ln Apt L342
342 Oceanview

City Falmouth State ME Zip Code 04105-2845

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 203.00

Date of Receipt 03 / 31 / 2010

Transaction ID: SA11AI.4327

Amount of Each Receipt this Period 168.00

B.

Full Name (Last, First, Middle Initial)
Mrs. Diane R Ebert

Mailing Address 95 Ash St

City Cressona State PA Zip Code 17929-1325

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

Name of Employer Self-Employed Occupation General Partner Insurance Agen

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 16 / 2010

Transaction ID: SA11AI.4106

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Leslie Edelman

Mailing Address 40 Beech Rd

City Englewood State NJ Zip Code 07631-3722

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

Name of Employer Kimber Mfg, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 26 / 2010

Transaction ID: SA11AI.16325

Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) ► **5418.00**

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 14 / 82
	<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)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) Deborah Edleman	Date of Receipt MM / DD / YYYY 02 / 26 / 2010
	Mailing Address 40 Beech Rd	Transaction ID: SA11AI.16327
	City State Zip Code Englewood NJ 07631-3722	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Occupation Homemaker	Aggregate Year-to-Date 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Ms. Rita W. Fahrenkrug	Date of Receipt MM / DD / YYYY 03 / 29 / 2010
	Mailing Address 8365 Indian Hill Rd	Transaction ID: SA11AI.4130
	City State Zip Code Manlius NY 13104-8791	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Occupation M.F. Co. Accountant	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Ms. Mary H. Fallon	Date of Receipt MM / DD / YYYY 01 / 04 / 2010
	Mailing Address 3 Ocean Dr	Transaction ID: SA11AI.4242
	City State Zip Code Seabrook NH 03874-5102	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Occupation Homemaker	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	5550.00
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 15 / 82
	<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)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) Mr. Joe B. Finley, Jr.		Date of Receipt	
	Mailing Address PO Box 9		M M / D D / Y Y Y Y Y 0 1 / 2 2 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.4137
	Encinal	TX	78019-0009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Callaghan Ranch Ltd		Occupation Livestock Rancher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1000.00		

B.	Full Name (Last, First, Middle Initial) Mr. Joe B. Finley, Jr.		Date of Receipt	
	Mailing Address PO Box 9		M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.4136
	Encinal	TX	78019-0009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Callaghan Ranch Ltd		Occupation Livestock Rancher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		2000.00		

C.	Full Name (Last, First, Middle Initial) Mrs. Eugene M. Flory		Date of Receipt	
	Mailing Address 26 Meadow Ln		M M / D D / Y Y Y Y Y 0 3 / 2 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.4269
	Flemington	NJ	08822-1523	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		200.00	
Name of Employer		Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		400.00		

SUBTOTAL of Receipts This Page (optional)	▶	2200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 82
(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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Mr Greg Folley

Mailing Address 6526 N Saint Marys Rd

City Peoria State IL Zip Code 61614-2830

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

Name of Employer Caterpillar Inc. Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2010

Transaction ID: SA11AI.4315

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Mr Ernest V Fortin

Mailing Address 4575 Highland Oaks Cir

City Sarasota State FL Zip Code 34235-5178

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

Name of Employer Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2010

Transaction ID: SA11AI.4218

Amount of Each Receipt this Period
35.00

C.

Full Name (Last, First, Middle Initial)
Mr Ernest V Fortin

Mailing Address 4575 Highland Oaks Cir

City Sarasota State FL Zip Code 34235-5178

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

Name of Employer Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2010

Transaction ID: SA11AI.4223

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 260.00

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 17 / 82
	<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)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) Mr Ernest V Fortin	Date of Receipt MM / DD / YYYY 03 / 18 / 2010
	Mailing Address 4575 Highland Oaks Cir	Transaction ID: SA11AI.4225
	City State Zip Code Sarasota FL 34235-5178	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 272.00	

B.	Full Name (Last, First, Middle Initial) Mr Ernest V Fortin	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 4575 Highland Oaks Cir	Transaction ID: SA11AI.4220
	City State Zip Code Sarasota FL 34235-5178	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

C.	Full Name (Last, First, Middle Initial) Mrs. Joan A Gardner	Date of Receipt MM / DD / YYYY 01 / 06 / 2010
	Mailing Address 20 Dolphin Ln	Transaction ID: SA11AI.4308
	City State Zip Code Key Largo FL 33037-5214	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	315.00
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 18 / 82
	<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial)
Dr. Manuel Gomez, M.D.

Mailing Address HC 34 Box 323

City Lewisburg State WV Zip Code 24901-8961

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

Name of Employer Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt: MM / DD / YYYY 02 / 26 / 2010

Transaction ID: SA11AI.4230

Amount of Each Receipt this Period 114.00

B. Full Name (Last, First, Middle Initial)
Mrs Mary Ann Graf

Mailing Address 607 Lockhart St
The Frater House

City Pittsburgh State PA Zip Code 15212-5605

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY 03 / 09 / 2010

Transaction ID: SA11AI.4139

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Mrs Mary Ann Graf

Mailing Address 607 Lockhart St
The Frater House

City Pittsburgh State PA Zip Code 15212-5605

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: MM / DD / YYYY 03 / 31 / 2010

Transaction ID: SA11AI.4900

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 314.00

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 19 / 82

(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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Mrs. Gertrude F. Grden

Mailing Address 240 S Washington St

City State Zip Code
Baltimore MD 21231-2619

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 207.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 29 / 2010

Transaction ID: SA11AI.4194

Amount of Each Receipt this Period
40.00

B.

Full Name (Last, First, Middle Initial)
Mr. Donald Gumpertz

Mailing Address PO Box 2450

City State Zip Code
Toluca Lake CA 91610-0450

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 15 / 2010

Transaction ID: SA11AI.4178

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr Paul R R. Hamilton

Mailing Address 413 W Creek St

City State Zip Code
Fredericksburg TX 78624-3113

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 02 / 2010

Transaction ID: SA11AI.4319

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ►

415.00

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 20 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial)
Mrs Violet Hanna
 Mailing Address 4123 Mary Ellen Ave
 City State Zip Code
 Studio City CA 91604-2212
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 2 5 / 2 0 1 0
Transaction ID: SA11AI.4240
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Homemaker
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Palmer T Heenan
 Mailing Address 807 Park Ln
 City State Zip Code
 Grosse Pointe MI 48230-1852
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 9 / 2 0 1 0
Transaction ID: SA11AI.4113
 Amount of Each Receipt this Period
 100.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Lawyer
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

C. Full Name (Last, First, Middle Initial)
Mrs. Leah J Jeffries
 Mailing Address 4805 Zakon Rd
 City State Zip Code
 Torrance CA 90505-4355
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 6 / 2 0 1 0
Transaction ID: SA11AI.4151
 Amount of Each Receipt this Period
 525.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 525.00

