

# 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 (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2009 through 06 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ALEX BARNA

Signature of Treasurer Electronically Filed by ALEX BARNA Date 07 31 2009

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

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

**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	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		78270.62
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	78270.62									
(c) Total Receipts (from Line 19) .....	494547.61	494547.61								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	572818.23	572818.23								
7. Total Disbursements (from Line 31) .....	556905.54	556905.54								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	15912.69	15912.69								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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) .....	75281.00	75281.00
(ii) Unitemized .....	393065.24	393065.24
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	468346.24	468346.24
(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) .....	468346.24	468346.24
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) .....	3065.23	3065.23
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	23136.14	23136.14
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)) .....	494547.61	494547.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	494547.61	494547.61

**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.....	546718.54	546718.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	546718.54	546718.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
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 .....	6367.00	6367.00
(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)) .....	6367.00	6367.00
29. Other Disbursements.....	2820.00	2820.00
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))..	556905.54	556905.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	556905.54	556905.54

**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) .....	468346.24	468346.24
34. Total Contribution Refunds (from Line 28(d)) .....	6367.00	6367.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	461979.24	461979.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	546718.54	546718.54
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	3065.23	3065.23
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	543653.31	543653.31

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 158
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Maria G. Altherr	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 416 W Wayne St	<b>Transaction ID:</b> SA11AI.19569
	City State Zip Code Celina OH 45822-1457	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	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Thomas W Angerman	Date of Receipt MM / DD / YYYY 05 / 29 / 2009
	Mailing Address 801 15th St	<b>Transaction ID:</b> SA11AI.8595
	City State Zip Code Oakmont PA 15139-1007	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Executive The Baron Group	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs Gertrude Arnold	Date of Receipt MM / DD / YYYY 01 / 27 / 2009
	Mailing Address 1727 W Hoppe Rd	<b>Transaction ID:</b> SA11AI.20881
	City State Zip Code Unionville MI 48767-9615	Amount of Each Receipt this Period 75.00
	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	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	675.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 158  
(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 Arnold

Mailing Address 1727 W Hoppe Rd

City State Zip Code  
Unionville MI 48767-9615

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 372.00

Date of Receipt  
MM / DD / YYYY  
02 / 03 / 2009

Transaction ID: SA11AI.20879

Amount of Each Receipt this Period  
170.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Allan H Barker, Md

Mailing Address 2690 Roxbury Cir

City State Zip Code  
Salt Lake City UT 84108-2841

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

Name of Employer Occupation  
Retired Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2009

Transaction ID: SA11AI.29440

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs Alice V Baumgartner, Jr.

Mailing Address 2886 Highland Ave

City State Zip Code  
Broomall PA 19008-1059

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

Name of Employer Occupation  
Tri State Elevator Mechanic

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

Transaction ID: SA11AI.11754

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **870.00**

**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 8 / 158  
(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)  
Dr. Gerald Beck

Mailing Address 545 N Catherine Ave

City State Zip Code  
La Grange Park IL 60526-5532

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

Name of Employer Occupation  
H.D.A.I. Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2009

**Transaction ID:** SA11AI.24311

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Leo W. Bedell

Mailing Address 3581 Edgewood Dr

City State Zip Code  
Stow OH 44224-3924

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2009

**Transaction ID:** SA11AI.18950

Amount of Each Receipt this Period  
80.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Marion E Bickford

Mailing Address 4802 Ormonde Dr

City State Zip Code  
Cazenovia NY 13035-9359

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  
05 / 06 / 2009

**Transaction ID:** SA11AI.7770

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 580.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 158  
(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
							17

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

**A.**

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  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

Transaction ID: SA11AI.29089

Amount of Each Receipt this Period  
200.00

**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  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2009

Transaction ID: SA11AI.29090

Amount of Each Receipt this Period  
200.00

**C.**

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  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2009

Transaction ID: SA11AI.29091

Amount of Each Receipt this Period  
200.00

**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 10 / 158

(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)  
Pat Boone

Mailing Address 904 N Beverly Dr

City State Zip Code  
Beverly Hills CA 90210-2913

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  
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.30491

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Miss Doris M. Boucher

Mailing Address 220 Saint Marys Dr Apt 324

City State Zip Code  
Cherry Hill NJ 08003-2577

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  
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.6031

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr Robert P. Bozzone

Mailing Address 311 Hillcrest Dr

City State Zip Code  
New Kensington PA 15068-2318

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

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.8463

Amount of Each Receipt this Period

2000.00

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

2750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 158  
(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. Elizabeth D. Bruce

Mailing Address 520 White Rd

City State Zip Code  
Opelika AL 36801-3415

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 / 23 / 2009

Transaction ID: SA11AI.17512

Amount of Each Receipt this Period  
2000.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Elizabeth D. Bruce

Mailing Address 520 White Rd

City State Zip Code  
Opelika AL 36801-3415

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

Name of Employer Occupation  
Housewife

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2009

Transaction ID: SA11AI.17513

Amount of Each Receipt this Period  
2000.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Elizabeth D. Bruce

Mailing Address 520 White Rd

City State Zip Code  
Opelika AL 36801-3415

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

Name of Employer Occupation  
Housewife

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4300.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2009

Transaction ID: SA11AI.17514

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4300.00**

**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 / 158  
(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. Francis M. Burleigh, Jr.  
Mailing Address PO Box 10

