

# 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  
Southwest Leadership Fund

ADDRESS (number and street) PO Box 25084  
 Check if different than previously reported. (ACC)  
Albuquerque NM 87125

2. **FEC IDENTIFICATION NUMBER** C00471334  
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 02 01 2011 through 02 28 2011

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 Carolyn Gonzales

Signature of Treasurer Electronically Filed by Carolyn Gonzales Date 03 20 2011

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

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

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

Write or Type Committee Name  
Southwest Leadership Fund

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

	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>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1		603.27
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	13895.77									
(c) Total Receipts (from Line 19) .....	21500.00	41500.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	35395.77	42103.27								
7. Total Disbursements (from Line 31) .....	10666.59	17374.09								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	24729.18	24729.18								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	918.00									

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  
Southwest Leadership Fund

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

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) .....	11500.00	31500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	11500.00	31500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	10000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	21500.00	41500.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	21500.00	41500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	21500.00	41500.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	10666.59	17374.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	10666.59	17374.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10666.59	17374.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10666.59	17374.09

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	21500.00	41500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21500.00	41500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10666.59	17374.09
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10666.59	17374.09

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

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

FOR LINE NUMBER: PAGE 6 / 14  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
Southwest Leadership Fund

**A.** Full Name (Last, First, Middle Initial)  
BRUCE DONNELL  
 Mailing Address 104 AVENIDA DE LAS CASAS  
 City State Zip Code  
 SANTA FE NM 87506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED OPERA STAGE DIRECTOR  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00  
 Date of Receipt: MM / DD / YYYY  
 02 / 17 / 2011  
**Transaction ID:** 11 ai-000024331  
 Amount of Each Receipt this Period: 2500.00  
 EARMARKED THROUGH ACT BLUE

**B.** Full Name (Last, First, Middle Initial)  
CATHERINE A. ALLEN  
 Mailing Address 5 SAN SEBASTIAN ROAD  
 City State Zip Code  
 SANTA FE NM 87505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 THE SANTA FE GROUP CEO  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00  
 Date of Receipt: MM / DD / YYYY  
 02 / 18 / 2011  
**Transaction ID:** 11 ai-000024332  
 Amount of Each Receipt this Period: 1500.00  
 EARMARKED THROUGH ACT BLUE

**C.** Full Name (Last, First, Middle Initial)  
EUGENE V. THAW  
 Mailing Address PO BOX 6700  
 City State Zip Code  
 TESUQUE NM 87574-6700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED ART DEALER  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00  
 Date of Receipt: MM / DD / YYYY  
 02 / 22 / 2011  
**Transaction ID:** 11 ai-000024336  
 Amount of Each Receipt this Period: 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 9000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 14  
(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)  
Southwest Leadership Fund

**A.**

Full Name (Last, First, Middle Initial)  
JANE BRAITHWAITE

Mailing Address 12819 THOMTE RD NE

City State Zip Code  
ALBUQUERQUE NM 87112

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

Name of Employer Occupation  
SELF-EMPLOYED HOMEMAKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2011

Transaction ID: 11ai-000024334

Amount of Each Receipt this Period  
2500.00

EARMARKED THROUGH ACT BLUE

**B.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address PO BOX 382110

City State Zip Code  
CAMBRIDGE MA 02238

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 7500.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2011

Transaction ID: 11ai-000024335

Amount of Each Receipt this Period  
2500.00

[MEMO ITEM]  
ACT BLUE

**C.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address PO BOX 382110

City State Zip Code  
CAMBRIDGE MA 02238

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 11500.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2011

Transaction ID: 11ai-000024333

Amount of Each Receipt this Period  
4000.00

[MEMO ITEM]  
ACT BLUE

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	11500.00

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

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

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

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NAME OF COMMITTEE (In Full)  
Southwest Leadership Fund

**A.** Full Name (Last, First, Middle Initial)  
TW TELECOM INC. POLITICAL ACTION COMMITTEE

Mailing Address 10475 PARK MEADOWS DRIVE

City State Zip Code  
LITTLEON CO 80124

FEC ID number of contributing federal political committee. **C** C00355941

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

**Transaction ID:** 11c-000024337

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 3 COMMERCIAL PL  
STE 375

City State Zip Code  
NORFOLK VA 23510-2108

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

**Transaction ID:** 11c-000024338

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10000.00

**TOTAL** This Period (last page this line number only) ..... ► 10000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Southwest Leadership Fund

A.	Full Name (Last, First, Middle Initial) <b>PAYROLL COMPANY</b>	<b>Transaction ID:</b> 21b-06-00317-00356
	Mailing Address 10433 MONTGOMERY PARKWAY LOOP NE SUITE 100	Date of Disbursement MM / DD / YYYY 02 / 01 / 2011
	City ALBUQUERQUE State NM Zip Code 87111	Amount of Each Disbursement this Period 1365.96
	Purpose of Disbursement PAYROLL TAXES	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) <b>PAYROLL COMPANY</b>	<b>Transaction ID:</b> 21b-06-00318-0000
	Mailing Address 10433 MONTGOMERY PARKWAY LOOP NE SUITE 100	Date of Disbursement MM / DD / YYYY 02 / 01 / 2011
	City ALBUQUERQUE State NM Zip Code 87111	Amount of Each Disbursement this Period 1947.54
	Purpose of Disbursement PAYROLL - SEE MEMO ENTRIES	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) <b>MEREDITH DIXON</b>	<b>Transaction ID:</b> 21b-06-00318-00357
	Mailing Address 1412 STAGECOACH LN. SE	Date of Disbursement MM / DD / YYYY 02 / 01 / 2011
	City ALBUQUERQUE State NM Zip Code 87123	Amount of Each Disbursement this Period 1947.54
	Purpose of Disbursement PAYROLL	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) ▼