SUBTOTAL of Receipts This Page (optional) ► **1125.00**
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 21 / 82
	(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)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) Miss Doris L Kenyon		Date of Receipt																					
	Mailing Address 1568 W Blaine Rd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		2	9		2	0	1	0														
	City State Zip Code Ovid NY 14521-9729		Transaction ID: SA11AI.4175																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		200.00																						

B.	Full Name (Last, First, Middle Initial) Dr Kookkan Kim		Date of Receipt																					
	Mailing Address 5438 N Lawrence St		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		2	5		2	0	1	0														
	City State Zip Code Philadelphia PA 19120-2804		Transaction ID: SA11AI.4108																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 376.00		376.00																						

C.	Full Name (Last, First, Middle Initial) Mrs. Evelyn J Kitchen		Date of Receipt																					
	Mailing Address 9101 Park Dr		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	6		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		2	6		2	0	1	0														
	City State Zip Code Shreve OH 44676-9700		Transaction ID: SA11AI.4191																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.00		104.00																						

SUBTOTAL of Receipts This Page (optional)	▶	680.00
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 22 / 82
(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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Mr. Joseph M. Klein

Mailing Address 2508 E 30th St

City State Zip Code
Tulsa OK 74114-5623

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

Name of Employer Occupation
Ret.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2010

Transaction ID: SA11AI.4210

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 3200 Netherland Ave Apt 4L

City State Zip Code
Bronx NY 10463-3412

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2010

Transaction ID: SA11AI.4188

Amount of Each Receipt this Period
35.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Joan G. Larsen

Mailing Address 1111 Pyott Rd

City State Zip Code
Lake In The Hills IL 60156-9715

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

Name of Employer Occupation
Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2010

Transaction ID: SA11AI.4261

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **785.00**

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 23 / 82
(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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Rev Ronald C. Lawson

Mailing Address 25 North Rd
St Mary Parish

City Chelmsford State MA Zip Code 01824-2723

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

Name of Employer St Mary Parish Occupation Ret.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 226.00

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

Transaction ID: SA11AI.4104

Amount of Each Receipt this Period
226.00

B.

Full Name (Last, First, Middle Initial)
Kathleen Lund

Mailing Address 1285 Clubhouse Drive

City Pasadena State CA Zip Code 91105-1105

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

Name of Employer Allen Lund Co. Inc. Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.16397

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Kathleen Lund

Mailing Address 1285 Clubhouse Drive

City Pasadena State CA Zip Code 91105-1105

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

Name of Employer Allen Lund Co. Inc. Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.16430

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 726.00

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 24 / 82

(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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Mr. John C Marous, Jr.

Mailing Address 28 The Trillium

City State Zip Code
Pittsburgh PA 15238-1930

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

Name of Employer Occupation
Retired

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 01 / 2010

Transaction ID: SA11AI.4153

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Robert McEldownery, Jr.

Mailing Address 111 Moorings Park Dr Apt 117

City State Zip Code
Naples FL 34105-2199

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 262.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 29 / 2010

Transaction ID: SA11AI.4301

Amount of Each Receipt this Period

157.00

C.

Full Name (Last, First, Middle Initial)
Mr Anthony McEvoy

Mailing Address 4 Riverside Dr

City State Zip Code
Utica NY 13502-2355

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 10 / 2010

Transaction ID: SA11AI.4160

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1057.00

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 25 / 82
	(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

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)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) Ms Judith A Mershon	Date of Receipt MM / DD / YYYY 02 / 19 / 2010
	Mailing Address 2821 Colorado Ave Apt 6	Transaction ID: SA11AI.4310
	City State Zip Code Santa Monica CA 90404-3657	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Marc D. Miller	Date of Receipt MM / DD / YYYY 02 / 15 / 2010
	Mailing Address 838 Summit Rd	Transaction ID: SA11AI.4100
	City State Zip Code Penn Valley PA 19072-1323	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) Mr. John L. Minter	Date of Receipt MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 116 Seascape Dr	Transaction ID: SA11AI.4323
	City State Zip Code Port Lavaca TX 77979-4940	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	2285.00
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 26 / 82
(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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial)
Mr William R. Montone

Mailing Address 11 Clemson Dr

City State Zip Code
Camp Hill PA 17011-7619

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: SA11AI.4116

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Ms. Isaac A. Morris

Mailing Address 2867 Outlet Rd

City State Zip Code
Clifton Springs NY 14432-9742

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

Name of Employer Occupation
G W Lisk & Co. Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2010

Transaction ID: SA11AI.4272

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Calvin Morse

Mailing Address 6761 Vallon Dr

City State Zip Code
Rancho Palos Verde CA 90275-5358

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2010

Transaction ID: SA11AI.4263

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 950.00

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 27 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial)
Mr. John A Musil

Mailing Address 521 E Moneta Ave

City Peoria Heights State IL Zip Code 61616-6225

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 25 / 2010

Transaction ID: SA11AI.4133

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Mr Henry M. Neumann

Mailing Address 622 Webster Dr

City Decatur State GA Zip Code 30033-5432

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 02 / 2010

Transaction ID: SA11AI.4173

Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Dorothy M Olson

Mailing Address 3730 Pennsylvania Ave Apt 104

City Dubuque State IA Zip Code 52002-3784

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

Name of Employer Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 251.00

Date of Receipt 02 / 26 / 2010

Transaction ID: SA11AI.4281

Amount of Each Receipt this Period 251.00

SUBTOTAL of Receipts This Page (optional) ▶ 651.00

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 28 / 82
(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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Dorothy M Olson

Mailing Address 3730 Pennsylvania Ave Apt 104

City State Zip Code
Dubuque IA 52002-3784

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

Name of Employer Occupation
Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 301.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: SA11AI.4282

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Mr. Shih Yuen Pai

Mailing Address 6414 79th St

City State Zip Code
Middle Village NY 11379-2348

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11AI.4148

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Shih Yuen Pai

Mailing Address 6414 79th St

City State Zip Code
Middle Village NY 11379-2348

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2010

Transaction ID: SA11AI.4149

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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 29 / 82

(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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Ms. Edith P Palmer

Mailing Address 282 Laroe Rd

City State Zip Code
Chester NY 10918-2435

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

Name of Employer Occupation
Housewife

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

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

Transaction ID: SA11AI.4236

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)
Ms. Edith P Palmer

Mailing Address 282 Laroe Rd

City State Zip Code
Chester NY 10918-2435

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

Name of Employer Occupation
Housewife

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

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

Transaction ID: SA11AI.4235

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Marie Therese Pero

Mailing Address 3037 122nd PI NE

City State Zip Code
Bellevue WA 98005-1522

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

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

Transaction ID: SA11AI.4317

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

1725.00

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 30 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial)
Russell Phelon

Mailing Address 2063 University Pkwy

City State Zip Code
Aiken SC 29801-6343

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

Name of Employer Occupation
OCV, LLC President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2010

Transaction ID: SA11AI.4253

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mrs. Katherine A. Pryor

Mailing Address 4 Lazy Wood Ln

City State Zip Code
Houston TX 77024-7541

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

Name of Employer Occupation
Housewife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2010