City State Zip Code  
Church Point LA 70525-0010

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2009

**Transaction ID:** SA11AI.26689

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. R R M M. Carpenter, III  
Mailing Address PO Box 732

City State Zip Code  
Montchanin DE 19710-0732

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

Name of Employer Occupation  
Self Business

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

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** SA11AI.12760

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Sarah Cassidy  
Mailing Address 2902 East Ave S Rm 114  
Meadowwood Asst. Living

City State Zip Code  
La Crosse WI 54601-7202

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

Name of Employer Occupation  
Information Requested Information Requested

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

Date of Receipt  
MM / DD / YYYY  
06 / 26 / 2009

**Transaction ID:** SA11AI.22352

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 500.00

**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 / 158  
(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)  
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 Ret.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2009

Transaction ID: SA11AI.7017

Amount of Each Receipt this Period  
125.00

**B.**

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 Ret.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2009

Transaction ID: SA11AI.7018

Amount of Each Receipt this Period  
50.00

**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 Ret.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
445.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2009

Transaction ID: SA11AI.7015

Amount of Each Receipt this Period  
135.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **310.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 158  
(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. John Conte

Mailing Address 1325 Prospect Ave

City State Zip Code  
Bethlehem PA 18018-4916

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

Name of Employer Self Occupation  
Clergy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

Transaction ID: SA11AI.11003

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Rev. John Conte

Mailing Address 1325 Prospect Ave

City State Zip Code  
Bethlehem PA 18018-4916

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

Name of Employer Self Occupation  
Clergy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: SA11AI.11006

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Rev. John Conte

Mailing Address 1325 Prospect Ave

City State Zip Code  
Bethlehem PA 18018-4916

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

Name of Employer Self Occupation  
Clergy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2009

Transaction ID: SA11AI.11007

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 158

(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. John Conte

Mailing Address 1325 Prospect Ave

City State Zip Code  
Bethlehem PA 18018-4916

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

Name of Employer Self Occupation Clergy

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.11008

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Miss Rosalie M Cornell

Mailing Address 1010 Scott Park Dr Apt 302

City State Zip Code  
Iowa City IA 52245-3979

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 3 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.21613

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Zoe E. Coulson

Mailing Address 220 Locust St Apt 18B

City State Zip Code  
Philadelphia PA 19106-3935

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

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.12117

Amount of Each Receipt this Period

100.00

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

275.00

**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 / 158  
(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. 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  
06 / 29 / 2009

Transaction ID: SA11AI.15791

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Georgia Crawford

Mailing Address 1290 Boyce Rd

City State Zip Code  
Pittsburgh PA 15241-3921

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2009

Transaction ID: SA11AI.8919

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Eunice P. Crosby

Mailing Address PO Box 253

City State Zip Code  
Lyle WA 98635-0006

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  
06 / 19 / 2009

Transaction ID: SA11AI.34521

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

**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 / 158
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Richard t. Cunniff	Date of Receipt MM / DD / YYYY 04 / 28 / 2009
	Mailing Address 14 E Gate Rd	<b>Transaction ID:</b> SA11AI.7320
	City State Zip Code Huntington NY 11743-1606	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Ruane Cunniff & Goldfarb Occupation Investments Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. George J D'Angelo	Date of Receipt MM / DD / YYYY 04 / 21 / 2009
	Mailing Address 4855 W Ridge Rd # 11	<b>Transaction ID:</b> SA11AI.9728
	City State Zip Code Erie PA 16506-1213	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Marjorie Davis	Date of Receipt MM / DD / YYYY 05 / 06 / 2009
	Mailing Address 6 Huckleberry Ln	<b>Transaction ID:</b> SA11AI.5026
	City State Zip Code Augusta ME 04330-6022	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 158  
(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. Diane R. Ebert

Mailing Address 95 Ash St

City State Zip Code  
Cressona PA 17929-1325

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

Name of Employer Occupation  
Self-Employed General Partner Insurance Agen

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2009

Transaction ID: SA11AI.10906

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr Wm R Engel

Mailing Address 7059 Coburn Ln

City State Zip Code  
Johnston IA 50131-1253

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  
04 / 21 / 2009

Transaction ID: SA11AI.21363

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Mary H. Fallon

Mailing Address 3 Ocean Dr

City State Zip Code  
Seabrook NH 03874-5102

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  
06 / 16 / 2009

Transaction ID: SA11AI.4970

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.00**

**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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	PAGE 19 / 158
	(check only one)	
	<input checked="" 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Joe B. Finley, Jr.		Date of Receipt
	Mailing Address PO Box 9		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Encinal	TX	78019-0009
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Callaghan Ranch Ltd		Occupation Livestock Rancher	<b>Transaction ID:</b> SA11AI.28189
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Andy Fox		Date of Receipt
	Mailing Address 25739 Kilreigh Ct		<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Farmington Hills	MI	48336-1546
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer General Motors		Occupation Engineer	<b>Transaction ID:</b> SA11AI.20694
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="300.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Patrick Franje		Date of Receipt
	Mailing Address 424 College Hill Ave		<input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Oskaloosa	IA	52577-1721
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Ottawa Regional Health Center		Occupation Social Worker	<b>Transaction ID:</b> SA11AI.21670
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="275.00"/>	<input type="text" value="75.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="875.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 158  
(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 P. Franklin