[MEMO ITEM]

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

**3313.50**

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 10 / 14

<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)  
Southwest Leadership Fund

A.	Full Name (Last, First, Middle Initial) GEISE2 STRATEGIES, LLC	Transaction ID: 21b-06-00322-00362
	Mailing Address 1229 N. FRANKLIN ST. UNIT B	Date of Disbursement MM / DD / YYYY 02 / 07 / 2011
	City TAMPA State FL Zip Code 33602	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement CONSULTANT - COMPLIANCE	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) SOUTHWEST AIRLINES	Transaction ID: 21b-06-00323-00363
	Mailing Address P.O. BOX 36611	Date of Disbursement MM / DD / YYYY 02 / 10 / 2011
	City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 265.70
	Purpose of Disbursement TRAVEL	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) PAYROLL COMPANY	Transaction ID: 21b-06-00326-00366
	Mailing Address 10433 MONTGOMERY PARKWAY LOOP NE SUITE 100	Date of Disbursement MM / DD / YYYY 02 / 15 / 2011
	City ALBUQUERQUE State NM Zip Code 87111	Amount of Each Disbursement this Period 825.96
	Purpose of Disbursement PAYROLL TAXES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3091.66</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

<input 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)  
Southwest Leadership Fund

A.	Full Name (Last, First, Middle Initial) <b>PAYROLL COMPANY</b>	<b>Transaction ID:</b> 21b-06-00327-0000
	Mailing Address 10433 MONTGOMERY PARKWAY LOOP NE SUITE 100	Date of Disbursement MM / DD / YYYY 02 / 15 / 2011
	City ALBUQUERQUE State NM Zip Code 87111	Amount of Each Disbursement this Period 830.79
	Purpose of Disbursement PAYROLL - SEE MEMO ENTRIES	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) <b>MEREDITH DIXON</b>	<b>Transaction ID:</b> 21b-06-00327-00367
	Mailing Address 1412 STAGECOACH LN. SE	Date of Disbursement MM / DD / YYYY 02 / 15 / 2011
	City ALBUQUERQUE State NM Zip Code 87123	Amount of Each Disbursement this Period 830.79
	Purpose of Disbursement PAYROLL	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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) <b>PAYROLL COMPANY</b>	<b>Transaction ID:</b> 21b-06-00328-00368
	Mailing Address 10433 MONTGOMERY PARKWAY LOOP NE SUITE 100	Date of Disbursement MM / DD / YYYY 02 / 15 / 2011
	City ALBUQUERQUE State NM Zip Code 87111	Amount of Each Disbursement this Period 44.67
	Purpose of Disbursement PAYROLL SERVICE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>875.46</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
Southwest Leadership Fund

A.

Full Name (Last, First, Middle Initial)  
SOUTHWEST AIRLINES

Transaction ID: 21b-06-00331-00371  
Date of Disbursement

Mailing Address P.O. BOX 36611

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

City DALLAS State TX Zip Code 75235

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

--

10.00
-------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
JYP CONSULTING

Transaction ID: 21b-06-00329-00369  
Date of Disbursement

Mailing Address 608 WOODLAND TERRACE

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

City ALEXANDRIA State VA Zip Code 22302

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONSULTANT - FUNDRAISING

--

3000.00
---------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
ACTBLUE TECHNICAL SERVICES

Transaction ID: 21b-07-00156-00157  
Date of Disbursement

Mailing Address P.O. BOX 382110

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

City CAMBRIDGE State MA Zip Code 02238-2110

Amount of Each Disbursement this Period

Purpose of Disbursement  
MERCHANT FEES

--

158.00
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

3168.00
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**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 14

<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)  
Southwest Leadership Fund

A.

Full Name (Last, First, Middle Initial)  
ACTBLUE TECHNICAL SERVICES

Transaction ID: 21b-07-00159-00160  
Date of Disbursement

Mailing Address P.O. BOX 382110

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

City State Zip Code  
CAMBRIDGE MA 02238-2110

Amount of Each Disbursement this Period

98.75
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Purpose of Disbursement  
MERCHANT FEES

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

98.75
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TOTAL This Period (last page this line number only) ..... ►

10547.37
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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Southwest Leadership Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor EL MONTE SEGRADO RESORT AND LIVING SPA			Nature of Debt (Purpose): TRAVEL
Mailing Address 317 KIT CARSON RD			
City TAOS	State NM	ZIP Code 87571	

Outstanding Balance Beginning This Period		<b>Transaction ID: 10-000080</b>	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
918.00	0.00	918.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	918.00
2) <b>TOTALS</b> This Period (last page this line number only).....	918.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	918.00