Transaction ID: SA11AI.4233

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Mr William D Rankin

Mailing Address 220 N Dithridge St

City State Zip Code
Pittsburgh PA 15213-1456

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

Name of Employer Occupation
Ret.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11AI.4202

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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 31 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial)
Mr William D Rankin

Mailing Address 220 N Dithridge St

City Pittsburgh State PA Zip Code 15213-1456

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

Name of Employer Occupation Ret.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY 02 / 17 / 2010

Transaction ID: SA11AI.4203

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Mrs. William L. Rosenberger

Mailing Address 753 Spring Ln

City Lansdale State PA Zip Code 19446-6231

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY 03 / 05 / 2010

Transaction ID: SA11AI.4119

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Ms Julia R. Russell

Mailing Address 1314 Pennington Rd

City Grenville State NM Zip Code 88424-7513

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

Name of Employer Occupation Rancher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY 02 / 17 / 2010

Transaction ID: SA11AI.4228

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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 32 / 82
(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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Mr. Edwin C. Sandham

Mailing Address 1964 SW Saint Andrews Dr

City State Zip Code
Palm City FL 34990-2210

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 437.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2010

Transaction ID: SA11AI.4257

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Edwin C. Sandham

Mailing Address 1964 SW Saint Andrews Dr

City State Zip Code
Palm City FL 34990-2210

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 687.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2010

Transaction ID: SA11AI.4255

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Edwin C. Sandham

Mailing Address 1964 SW Saint Andrews Dr

City State Zip Code
Palm City FL 34990-2210

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 937.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2010

Transaction ID: SA11AI.4256

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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 33 / 82
(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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial)
Mr Norman Schwotzer

Mailing Address 730 Bower Hill Rd Apt 302

City State Zip Code
Pittsburgh PA 15243-2014

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: SA11AI.4158

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Donald Scifres

Mailing Address 26700 Palo Hills Dr

City State Zip Code
Los Altos CA 94022-1927

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

Name of Employer Occupation
Self Employed Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2010

Transaction ID: SA11AI.4238

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Mr. James Sherman

Mailing Address 4 Tahoe Ln

City State Zip Code
Sea Ranch Lakes FL 33308-2328

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2010

Transaction ID: SA11AI.4146

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 82
	<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)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) Sylvia Janet Shiller		Date of Receipt
	Mailing Address 6 Canterbury Ct		<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 / 18 / 2010
	City	State	Zip Code
	Easton	PA	18040-8325
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4278
Name of Employer		Occupation	Amount of Each Receipt this Period
		Retired	<input type="text"/> 60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 260.00	

B.	Full Name (Last, First, Middle Initial) Sylvia Janet Shiller		Date of Receipt
	Mailing Address 6 Canterbury Ct		<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 / 30 / 2010
	City	State	Zip Code
	Easton	PA	18040-8325
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4277
Name of Employer		Occupation	Amount of Each Receipt this Period
		Retired	<input type="text"/> 70.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 330.00	

C.	Full Name (Last, First, Middle Initial) Mr. Ron G. Sidovar		Date of Receipt
	Mailing Address PO Box 190 9 Whitebirch Ridge		<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 01 / 19 / 2010
	City	State	Zip Code
	Hamlin	PA	18427-0190
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4155
Name of Employer		Occupation	Amount of Each Receipt this Period
		Retired	<input type="text"/> 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 300.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 430.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 82
(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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Mr. Ron G. Sidovar

Mailing Address PO Box 190
9 Whitebirch Ridge

City Hamlin State PA Zip Code 18427-0190

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY 03 / 01 / 2010

Transaction ID: SA11AI.4156

Amount of Each Receipt this Period 200.00

B.

Full Name (Last, First, Middle Initial)
Mr Walter Simmons, Jr

Mailing Address 1212 Nocona Dr

City McKinney State TX Zip Code 75071-0489

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY 02 / 02 / 2010

Transaction ID: SA11AI.4166

Amount of Each Receipt this Period 300.00

C.

Full Name (Last, First, Middle Initial)
Mr. Jan E. G. Smit

Mailing Address PO Box 1284

City Santa Ynez State CA Zip Code 93460-1284

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt MM / DD / YYYY 02 / 26 / 2010

Transaction ID: SA11AI.4180

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 600.00

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 36 / 82
(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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial)
Mr Robert C. Smith

Mailing Address 8800 E 82nd St

City Indianapolis State IN Zip Code 46256-1802

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 02 / 02 / 2010

Transaction ID: SA11AI.4142

Amount of Each Receipt this Period 2100.00

B. Full Name (Last, First, Middle Initial)
Ms. Charlene Sprankel

Mailing Address 120 Fenway Dr

City Decatur State IL Zip Code 62521-5610

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

Name of Employer Occupation Retired Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 802.00

Date of Receipt 01 / 04 / 2010

Transaction ID: SA11AI.4121

Amount of Each Receipt this Period 802.00

C. Full Name (Last, First, Middle Initial)
Ms. Charlene Sprankel

Mailing Address 120 Fenway Dr

City Decatur State IL Zip Code 62521-5610

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

Name of Employer Occupation Retired Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1002.00

Date of Receipt 03 / 08 / 2010

Transaction ID: SA11AI.4122

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 3102.00

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 37 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial)
Ms. Charlene Sprankel
Mailing Address 120 Fenway Dr
City Decatur State IL Zip Code 62521-5610
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Professor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1406.00
Date of Receipt 03 / 08 / 2010
Transaction ID: SA11AI.4123
Amount of Each Receipt this Period 404.00

B. Full Name (Last, First, Middle Initial)
Mrs. Arlana St. Clair
Mailing Address 3401 Wible Rd
City Bakersfield State CA Zip Code 93309-6509
FEC ID number of contributing federal political committee. **C**
Name of Employer Self - St Clair Investments Occupation Property Management
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 02 / 2010
Transaction ID: SA11AI.4111
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mrs. Arlana St. Clair
Mailing Address 3401 Wible Rd
City Bakersfield State CA Zip Code 93309-6509
FEC ID number of contributing federal political committee. **C**
Name of Employer Self - St Clair Investments Occupation Property Management
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 02 / 18 / 2010
Transaction ID: SA11AI.4110
Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ► 804.00
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 38 / 82
	<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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Mrs. Janet S Staiano

Mailing Address 132 Aspen Dr

City Boalsburg State PA Zip Code 16827-1736

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

Name of Employer self Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt / /
Transaction ID: SA11AI.4343

Amount of Each Receipt this Period 200.00

B.