Mailing Address 910 Cherry Springs Rd  
PO Box 127

City Coudersport State PA Zip Code 16915-8323

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

Name of Employer Self Occupation Oil & Gas Landman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt: 05 / 06 / 2009  
Transaction ID: SA11AI.9911  
Amount of Each Receipt this Period: 210.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles F. Frey

Mailing Address 2818 Victoria Dr

City Picayune State MS Zip Code 39466-4934

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: 03 / 23 / 2009  
Transaction ID: SA11AI.18030  
Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)  
Stanley E Fulton

Mailing Address 5738 Hedgehaven Ct

City Las Vegas State NV Zip Code 89120-2553

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

Name of Employer Anchor Gaming Occupation Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 04 / 23 / 2009  
Transaction ID: SA11AI.30317  
Amount of Each Receipt this Period: 2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2760.00

**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 / 158

(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)  
Stanley E Fulton

Mailing Address 5738 Hedgehaven Ct

City State Zip Code  
Las Vegas NV 89120-2553

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

Name of Employer Occupation  
Anchor Gaming Chairman

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.30318

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Joan A Gardner

Mailing Address 20 Dolphin Ln

City State Zip Code  
Key Largo FL 33037-5214

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 5 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.16143

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Betty L. Garver

Mailing Address 154 N Bellefield Ave Apt 95

City State Zip Code  
Pittsburgh PA 15213-2691

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

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.8706

Amount of Each Receipt this Period

300.00

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

2900.00

**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 / 158  
(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)  
Dr. Betty L. Garver

Mailing Address 154 N Bellefield Ave Apt 95

City State Zip Code  
Pittsburgh PA 15213-2691

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

Transaction ID: SA11AI.8707

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Betty L. Garver

Mailing Address 154 N Bellefield Ave Apt 95

City State Zip Code  
Pittsburgh PA 15213-2691

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: SA11AI.8705

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Floren Giessinger

Mailing Address 2510 Las Lunas St

City State Zip Code  
Pasadena CA 91107-2516

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  
05 / 21 / 2009

Transaction ID: SA11AI.30801

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

**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 / 158

(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. Floren Giessinger

Mailing Address 2510 Las Lunas St

City State Zip Code  
Pasadena CA 91107-2516

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 335.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.30803

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Floren Giessinger

Mailing Address 2510 Las Lunas St

City State Zip Code  
Pasadena CA 91107-2516

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 385.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.30802

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Isabel B. Gonya

Mailing Address 6216 Venture Ct

City State Zip Code  
Slatington PA 18080-3110

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

Name of Employer Occupation  
Ret.

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

Date of Receipt

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

Transaction ID: SA11AI.11144

Amount of Each Receipt this Period

210.00

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

295.00

**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 / 158  
(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. Theresa M Grab

Mailing Address 923 Ebenezer Rd

City Middletown State PA Zip Code 17057-5916

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

Name of Employer Hershey Medical Center Occupation RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 06 / 28 / 2009  
**Transaction ID: SA11AI.10144**  
 Amount of Each Receipt this Period: 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Ruth Ann Gronov

Mailing Address 1191 Rapps Dam Rd Apt 109

City Phoenixville State PA Zip Code 19460-4783

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 23 / 2009  
**Transaction ID: SA11AI.12582**  
 Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Ann M. Guiffre

Mailing Address 540 Second St Apt 301

City Alexandria State VA Zip Code 22314-1495

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

Name of Employer Greenberg, Traurig, Hoffman Occupation Ret.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 09 / 2009  
**Transaction ID: SA11AI.13817**  
 Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 800.00

**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 / 158  
(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 Thomas L Gutshall

Mailing Address 24968 Okeefe Ln

City State Zip Code  
Los Altos Hills CA 94022-4612

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

Name of Employer Occupation  
Cepheid Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2009

Transaction ID: SA11AI.32562

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Rev. Leo E. Hammerl

Mailing Address 69 Ohara Rd

City State Zip Code  
Tonawanda NY 14150-6227

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

Name of Employer Occupation  
Self Clergy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2009

Transaction ID: SA11AI.8104

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Rev. Leo E. Hammerl

Mailing Address 69 Ohara Rd

City State Zip Code  
Tonawanda NY 14150-6227

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

Name of Employer Occupation  
Self Clergy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2009

Transaction ID: SA11AI.8105

Amount of Each Receipt this Period  
500.00

**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 26 / 158  
(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  
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 / 09 / 2009  
Transaction ID: SA11AI.31046  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Violet Hanna  
Mailing Address 4123 Mary Ellen Ave  
City State Zip Code  
Studio City CA 91604-2212  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00  
Date of Receipt: 05 / 21 / 2009  
Transaction ID: SA11AI.31044  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Violet Hanna  
Mailing Address 4123 Mary Ellen Ave  
City State Zip Code  
Studio City CA 91604-2212  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00  
Date of Receipt: 06 / 23 / 2009  
Transaction ID: SA11AI.31045  
Amount of Each Receipt this Period: 500.00

**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 27 / 158

(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 William M Harlan

Mailing Address 118 W Maryland Ave Apt 114

City State Zip Code  
Phoenix AZ 85013-1243

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

Name of Employer Information Requested Occupation Information Requested

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: SA11AI.29506

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. William M Harlan

Mailing Address 118 W Maryland Ave Apt 114

City State Zip Code  
Phoenix AZ 85013-1243

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

Name of Employer Information Requested Occupation Information Requested

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

Date of Receipt

M M / D D / Y Y Y Y  
04 / 23 / 2009

Transaction ID: SA11AI.29511

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. William M Harlan

Mailing Address 118 W Maryland Ave Apt 114

City State Zip Code  
Phoenix AZ 85013-1243

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 11 / 2009

Transaction ID: SA11AI.29513

Amount of Each Receipt this Period

150.00

**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 28 / 158  
(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 M Harlan

Mailing Address 118 W Maryland Ave Apt 114

City State Zip Code  
Phoenix AZ 85013-1243

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 05 / 21 / 2009  
Transaction ID: SA11AI.29510  
Amount of Each Receipt this Period: 200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William M Harlan

Mailing Address 118 W Maryland Ave Apt 114

City State Zip Code  
Phoenix AZ 85013-1243

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt: 06 / 22 / 2009  
Transaction ID: SA11AI.29512  
Amount of Each Receipt this Period: 200.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs Rosemary L. Hegenbart

Mailing Address 6266 Altura Ave

City State Zip Code  
La Crescenta CA 91214-2325

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

Name of Employer None Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt: 03 / 30 / 2009  
Transaction ID: SA11AI.30849  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 500.00

**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 / 158

(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 Rosemary L. Hegenbart

Mailing Address 6266 Altura Ave

City State Zip Code  
La Crescenta CA 91214-2325

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

Name of Employer Occupation  
None Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	0	9

Transaction ID: SA11AI.30853

Amount of Each Receipt this Period

50.00
-------

**B.**

Full Name (Last, First, Middle Initial)  
Mrs Rosemary L. Hegenbart

Mailing Address 6266 Altura Ave

City State Zip Code  
La Crescenta CA 91214-2325

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

Name of Employer Occupation  
None Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	0	9

Transaction ID: SA11AI.30850

Amount of Each Receipt this Period

75.00
-------

**C.**

Full Name (Last, First, Middle Initial)  
Mrs Rosemary L. Hegenbart

Mailing Address 6266 Altura Ave

City State Zip Code  
La Crescenta CA 91214-2325

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

Name of Employer Occupation  
None Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	0	9

Transaction ID: SA11AI.30852

Amount of Each Receipt this Period

50.00
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**SUBTOTAL** of Receipts This Page (optional) ..... ▶

175.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 30 / 158  
(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 Daniel K Hennessy  
Mailing Address 4405 Beverly Dr  
City Dallas State TX Zip Code 75205-3001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hughes Luce Llp Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 04 / 22 / 2009  
Transaction ID: SA11AI.27446  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Audrey M Hickman  
Mailing Address 109 Flora Dr  
City Haines City State FL Zip Code 33844-5801  
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 03 / 04 / 2009  
Transaction ID: SA11AI.16677  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Jay P Horning  
Mailing Address 405 W Metzler Rd  
City Ephrata State PA Zip Code 17522-8707  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gall Laminating Co Occupation Owner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 01 / 08 / 2009  
Transaction ID: SA11AI.10561  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 850.00  
**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 / 158  
(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 Jay P Horning  
Mailing Address 405 W Metzler Rd  
City Ephrata State PA Zip Code 17522-8707  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gall Laminating Co Occupation Owner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 03 / 20 / 2009  
Transaction ID: SA11AI.10559  
Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Christine Howcroft  
Mailing Address 155 Fire Tower Rd  
City Somerville State TN Zip Code 38068-5407  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Landspan Inc Occupation Truck Driver  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 05 / 11 / 2009  
Transaction ID: SA11AI.17822  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Leah J. Jeffries  
Mailing Address 4805 Zakon Rd  
City Torrance State CA Zip Code 90505-4355  
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 06 / 23 / 2009  
Transaction ID: SA11AI.30594  
Amount of Each Receipt this Period 250.00

**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 32 / 158

(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 Wanda F Johnson

Mailing Address 1707 E Crescent Dr

City State Zip Code  
Odessa TX 79761-1517

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 241.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.28677

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
Miss Fern M. Jones

Mailing Address 2889 San Pasqual St Unit 32B

City State Zip Code  
Pasadena CA 91107-5364

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 237.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.30807

Amount of Each Receipt this Period

112.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Michael J. Kapp

Mailing Address 3118 Ravenhill Dr

City State Zip Code  
Fayetteville NC 28303-5349

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

Name of Employer Occupation  
Self-Employed Certified Registered Nurse Ane

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

Date of Receipt

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

Transaction ID: SA11AI.14719

Amount of Each Receipt this Period

300.00

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

462.00

**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 / 158  
(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 J. Kapp

Mailing Address 3118 Ravenhill Dr

City State Zip Code  
Fayetteville NC 28303-5349

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

Name of Employer Self-Employed Occupation  
Self-Employed Certified Registered Nurse Ane

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

Transaction ID: SA11AI.14720

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael J. Kapp

Mailing Address 3118 Ravenhill Dr

City State Zip Code  
Fayetteville NC 28303-5349

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

Name of Employer Self-Employed Occupation  
Self-Employed Certified Registered Nurse Ane

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

Transaction ID: SA11AI.14722

Amount of Each Receipt this Period  
25.00

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

Mailing Address 3118 Ravenhill Dr

City State Zip Code  
Fayetteville NC 28303-5349

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

Name of Employer Self-Employed Occupation  
Self-Employed Certified Registered Nurse Ane