Full Name (Last, First, Middle Initial)
Mr. Franklin A Stauffer

Mailing Address 620 E Arch St

City Palmyra State PA Zip Code 17078-1805

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 214.00

Date of Receipt / /
Transaction ID: SA11AI.4163

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Mr. Franklin A Stauffer

Mailing Address 620 E Arch St

City Palmyra State PA Zip Code 17078-1805

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 328.00

Date of Receipt / /
Transaction ID: SA11AI.4162

Amount of Each Receipt this Period 114.00

SUBTOTAL of Receipts This Page (optional) ►

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 39 / 82
(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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial)
Ms. Yolande H Strawinski

Mailing Address 1130 Sylvan Pl

City Monterey State CA Zip Code 93940-4903

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

Name of Employer New York Life Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 503.00

Date of Receipt: 01 / 28 / 2010
Transaction ID: SA11AI.4128
 Amount of Each Receipt this Period: 303.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert Sunderland

Mailing Address 953 Pyrite Ave

City Henderson State NV Zip Code 89011-3059

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

Name of Employer Occupation Ret.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 29 / 2010
Transaction ID: SA11AI.4972
 Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Mr Robert L. Toner

Mailing Address 222 Foxhound Dr

City Lafayette Hill State PA Zip Code 19444-1033

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

Name of Employer Tower Cable Equipment Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt: 01 / 21 / 2010
Transaction ID: SA11AI.4102
 Amount of Each Receipt this Period: 3750.00

SUBTOTAL of Receipts This Page (optional) ► **4153.00**

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 40 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial)
Mr Thomas F. Troy, Jr
Mailing Address 11 Maitland Rd
City State Zip Code
Stamford CT 06906-2104
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt MM / DD / YYYY
02 / 24 / 2010
Transaction ID: SA11AI.4291
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Mr. Dean K. Webster
Mailing Address 215 Kings Hwy
City State Zip Code
Kennebunkport ME 04046-7270
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt MM / DD / YYYY
02 / 22 / 2010
Transaction ID: SA11AI.4306
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Roland F Wilkinson
Mailing Address 5473 Pelican Way
City State Zip Code
Saint Augustine FL 32080-7153
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt MM / DD / YYYY
03 / 29 / 2010
Transaction ID: SA11AI.4453
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 550.00
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 41 / 82
(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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial)
Mr. Roland F Wilkinson

Mailing Address 5473 Pelican Way

City State Zip Code
Saint Augustine FL 32080-7153

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2010

Transaction ID: SA11AI.4452

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
Mr Bert Winston, Jr

Mailing Address 1919 Kc 450

City State Zip Code
Junction TX 76849-6336

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

Name of Employer Occupation
Self Employed Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2010

Transaction ID: SA11AI.4294

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Wayne Yakes

Mailing Address 501 E. Hampden Avenue

City State Zip Code
Englewood CO 80113-0113

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

Name of Employer Occupation
self physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2010

Transaction ID: SA11AI.16387

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ▶ **675.00**

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 42 / 82	
	(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"/> 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)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) Mr. Frank M Zielinski		Date of Receipt																					
	Mailing Address 126 E Wing St Apt 211		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		2	9		2	0	1	0														
	City	State	Zip Code	Transaction ID: SA11AI.4298																				
Arlington Heights	IL	60004-6064	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.	C		100.00																					
Name of Employer Barnaby's of Northbrook	Occupation Restaurant Owner																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼																							
	275.00																							

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	62648.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Conrad Direct, Inc.

Mailing Address 300 Knickerbocker Road

City State Zip Code
Cresskill NJ 07626-7626

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7797.49

Date of Receipt

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

Transaction ID: SA17.16489

Amount of Each Receipt this Period

7797.49

List Rental Income

B.

Full Name (Last, First, Middle Initial)
Conrad Direct, Inc.

Mailing Address 300 Knickerbocker Road

City State Zip Code
Cresskill NJ 07626-7626

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
11811.56

Date of Receipt

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

Transaction ID: SA17.16490

Amount of Each Receipt this Period

4014.07

List Rental Income

C.

Full Name (Last, First, Middle Initial)
Nova List Company

Mailing Address 13755 Sunrise Valley Drive
Suite 450

City State Zip Code
Herndon VA 20171-0171

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
730.01

Date of Receipt

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

Transaction ID: SA17.16487

Amount of Each Receipt this Period

730.01

List Rental Income

SUBTOTAL of Receipts This Page (optional) ▶

12541.57

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 44 / 82
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) Nova List Company		Date of Receipt
	Mailing Address 13755 Sunrise Valley Drive Suite 450		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Herndon	VA	20171-0171
	FEC ID number of contributing federal political committee.		Transaction ID: SA17.16680
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text" value="1262.36"/>
Receipt For:		Aggregate Year-to-Date ▼	List Rental Income
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1992.37"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Nova List Company		Date of Receipt
	Mailing Address 13755 Sunrise Valley Drive Suite 450		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Herndon	VA	20171-0171
	FEC ID number of contributing federal political committee.		Transaction ID: SA17.16491
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text" value="440.00"/>
Receipt For:		Aggregate Year-to-Date ▼	List Rental Income
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="2432.37"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1702.36"/>
TOTAL This Period (last page this line number only)	<input type="text" value="14243.93"/>

**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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Advanced Mailing Sevices Mailing Address 14970 Farm Creek Drive City Woodbridge State VA Zip Code 22191 Purpose of Disbursement Direct Mail Costs - Postage 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: SB21B.16601 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 4562.34 Category/Type

B. Full Name (Last, First, Middle Initial) Advanced Mailing Sevices Mailing Address 14970 Farm Creek Drive City Woodbridge State VA Zip Code 22191 Purpose of Disbursement Direct Mail Costs - Postage 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: SB21B.16605 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1568.02 Category/Type

C. Full Name (Last, First, Middle Initial) Advanced Mailing Sevices Mailing Address 14970 Farm Creek Drive City Woodbridge State VA Zip Code 22191 Purpose of Disbursement Direct Mail Costs - Postage 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: SB21B.16606 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 8605.25 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	14735.61
TOTAL 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)

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Advanced Mailing Sevices Mailing Address 14970 Farm Creek Drive City Woodbridge State VA Zip Code 22191 Purpose of Disbursement Direct Mail Costs - Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.16613 Date of Disbursement 02 / 03 / 2010
	Amount of Each Disbursement this Period 3494.25
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

B. Full Name (Last, First, Middle Initial) Advanced Mailing Sevices Mailing Address 14970 Farm Creek Drive City Woodbridge State VA Zip Code 22191 Purpose of Disbursement Direct Mail Costs - Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.16614 Date of Disbursement 02 / 03 / 2010
	Amount of Each Disbursement this Period 8325.24
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

C. Full Name (Last, First, Middle Initial) Advanced Mailing Sevices Mailing Address 14970 Farm Creek Drive City Woodbridge State VA Zip Code 22191 Purpose of Disbursement Direct Mail Costs - Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.16615 Date of Disbursement 02 / 03 / 2010
	Amount of Each Disbursement this Period 1832.65
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	13652.14
TOTAL 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)