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 725.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2009

Transaction ID: SA11AI.14721

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **425.00**

**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 34 / 158  
(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. Robert W. Kensingler

Mailing Address 5808 Woodbury Pike

City State Zip Code  
Roaring Spring PA 16673-8702

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  
05 / 28 / 2009

**Transaction ID:** SA11AI.9808

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Miss Katherine M. Kernicky

Mailing Address 544 S Wycombe Ave

City State Zip Code  
Lansdowne PA 19050-2846

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  
04 / 21 / 2009

**Transaction ID:** SA11AI.11915

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs Margaret H. Kipilo

Mailing Address 111 Wonder St

City State Zip Code  
Johnstown PA 15905-2649

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

Name of Employer Occupation  
Pocono Medical Group & Nephrol financial advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2009

**Transaction ID:** SA11AI.33262

Amount of Each Receipt this Period  
135.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **385.00**

**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 35 / 158  
(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 Mary M Koessler

Mailing Address 6122 Old Lake Shore Rd

City State Zip Code  
Lake View NY 14085-9547

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 / 17 / 2009

**Transaction ID:** SA11AI.8046

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Ronald A. Krancer

Mailing Address 1142 Brynlawn Rd

City State Zip Code  
Villanova PA 19085-2102

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

Name of Employer Occupation  
Ret

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

**Transaction ID:** SA11AI.12053

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Katherine C Kreager

Mailing Address 3258 74th Ave SE

City State Zip Code  
Mercer Island WA 98040-3419

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

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2009

**Transaction ID:** SA11AI.34124

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5800.00**

**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 / 158  
(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)  
George J Lagina  
 Mailing Address 1820 Marys Way # 122  
 City Kingsford State MI Zip Code 49802-4248  
 Date of Receipt MM / DD / YYYY 02 / 02 / 2009  
 Transaction ID: SA11AI.21302  
 Amount of Each Receipt this Period 300.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Information Requested Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Jane B. Laird  
 Mailing Address 4031 Kennett Pike Apt 163  
 City Greenville State DE Zip Code 19807-2036  
 Date of Receipt MM / DD / YYYY 03 / 09 / 2009  
 Transaction ID: SA11AI.12789  
 Amount of Each Receipt this Period 112.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 224.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Jane B. Laird  
 Mailing Address 4031 Kennett Pike Apt 163  
 City Greenville State DE Zip Code 19807-2036  
 Date of Receipt MM / DD / YYYY 03 / 23 / 2009  
 Transaction ID: SA11AI.12791  
 Amount of Each Receipt this Period 112.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 336.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 524.00  
**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 / 158  
(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)  
AMERICA'S FOUNDATION

**A.** Full Name (Last, First, Middle Initial)  
Miss Marcia Lane

Mailing Address 1449 W Lindsey Ferry Rd

City Columbus State MS Zip Code 39701-9629

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

Name of Employer Not provided Occupation Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 06 / 2009  
Transaction ID: SA11AI.18091  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Miss Marcia Lane

Mailing Address 1449 W Lindsey Ferry Rd

City Columbus State MS Zip Code 39701-9629

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

Name of Employer Not provided Occupation Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 10 / 2009  
Transaction ID: SA11AI.18092  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Iris Lazarian

Mailing Address 1463 Edgecliff Ln

City Pasadena State CA Zip Code 91107-1510

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

Name of Employer Electric Service & Supply Co. Occupation Accountant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 24 / 2009  
Transaction ID: SA11AI.30799  
Amount of Each Receipt this Period 100.00

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

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

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

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

FOR LINE NUMBER: PAGE 38 / 158  
(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)  
Regis Leach  
 Mailing Address 83 Lusk Rd  
 City State Zip Code  
 Bentleyville PA 15314-1968  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 1 3 / 2 0 0 9  
**Transaction ID:** SA11AI.8943  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lone Pine Contruction Project Manager  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Alice C Leiden  
 Mailing Address 347 Leiden Ln  
 City State Zip Code  
 Patton PA 16668-8810  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 1 / 2 6 / 2 0 0 9  
**Transaction ID:** SA11AI.9805  
 Amount of Each Receipt this Period  
 300.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Homemaker  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard A. Lenon  
 Mailing Address 803 Solar Ln  
 City State Zip Code  
 Glenview IL 60025-4464  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 2 2 / 2 0 0 9  
**Transaction ID:** SA11AI.23872  
 Amount of Each Receipt this Period  
 300.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 850.00  
**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 39 / 158  
(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 Elsie Y Lewis

Mailing Address 607 Poia Rd

City State Zip Code  
Sewickley PA 15143-1046

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  
05 / 06 / 2009

**Transaction ID:** SA11AI.8603

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs Elsie Y Lewis

Mailing Address 607 Poia Rd

City State Zip Code  
Sewickley PA 15143-1046

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

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2009

**Transaction ID:** SA11AI.8604

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Richard M. Loomis

Mailing Address 25 Wyndwood Dr

City State Zip Code  
Wilkes Barre PA 18705-3823

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2009

**Transaction ID:** SA11AI.11439

Amount of Each Receipt this Period  
102.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 302.00

**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 / 158  
(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)  
Dr. George J. Magovern  
Mailing Address 251 Old Mill Rd  
City Pittsburgh State PA Zip Code 15238-1939  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00  
Date of Receipt 03 / 27 / 2009  
Transaction ID: SA11AI.8883  
Amount of Each Receipt this Period 2000.00