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Advanced Mailing Sevices Mailing Address 14970 Farm Creek Drive City Woodbridge State VA Zip Code 22191 Purpose of Disbursement Direct Mail Costs - Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.16617 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1477.26 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Advanced Mailing Sevices Mailing Address 14970 Farm Creek Drive City Woodbridge State VA Zip Code 22191 Purpose of Disbursement Direct Mail Costs - Printing/Mailshop Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.16638 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 2301.63 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Advanced Mailing Sevices Mailing Address 14970 Farm Creek Drive City Woodbridge State VA Zip Code 22191 Purpose of Disbursement Direct Mail Costs - Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.16657 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 746.62 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4525.51
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Advanced Mailing Sevices Mailing Address 14970 Farm Creek Drive City Woodbridge State VA Zip Code 22191 Purpose of Disbursement Direct Mail Costs - Printing/Mailshop 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: SB21B.16662 Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2010
	Amount of Each Disbursement this Period 3167.52

B. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Merchant Credit Card Fees 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: SB21B.16556 Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2010
	Amount of Each Disbursement this Period 35.00

C. Full Name (Last, First, Middle Initial) American Heritage Credit Union Mailing Address P.O. Box 67001 City Harrisburg State PA Zip Code 17106-7001 Purpose of Disbursement Credit Card Payment 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: SB21B.16546 Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2010
	Amount of Each Disbursement this Period 1551.68

SUBTOTAL of Disbursements This Page (optional) ▶	4754.20
TOTAL 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)

<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)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.16546.0 Date of Disbursement 03 / 18 / 2010
	Mailing Address 30th and Market St, Fl. 5	Amount of Each Disbursement this Period 205.00
	City Philadelphia State PA Zip Code 19102	
	Purpose of Disbursement Travel Expenses	[MEMO ITEM]
	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.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.16546.1 Date of Disbursement 03 / 18 / 2010
	Mailing Address 3311 Airport Rd	Amount of Each Disbursement this Period 384.60
	City Allentown State PA Zip Code 18109	
	Purpose of Disbursement Travel Expenses	[MEMO ITEM]
	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) ▼	

C.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B.16546.2 Date of Disbursement 03 / 18 / 2010
	Mailing Address 4255 Amon Carter Blvd. MD 2400	Amount of Each Disbursement this Period 862.80
	City Fort Worth State TX Zip Code 76155	
	Purpose of Disbursement Travel Expenses	[MEMO ITEM]
	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) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

<input 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)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) American Heritage Credit Union	Transaction ID: SB21B.16547 Date of Disbursement
	Mailing Address P.O. Box 67001	<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City Harrisburg State PA Zip Code 17106-7001	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Payment	<input type="text" value="188.69"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Barna Advisory Services, PC	Transaction ID: SB21B.16510 Date of Disbursement
	Mailing Address 270 S. Woodmont Drive	<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Downingtown State PA Zip Code 19335	Amount of Each Disbursement this Period
	Purpose of Disbursement Accounting Fees	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Barna Advisory Services, PC	Transaction ID: SB21B.16530 Date of Disbursement
	Mailing Address 270 S. Woodmont Drive	<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Downingtown State PA Zip Code 19335	Amount of Each Disbursement this Period
	Purpose of Disbursement Accounting Fees	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5188.69"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) BB&T <hr/> Mailing Address PO Box 200 <hr/> City Wilson State NC Zip Code 27894-0020 <hr/> Purpose of Disbursement Bank Service 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: SB21B.16609 Date of Disbursement 01 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 239.96
B.	Full Name (Last, First, Middle Initial) BB&T <hr/> Mailing Address PO Box 200 <hr/> City Wilson State NC Zip Code 27894-0020 <hr/> Purpose of Disbursement Bank Service 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: SB21B.16610 Date of Disbursement 01 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 20.00
C.	Full Name (Last, First, Middle Initial) BB&T <hr/> Mailing Address PO Box 200 <hr/> City Wilson State NC Zip Code 27894-0020 <hr/> Purpose of Disbursement Bank Service 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: SB21B.16633 Date of Disbursement 02 / 28 / 2010 <hr/> Amount of Each Disbursement this Period 20.00

SUBTOTAL of Disbursements This Page (optional) ▶	279.96
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

<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)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21B.16635 Date of Disbursement
	Mailing Address PO Box 200	<input type="text" value="02"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="172.93"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21B.16669 Date of Disbursement
	Mailing Address PO Box 200	<input type="text" value="03"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="40.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21B.16670 Date of Disbursement
	Mailing Address PO Box 200	<input type="text" value="03"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="216.39"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="429.32"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Matt Beynon

Transaction ID: SB21B.16533
Date of Disbursement

Mailing Address 1747 Pennsylvania Ave, NW
Suite 1200

/ /

City Washington State DC Zip Code 20006

Amount of Each Disbursement this Period

Purpose of Disbursement
Expense Reimb - Parking, Meals, Postage, Printing

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
BigEye Direct, Inc.

Transaction ID: SB21B.16636
Date of Disbursement

Mailing Address 13860 Redskin Drive

/ /

City Herndon State VA Zip Code 20171

Amount of Each Disbursement this Period

Purpose of Disbursement
Direct Mail Costs - Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
BigEye Direct, Inc.

Transaction ID: SB21B.16656
Date of Disbursement

Mailing Address 13860 Redskin Drive

/ /

City Herndon State VA Zip Code 20171

Amount of Each Disbursement this Period

Purpose of Disbursement
Direct Mail Costs - Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.16659 Date of Disbursement MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 13860 Redskin Drive	Amount of Each Disbursement this Period 1847.69
	City Herndon State VA Zip Code 20171	
	Purpose of Disbursement Direct Mail Costs - Postage	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.	Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.16660 Date of Disbursement MM / DD / YYYY 03 / 24 / 2010
	Mailing Address 13860 Redskin Drive	Amount of Each Disbursement this Period 3812.76
	City Herndon State VA Zip Code 20171	
	Purpose of Disbursement Direct Mail Costs - Postage	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) ▼

C.	Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.16672 Date of Disbursement MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 13860 Redskin Drive	Amount of Each Disbursement this Period 10797.62
	City Herndon State VA Zip Code 20171	
	Purpose of Disbursement Direct Mail Costs - Postage	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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	16458.07
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.16673 Date of Disbursement
	Mailing Address 13860 Redskin Drive	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Costs - Postage	<input type="text" value="89.62"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Big Fish, A Design Ptrship, Inc.	Transaction ID: SB21B.16544 Date of Disbursement
	Mailing Address 405 8th Street, SE Suite 200	<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Website Desgin & Maintenance	<input type="text" value="637.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company	Transaction ID: SB21B.16514 Date of Disbursement
	Mailing Address 801 Lancaster Avenue	<input type="text" value="02"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City Bryn Mawr State PA Zip Code 19010	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="63.98"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="791.10"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company	Transaction ID: SB21B.16531 Date of Disbursement
	Mailing Address 801 Lancaster Avenue	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City State Zip Code Bryn Mawr PA 19010	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="75.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company	Transaction ID: SB21B.16536 Date of Disbursement
	Mailing Address 801 Lancaster Avenue	<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City State Zip Code Bryn Mawr PA 19010	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="75.50"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company	Transaction ID: SB21B.16585 Date of Disbursement
	Mailing Address 801 Lancaster Avenue	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City State Zip Code Bryn Mawr PA 19010	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="75.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="225.50"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) Colortree	Transaction ID: SB21B.16619 Date of Disbursement																			
	Mailing Address P.O. Box 18160	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	1	0												
	City Merrifield State VA Zip Code 22118-0160	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Direct Mail Costs - Printing	<table border="1"><tr><td>3965.26</td></tr></table>	3965.26																		
3965.26																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) Colortree	Transaction ID: SB21B.16639 Date of Disbursement																			
	Mailing Address P.O. Box 18160	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	1	0												
	City Merrifield State VA Zip Code 22118-0160	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Direct Mail Costs - Printing	<table border="1"><tr><td>2036.10</td></tr></table>	2036.10																		
2036.10																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) Conrad Direct, Inc.	Transaction ID: SB21B.16620 Date of Disbursement																			
	Mailing Address 300 Knickerbocker Road	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	1	0												
	City Cresskill State NJ Zip Code 07626-7626	Amount of Each Disbursement this Period																			
	Purpose of Disbursement List Rental Fees	<table border="1"><tr><td>3452.98</td></tr></table>	3452.98																		
3452.98																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>9454.34</td></tr></table>	9454.34
9454.34		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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)
AMERICA'S FOUNDATION