**B.** Full Name (Last, First, Middle Initial)  
Anne Marks  
Mailing Address 18743 County Road 97  
City Woodland State CA Zip Code 95695-9384  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 05 / 21 / 2009  
Transaction ID: SA11AI.33339  
Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John C Marous, Jr.  
Mailing Address 28 The Trillium  
City Pittsburgh State PA Zip Code 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 ▼ 1000.00  
Date of Receipt 05 / 01 / 2009  
Transaction ID: SA11AI.8881  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3200.00  
**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 / 158  
(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 Amy K Marsh

Mailing Address 101 Saint Andrews Dr

City State Zip Code  
Pittsburgh PA 15205-9797

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

Name of Employer Occupation  
Mellon Bank, NA Commercial Banking

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** SA11AI.8673

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs Donna B McClure

Mailing Address 1120 Winnie Way

City State Zip Code  
Latrobe PA 15650-9080

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  
04 / 21 / 2009

**Transaction ID:** SA11AI.9144

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Tom C McEnnis

Mailing Address 9151 W Greenway Rd

City State Zip Code  
Peoria AZ 85381-3717

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2009

**Transaction ID:** SA11AI.29816

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**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 / 158

(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. Tom C McEnnis

Mailing Address 9151 W Greenway Rd

City State Zip Code  
Peoria AZ 85381-3717

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

Name of Employer Information Requested Occupation Information Requested

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

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.29817

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Garratt McLellan

Mailing Address 270 Atherton Ave

City State Zip Code  
Atherton CA 94027-5438

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

M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.32571

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)  
Miss Mary L Meltzer

Mailing Address 14 Edgecomb Rd

City State Zip Code  
Binghamton NY 13905-4017

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

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.7999

Amount of Each Receipt this Period

1200.00

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

1600.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 158  
(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 David W Miles

Mailing Address 7686 Herber Rd

City State Zip Code  
New Tripoli PA 18066-3433

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

Name of Employer Ingersoll Rand Occupation Computer Programmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY  
02 / 18 / 2009

Transaction ID: SA11AI.11104

Amount of Each Receipt this Period: 400.00

**B.** Full Name (Last, First, Middle Initial)  
Mr David W Miles

Mailing Address 7686 Herber Rd

City State Zip Code  
New Tripoli PA 18066-3433

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

Name of Employer Ingersoll Rand Occupation Computer Programmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: MM / DD / YYYY  
04 / 20 / 2009

Transaction ID: SA11AI.11106

Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms Jean Milne

Mailing Address 1255 N Broadway Apt 309

City State Zip Code  
Escondido CA 92026-2829

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 / 20 / 2009

Transaction ID: SA11AI.31271

Amount of Each Receipt this Period: 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **775.00**

**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 44 / 158  
(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)  
Ms Jean Milne

Mailing Address 1255 N Broadway Apt 309

City Escondido State CA Zip Code 92026-2829

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

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 05 / 21 / 2009

Transaction ID: SA11AI.31273

Amount of Each Receipt this Period 75.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr Clyde K. Mohney

Mailing Address 749 Mohney Rd

City Punxsutawney State PA Zip Code 15767-6007

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

Name of Employer Self Occupation Farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt 04 / 20 / 2009

Transaction ID: SA11AI.9233

Amount of Each Receipt this Period 102.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr Kenneth Moore

Mailing Address 284 Alpat Dr

City Dillsburg State PA Zip Code 17019-9503

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

Name of Employer Select Medical Corp. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 20 / 2009

Transaction ID: SA11AI.9999

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **277.00**

**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 45 / 158  
(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 Kenneth Moore  
 Mailing Address 284 Alpat Dr  
 City Dillsburg State PA Zip Code 17019-9503  
 Date of Receipt 06 / 18 / 2009  
**Transaction ID:** SA11AI.10000  
 Amount of Each Receipt this Period 100.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Select Medical Corp. Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Steven M Napolitano  
 Mailing Address 633 3rd Ave Fl 16  
 City New York State NY Zip Code 10017-8154  
 Date of Receipt 04 / 13 / 2009  
**Transaction ID:** SA11AI.6504  
 Amount of Each Receipt this Period 2000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer First American Title Insurance Company Occupation President C.E.O  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Harry Nash  
 Mailing Address 252 Woodpointe Ct  
 City Mt Washington State KY Zip Code 40047-6163  
 Date of Receipt 05 / 22 / 2009  
**Transaction ID:** SA11AI.18117  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2350.00  
**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 46 / 158  
(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)  
Richard Nelson

Mailing Address 81 Crestwood Dr Apt 16

City State Zip Code  
Daly City CA 94015-3224

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  
04 / 21 / 2009

Transaction ID: SA11AI.32545

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Karl Noell

Mailing Address 630 Greenbriar Rd

City State Zip Code  
Lafayette LA 70503-3408

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

Name of Employer Occupation  
none MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2009

Transaction ID: SA11AI.26665

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Helen V O' Reilly

Mailing Address 4565 NW 3rd St Apt C

City State Zip Code  
Delray Beach FL 33445-2760

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 / 24 / 2009

Transaction ID: SA11AI.16348

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

**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 47 / 158

(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 Helen v. O'Reilly

Mailing Address 4565 NW 3rd St Apt C

City State Zip Code  
Delray Beach FL 33445-2760

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 Y  
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.16350