<p>A. Full Name (Last, First, Middle Initial) Conrad Direct, Inc.</p> <p>Mailing Address 300 Knickerbocker Road</p> <p>City Cresskill State NJ Zip Code 07626-7626</p> <p>Purpose of Disbursement List Rental Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16640 Date of Disbursement 03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 3997.94</p>
<p>B. Full Name (Last, First, Middle Initial) Digital Donation, LLC</p> <p>Mailing Address P.O. Box 82130</p> <p>City Baton Rouge State LA Zip Code 70884</p> <p>Purpose of Disbursement Compensation for Fundraising Svcs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16676 Date of Disbursement 03 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 137.00</p>
<p>C. Full Name (Last, First, Middle Initial) Digital Donation, LLC</p> <p>Mailing Address P.O. Box 82130</p> <p>City Baton Rouge State LA Zip Code 70884</p> <p>Purpose of Disbursement Compensation for Fundraising Svcs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16677 Date of Disbursement 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 161.50</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4296.44

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) Direct Impressions, Inc.	Transaction ID: SB21B.16622 Date of Disbursement
	Mailing Address 2100 Tomlynn Street	<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Richmond State VA Zip Code 23230	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Costs - Printing	<input type="text" value="10061.09"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Direct Impressions, Inc.	Transaction ID: SB21B.16641 Date of Disbursement
	Mailing Address 2100 Tomlynn Street	<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Richmond State VA Zip Code 23230	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Costs - Printing	<input type="text" value="8493.88"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: SB21B.16506 Date of Disbursement
	Mailing Address 7300 Hudson Blvd. Suite 270	<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City St. Paul State MN Zip Code 55128	Amount of Each Disbursement this Period
	Purpose of Disbursement Telemarketing Expenses	<input type="text" value="2858.67"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="21413.64"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: SB21B.16516 Date of Disbursement
	Mailing Address 7300 Hudson Blvd. Suite 270	<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City State Zip Code St. Paul MN 55128	Amount of Each Disbursement this Period
	Purpose of Disbursement Telemarketing Expenses	<input type="text" value="3614.20"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: SB21B.16555 Date of Disbursement
	Mailing Address 7300 Hudson Blvd. Suite 270	<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City State Zip Code St. Paul MN 55128	Amount of Each Disbursement this Period
	Purpose of Disbursement Telemarketing Expenses	<input type="text" value="4027.13"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FORmost Graphic Communications	Transaction ID: SB21B.16599 Date of Disbursement
	Mailing Address 7564 Standish Place, Ste 115	<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City State Zip Code Rockville MD 20855-2745	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Costs - Postage	<input type="text" value="1000.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8641.33"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

<input 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)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) FORmost Graphic Communications	Transaction ID: SB21B.16602 Date of Disbursement
	Mailing Address 7564 Standish Place, Ste 115	<input type="text" value="01"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Rockville State MD Zip Code 20855-2745	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Costs - Printing/Mailshop	<input type="text" value="113.34"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FORmost Graphic Communications	Transaction ID: SB21B.16623 Date of Disbursement
	Mailing Address 7564 Standish Place, Ste 115	<input type="text" value="02"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Rockville State MD Zip Code 20855-2745	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Costs - Printing/Mailshop	<input type="text" value="701.52"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FORmost Graphic Communications	Transaction ID: SB21B.16642 Date of Disbursement
	Mailing Address 7564 Standish Place, Ste 115	<input type="text" value="03"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Rockville State MD Zip Code 20855-2745	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Costs - Printing	<input type="text" value="114.52"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="929.38"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

<input 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)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) FORmost Graphic Communications	Transaction ID: SB21B.16663 Date of Disbursement
	Mailing Address 7564 Standish Place, Ste 115	<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City Rockville State MD Zip Code 20855-2745	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Costs - Printing/Mailshop	<input type="text" value="1004.08"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Global Payments Inc.	Transaction ID: SB21B.16612 Date of Disbursement
	Mailing Address 10 Glenlake Pkwy NE North Tower	<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchante Credit Card Fees	<input type="text" value="263.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Global Payments Inc.	Transaction ID: SB21B.16634 Date of Disbursement
	Mailing Address 10 Glenlake Pkwy NE North Tower	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Credit Card Payments	<input type="text" value="112.09"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1379.17"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICA'S FOUNDATION

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Global Payments Inc.</p> <p>Mailing Address 10 Glenlake Pkwy NE North Tower</p> <p>City Atlanta State GA Zip Code 30328</p> <p>Purpose of Disbursement Merchant Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16671</p> <p>Date of Disbursement 03 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 237.17</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Expenses & Creative Design</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16595</p> <p>Date of Disbursement 01 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1598.40</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Expenses & Creative Design</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16603</p> <p>Date of Disbursement 01 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 7674.25</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9509.82

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

<p>A.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Expenses & Creative Design</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16624</p> <p>Date of Disbursement 02 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1528.02</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Expenses & Creative Design Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16631</p> <p>Date of Disbursement 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 11616.09</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Expenses and Creative Design Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16643</p> <p>Date of Disbursement 03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 5227.41</p>