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs 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  
Homemaker

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

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6818

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Frank C. Palopoli

Mailing Address PO Box 159  
1017 Lorien Dirve

City State Zip Code  
Gwynedd Valley PA 19437-0159

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

Name of Employer Occupation  
F.C.P. Group, L.L.C. Real Estate Investments

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

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.12519

Amount of Each Receipt this Period

200.00

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

1450.00

**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 48 / 158  
(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. Frank C. Palopoli

Mailing Address PO Box 159  
1017 Lorien Dirve

City State Zip Code  
Gwynedd Valley PA 19437-0159

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

Name of Employer Occupation  
F.C.P. Group, L.L.C. Real Estate Investments

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 0 9

**Transaction ID:** SA11AI.12517

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard Paxman

Mailing Address 14285 Valley Vista Blvd

City State Zip Code  
Sherman Oaks CA 91423-4040

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

Name of Employer Occupation  
Information Requested Information Requested

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 9

**Transaction ID:** SA11AI.31018

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Eugene G. Pillard

Mailing Address 1802 Millcreek Dr

City State Zip Code  
Arkadelphia AR 71923-3020

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

Name of Employer Occupation  
None Retired

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

**Transaction ID:** SA11AI.26870

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**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 49 / 158

(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. Eugene G. Pillard

Mailing Address 1802 Millcreek Dr

City State Zip Code  
Arkadelphia AR 71923-3020

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

Name of Employer Occupation  
None Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.26872

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Eugene G. Pillard

Mailing Address 1802 Millcreek Dr

City State Zip Code  
Arkadelphia AR 71923-3020

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

Name of Employer Occupation  
None Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.26869

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Kay G Poitras

Mailing Address 27 Lake Hamilton Bch

City State Zip Code  
Haines City FL 33844-8698

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

Name of Employer Occupation  
None Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.16680

Amount of Each Receipt this Period

350.00

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

500.00

**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 50 / 158  
(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. Kay G Poitras

Mailing Address 27 Lake Hamilton Bch

City State Zip Code  
Haines City FL 33844-8698

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

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

**Transaction ID:** SA11AI.16679

Amount of Each Receipt this Period  
350.00

**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 / 06 / 2009

**Transaction ID:** SA11AI.27867

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
Rev John J Purtell

Mailing Address 105 Union St Apt 10

City State Zip Code  
Sumner IA 50674-1261

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

Name of Employer Occupation  
Clergy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2009

**Transaction ID:** SA11AI.21457

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2600.00**

**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 51 / 158  
(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. Claire L Rains  
Mailing Address 420 41st Ave  
City San Francisco State CA Zip Code 94121-1512  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 205.00  
Date of Receipt 06 / 24 / 2009  
Transaction ID: SA11AI.32655  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr William D Rankin  
Mailing Address 220 N Dithridge St Apt 1000  
City Pittsburgh State PA Zip Code 15213-1425  
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 02 / 02 / 2009  
Transaction ID: SA11AI.8703  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Rich D Richardson  
Mailing Address 9 Foxtail Ln # Q  
City Chadds Ford State PA Zip Code 19317-9778  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Solid State Equip Corp Occupation Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 05 / 14 / 2009  
Transaction ID: SA11AI.12304  
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 52 / 158  
(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. Rich D Richardson

Mailing Address 9 Foxtail Ln # Q

City State Zip Code  
Chadds Ford PA 19317-9778

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

Name of Employer Occupation  
Solid State Equip Corp Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2009

**Transaction ID:** SA11AI.12305

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs Evelyn H Risser

Mailing Address 2052 Kestrel Ct

City State Zip Code  
Lancaster PA 17603-2455

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2009

**Transaction ID:** SA11AI.10433

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. William L. Rosenberger

Mailing Address 753 Spring Ln

City State Zip Code  
Lansdale PA 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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** SA11AI.12561

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1035.00**

**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 53 / 158

(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 L. Rosenberger

Mailing Address 753 Spring Ln

City State Zip Code  
Lansdale PA 19446-6231

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

Name of Employer Occupation  
Retired Retired

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.12562

Amount of Each Receipt this Period

500.00

**B.**

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

Mailing Address 1314 Pennington Rd

City State Zip Code  
Grenville NM 88424-7513

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

Name of Employer Occupation  
Rancher

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.30262

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms Nancy S Sampson

Mailing Address 9614 Parkwood Ct

City State Zip Code  
Fort Myers FL 33908-2861

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

Name of Employer Occupation  
Retired

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.16751

Amount of Each Receipt this Period

1000.00

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

1800.00

**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 54 / 158  
(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. Clara M. Satorius  
Mailing Address 1012 S 58th St  
City State Zip Code  
West Allis WI 53214-3342  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Home Maker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt: MM / DD / YYYY  
05 / 06 / 2009  
Transaction ID: SA11AI.21915  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert J Schorr  
Mailing Address 1015 Irwin Dr  
City State Zip Code  
Pittsburgh PA 15236-2330  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Self Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt: MM / DD / YYYY  
03 / 20 / 2009  
Transaction ID: SA11AI.8814  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Daniel R Schwartz, Jr.  
Mailing Address 547 Harleysville Pike  
City State Zip Code  
Harleysville PA 19438-2211  
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  
04 / 06 / 2009  
Transaction ID: SA11AI.12529  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 158  
(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)  
AMERICA'S FOUNDATION