SUBTOTAL of Disbursements This Page (optional) ▶

18371.52

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) HSP Direct	Transaction ID: SB21B.16646 Date of Disbursement
	Mailing Address 13755 Sunrise Valley Drive Suite 450	<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Costs - Postage	<input type="text" value="16782.83"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HSP Direct	Transaction ID: SB21B.16664 Date of Disbursement
	Mailing Address 13755 Sunrise Valley Drive Suite 450	<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Expenses & Creative Design	<input type="text" value="6957.24"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Integram	Transaction ID: SB21B.16589 Date of Disbursement
	Mailing Address 8421 Hilltop Rd.	<input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City Fairfax State VA Zip Code 22031	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Costs - Printing	<input type="text" value="9004.02"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="32744.09"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) Iron Mountain	Transaction ID: SB21B.16518
	Mailing Address PO Box 27128	Date of Disbursement MM / DD / YYYY 02 / 22 / 2010
	City New York State NY Zip Code 10087-7128	Amount of Each Disbursement this Period 742.24
	Purpose of Disbursement Rent	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.	Full Name (Last, First, Middle Initial) Iron Mountain	Transaction ID: SB21B.16540
	Mailing Address PO Box 27128	Date of Disbursement MM / DD / YYYY 03 / 18 / 2010
	City New York State NY Zip Code 10087-7128	Amount of Each Disbursement this Period 751.52
	Purpose of Disbursement Rent	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) ▼

C.	Full Name (Last, First, Middle Initial) Kenmore Envelope Company	Transaction ID: SB21B.16645
	Mailing Address 4641 International Trade Court	Date of Disbursement MM / DD / YYYY 03 / 04 / 2010
	City Richmond State VA Zip Code 23231	Amount of Each Disbursement this Period 2430.12
	Purpose of Disbursement Direct Mail Costs - Printing	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) ▼

SUBTOTAL of Disbursements This Page (optional)	3923.88
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) Athan Koutsouroumbas	Transaction ID: SB21B.16554 Date of Disbursement 03 / 18 / 2010
	Mailing Address 6028 Goshen Rd.	Amount of Each Disbursement this Period 300.00
	City Newtown Square State PA Zip Code 19073	
	Purpose of Disbursement Travel Reimbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) MDI Mail & Imaging	Transaction ID: SB21B.16666 Date of Disbursement 03 / 25 / 2010
	Mailing Address 21721-A Filigree Court	Amount of Each Disbursement this Period 7097.37
	City Adhburn State VA Zip Code 20147	
	Purpose of Disbursement Direct Mail Costs - Printing	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) RST Marketing Associates, Inc.	Transaction ID: SB21B.16591 Date of Disbursement 01 / 08 / 2010
	Mailing Address P.O. Box 228	Amount of Each Disbursement this Period 14956.96
	City Forest State VA Zip Code 24551	
	Purpose of Disbursement Direct Mail Costs - Postage	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	22354.33
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
RST Marketing Associates, Inc.

Transaction ID: SB21B.16607

Date of Disbursement

Mailing Address P.O. Box 228

/ /

City Forest State VA Zip Code 24551

Amount of Each Disbursement this Period

Purpose of Disbursement
Direct Mail Costs - Printing

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
RST Marketing Associates, Inc.

Transaction ID: SB21B.16632

Date of Disbursement

Mailing Address P.O. Box 228

/ /

City Forest State VA Zip Code 24551

Amount of Each Disbursement this Period

Purpose of Disbursement
Direct Mail Costs - Printing

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
RST Marketing Associates, Inc.

Transaction ID: SB21B.16653

Date of Disbursement

Mailing Address P.O. Box 228

/ /

City Forest State VA Zip Code 24551

Amount of Each Disbursement this Period

Purpose of Disbursement
Direct Mail Costs - Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
SM Jenkins & Co

Transaction ID: SB21B.16502
Date of Disbursement

Mailing Address One Tower Bridge
Suite 1410

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

City State Zip Code
West Conshohocken PA 19428

Amount of Each Disbursement this Period

1234.14

Purpose of Disbursement
Rent

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
SM Jenkins & Co

Transaction ID: SB21B.16515
Date of Disbursement

Mailing Address One Tower Bridge
Suite 1410

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

City State Zip Code
West Conshohocken PA 19428

Amount of Each Disbursement this Period

1692.26

Purpose of Disbursement
Telecommunications Expenses

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
SM Jenkins & Co

Transaction ID: SB21B.16521
Date of Disbursement

Mailing Address One Tower Bridge
Suite 1410

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

City State Zip Code
West Conshohocken PA 19428

Amount of Each Disbursement this Period

1236.91

Purpose of Disbursement
Rent

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

4163.31

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) SM Jenkins & Co	Transaction ID: SB21B.16541 Date of Disbursement 03 / 18 / 2010
	Mailing Address One Tower Bridge Suite 1410	Amount of Each Disbursement this Period 1234.14
	City West Conshohocken State PA Zip Code 19428	
	Purpose of Disbursement Rent	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.	Full Name (Last, First, Middle Initial) Sunrise Data Services	Transaction ID: SB21B.16604 Date of Disbursement 01 / 21 / 2010
	Mailing Address 13755 Sunrise Valley Drive Suite 450	Amount of Each Disbursement this Period 575.00
	City Herndon State VA Zip Code 20171	
	Purpose of Disbursement Database Maintenance Services	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) ▼

C.	Full Name (Last, First, Middle Initial) Sunrise Data Services	Transaction ID: SB21B.16625 Date of Disbursement 02 / 04 / 2010
	Mailing Address 13755 Sunrise Valley Drive Suite 450	Amount of Each Disbursement this Period 2957.76
	City Herndon State VA Zip Code 20171	
	Purpose of Disbursement Database Maintenance Services	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) ▼

SUBTOTAL of Disbursements This Page (optional)	4766.90
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) Sunrise Data Services	Transaction ID: SB21B.16647 Date of Disbursement
	Mailing Address 13755 Sunrise Valley Drive Suite 450	<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Database Maintenance Services	<input type="text" value="2155.09"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sunrise Data Services	Transaction ID: SB21B.16658 Date of Disbursement
	Mailing Address 13755 Sunrise Valley Drive Suite 450	<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Database Maintenance Services	<input type="text" value="607.27"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sunrise Data Services	Transaction ID: SB21B.16667 Date of Disbursement
	Mailing Address 13755 Sunrise Valley Drive Suite 450	<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Database Maintenance Services	<input type="text" value="1401.86"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4164.22"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) The Clapham Group	Transaction ID: SB21B.16498 Date of Disbursement
	Mailing Address 5272 Lyngate Ct. Suite 200	<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City State Zip Code Burke VA 22015	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Management Fees	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) The Clapham Group	Transaction ID: SB21B.16529 Date of Disbursement
	Mailing Address 5272 Lyngate Ct. Suite 200	<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City State Zip Code Burke VA 22015	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Management Fees	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) The Clapham Group	Transaction ID: SB21B.16549 Date of Disbursement
	Mailing Address 5272 Lyngate Ct. Suite 200	<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City State Zip Code Burke VA 22015	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Management Fees	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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)
AMERICA'S FOUNDATION

<p>A.</p> <p>Full Name (Last, First, Middle Initial) United States Treasury</p> <p>Mailing Address 1500 Pennsylvania Ave, NW</p> <p>City Washington State DC Zip Code 20220</p> <p>Purpose of Disbursement Tax Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16538</p> <p>Date of Disbursement 03 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 4500.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address P.O. Box 28000</p> <p>City Lehigh Valley State PA Zip Code 18002-0646</p> <p>Purpose of Disbursement Telecommunications Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16522</p> <p>Date of Disbursement 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 92.40</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address P.O. Box 28000</p> <p>City Lehigh Valley State PA Zip Code 18002-0646</p> <p>Purpose of Disbursement Telecommunications Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16539</p> <p>Date of Disbursement 03 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 199.64</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4792.04

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) Virginia Davis Partners, LLC Mailing Address 834 Beechwood Dr. City Havertown State PA Zip Code 19083 Purpose of Disbursement Media & Press Management Fees 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: SB21B.16528 Date of Disbursement 02 / 22 / 2010 Amount of Each Disbursement this Period 1675.00
B.	Full Name (Last, First, Middle Initial) Virginia Davis Partners, LLC Mailing Address 834 Beechwood Dr. City Havertown State PA Zip Code 19083 Purpose of Disbursement Media & Press Management Fees 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: SB21B.16548 Date of Disbursement 03 / 18 / 2010 Amount of Each Disbursement this Period 1675.00
C.	Full Name (Last, First, Middle Initial) Virginia Davis Partners, LLC Mailing Address 834 Beechwood Dr. City Havertown State PA Zip Code 19083 Purpose of Disbursement Expense Reimb - Printing 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: SB21B.16550 Date of Disbursement 03 / 18 / 2010 Amount of Each Disbursement this Period 692.72

SUBTOTAL of Disbursements This Page (optional) ▶	4042.72
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Fedex Kinkos

Mailing Address 942 South Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Printing & Reproduction

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.16550.0
Date of Disbursement

03 / 18 / 2010

Amount of Each Disbursement this Period

692.72

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Washington Intelligence Bureau

Mailing Address 4128 Pepsi Place

City Chantilly State VA Zip Code 20151

Purpose of Disbursement
Direct Mail Processing Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.16587
Date of Disbursement

01 / 07 / 2010

Amount of Each Disbursement this Period

5401.79

C.

Full Name (Last, First, Middle Initial)
Washington Intelligence Bureau

Mailing Address 4128 Pepsi Place

City Chantilly State VA Zip Code 20151

Purpose of Disbursement
Direct Mail Processing Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.16616
Date of Disbursement

02 / 04 / 2010

Amount of Each Disbursement this Period

4815.78

SUBTOTAL of Disbursements This Page (optional) ▶

10217.57

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Washington Intelligence Bureau

Transaction ID: SB21B.16648

Date of Disbursement

Mailing Address 4128 Pepsi Place

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	0

City Chantilly State VA Zip Code 20151

Amount of Each Disbursement this Period

2071.87

Purpose of Disbursement
Direct Mail Processing Fees

Category/Type

Candidate Name

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Washington Intelligence Bureau

Transaction ID: SB21B.16661

Date of Disbursement

Mailing Address 4128 Pepsi Place

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

City Chantilly State VA Zip Code 20151

Amount of Each Disbursement this Period

3743.58

Purpose of Disbursement
Direct Mail Processing Fees

Category/Type

Candidate Name

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

5815.45

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

272426.71

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)
AMERICA'S FOUNDATION

<p>A. Full Name (Last, First, Middle Initial) Carly for California</p> <p>Mailing Address 915 L Street Suite C-378</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Campaign Contribution - Primary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.16560</p> <p>Date of Disbursement 03 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Dan Coats for Indiana</p> <p>Mailing Address PO Box 301141</p> <p>City Indianapolis State IN Zip Code 46230</p> <p>Purpose of Disbursement Campaign Contribution - Primary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.16584</p> <p>Date of Disbursement 03 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Emken 2010</p> <p>Mailing Address PO Box 1158</p> <p>City Danville State CA Zip Code 94526</p> <p>Purpose of Disbursement Campaign Contribution - Primary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.16578</p> <p>Date of Disbursement 03 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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)
AMERICA'S FOUNDATION

<p>A. Full Name (Last, First, Middle Initial) Fitzpatrick for Congress</p> <p>Mailing Address PO Box 185</p> <p>City Langhorne State PA Zip Code 19047</p> <p>Purpose of Disbursement Campaign Contribution - Primary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.16568 Date of Disbursement 03 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Roy Blunt</p> <p>Mailing Address PO Box 50100</p> <p>City Springfield State MO Zip Code 65805</p> <p>Purpose of Disbursement Campaign Contribution - Primary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.16576 Date of Disbursement 03 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Lou Barletta for Congress</p> <p>Mailing Address 111 HNB Professional Bldg 101 W. Broad Street</p> <p>City Hazelton State PA Zip Code 18201</p> <p>Purpose of Disbursement Campaign Contribution - Primary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.16562 Date of Disbursement 03 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Mulvaney for Congress

Transaction ID: SB23.16570
Date of Disbursement

Mailing Address 550 Ralph Hood Road

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

City Indian Land State SC Zip Code 29707

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Campaign Contribution - Primary
Candidate Name

Category/
Type

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

B.

Full Name (Last, First, Middle Initial)
Pat Meehan for Congress

Transaction ID: SB23.16566
Date of Disbursement

Mailing Address P.O. Box 308

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

City Drexel Hill State PA Zip Code 19026

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Campaign Contribution - Primary
Candidate Name

Category/
Type

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

C.

Full Name (Last, First, Middle Initial)
Portman for Senate

Transaction ID: SB23.16574
Date of Disbursement

Mailing Address PO Box 39

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

City Terrace Park State OH Zip Code 45174

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Campaign Contribution - Primary
Candidate Name

Category/
Type

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

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial)
Scott Brown for US Senate Committee

Mailing Address PO Box 395

City Wrentham State MA Zip Code 02093

Purpose of Disbursement
Campaign Contributions - General

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.16508

Date of Disbursement

01 / 14 / 2010

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
The Grassley Committee, Inc.

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
Campaign Contribution - Primary

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.16580

Date of Disbursement

03 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Tim Burns for Congress

Mailing Address PO Box 4483

City Eighty Four State PA Zip Code 15330

Purpose of Disbursement
Campaign Contribution - Primary

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.16558

Date of Disbursement

03 / 30 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Tom Marino for US Congress

Transaction ID: SB23.16564
Date of Disbursement

Mailing Address PO Box 653

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

City State Zip Code
Williamsport PA 17703

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Campaign Contribution - Primary
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Toomey for Senate

Transaction ID: SB23.16572
Date of Disbursement

Mailing Address 3440 Hamilton Blvd

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

City State Zip Code
Allentown PA 18103

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Campaign Contribution - Primary
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

1900.00

**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 82 / 82

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Barrett for Governor Mailing Address 171 Carriage Hill Drive City Lexington State SC Zip Code 29072 Purpose of Disbursement Campaign Contribution 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: SB29.16504 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 3500.00 Category/Type
B. Full Name (Last, First, Middle Initial) Kasich for Governor Mailing Address 260 North Cassady Avenue City Columbus State OH Zip Code 43209 Purpose of Disbursement Campaign Contribution - Primary 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: SB29.16582 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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

4500.00