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Veronica M Sellman

Mailing Address 23116 Sunset Rd NE

City State Zip Code  
Bethel MN 55005-9831

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
04 / 06 / 2009

**Transaction ID:** SA11AI.22517

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
Ms Diana M Sharbaugh

Mailing Address 521 W Crawford St

City State Zip Code  
Ebensburg PA 15931-1310

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** SA11AI.9369

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms Diana M Sharbaugh

Mailing Address 521 W Crawford St

City State Zip Code  
Ebensburg PA 15931-1310

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

**Transaction ID:** SA11AI.9372

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **225.00**

**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 56 / 158  
(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

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 Diana M Sharbaugh

Mailing Address 521 W Crawford St

City Ebensburg State PA Zip Code 15931-1310

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

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 06 / 29 / 2009

Transaction ID: SA11AI.9373

Amount of Each Receipt this Period 20.00

**B.**

Full Name (Last, First, Middle Initial)  
Rev Thomas P Sharkey

Mailing Address 6230 Brushrun Rd

City Bethel Park State PA Zip Code 15102-2214

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 21 / 2009

Transaction ID: SA11AI.8530

Amount of Each Receipt this Period 300.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr Keith M Shonnard

Mailing Address 1385 W Winnie Ln

City Carson City State NV Zip Code 89703-2017

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

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 02 / 2009

Transaction ID: SA11AI.30392

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **570.00**

**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 57 / 158  
(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. Ronald G Sidovar  
Mailing Address PO Box 190  
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 ▼ 300.00  
Date of Receipt 05 / 20 / 2009  
Transaction ID: SA11AI.11292  
Amount of Each Receipt this Period 300.00

**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 05 / 27 / 2009  
Transaction ID: SA11AI.27378  
Amount of Each Receipt this Period 300.00

**C.** 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 ▼ 335.00  
Date of Receipt 06 / 05 / 2009  
Transaction ID: SA11AI.27379  
Amount of Each Receipt this Period 35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 635.00  
**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 58 / 158  
(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)  
William H Simpson

Mailing Address 2532 Hepplewhite Dr

City York State PA Zip Code 17404-1216

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

Name of Employer Susquehanna Pfaltzgraf Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 04 / 2009

Transaction ID: SA11AI.10468

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Miss Lillian Sladewski

Mailing Address 469 Lake Rd

City New Windsor State NY Zip Code 12553-5936

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 02 / 23 / 2009

Transaction ID: SA11AI.7661

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John T. Slater

Mailing Address 1117 Toledo St

City Bellingham State WA Zip Code 98229-2120

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 04 / 20 / 2009

Transaction ID: SA11AI.34260

Amount of Each Receipt this Period 105.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 855.00

**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 59 / 158

(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)

Mrs. Claire M. A. Slead

Mailing Address PO Box 667

City

Hot Springs

State

MT

Zip Code

59845-0667

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  
06 / 25 / 2009

Transaction ID: SA11AI.23778

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Hunter j. Smith

Mailing Address 1160 Tennis Rd  
Farmington

City

Charlottesville

State

VA

Zip Code

22901-5031

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

Date of Receipt

MM / DD / YYYY  
05 / 05 / 2009

Transaction ID: SA11AI.13886

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Hunter j. Smith

Mailing Address 1160 Tennis Rd  
Farmington

City

Charlottesville

State

VA

Zip Code

22901-5031

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Homemaker

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
06 / 22 / 2009

Transaction ID: SA11AI.13885

Amount of Each Receipt this Period

1000.00

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

1600.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 158  
(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 Gertrude R Spankus  
Mailing Address 5330 Valkeith Dr  
City Houston State TX Zip Code 77096-5111  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation Home Maker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 05 / 29 / 2009  
Transaction ID: SA11AI.27931  
Amount of Each Receipt this Period 100.00

**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 Professor (retired)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 03 / 12 / 2009  
Transaction ID: SA11AI.24964  
Amount of Each Receipt this Period 400.00

**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 Professor (retired)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 05 / 27 / 2009  
Transaction ID: SA11AI.24965  
Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 700.00  
**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 61 / 158  
(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. 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 ▼ 300.00

Date of Receipt 04 / 20 / 2009  
Transaction ID: SA11AI.10187  
Amount of Each Receipt this Period 100.00

**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 ▼ 400.00

Date of Receipt 05 / 20 / 2009  
Transaction ID: SA11AI.10185  
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 ▼ 500.00

Date of Receipt 06 / 22 / 2009  
Transaction ID: SA11AI.10186  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 300.00

**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 62 / 158  
(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 Boyd W Stephenson

Mailing Address 1453 Mill Gap Rd

City Monterey State VA Zip Code 24465-2480

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

Name of Employer Self Employed Occupation Self Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 254.00

Date of Receipt: MM / DD / YYYY  
05 / 22 / 2009

Transaction ID: SA11AI.14194

Amount of Each Receipt this Period: 204.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr Boyd W Stephenson

Mailing Address 1453 Mill Gap Rd

City Monterey State VA Zip Code 24465-2480

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

Name of Employer Self Employed Occupation Self Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 354.00

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

Transaction ID: SA11AI.14195

Amount of Each Receipt this Period: 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. John A. Strassenburgh

Mailing Address PO Box 608

City Ocean View State NJ Zip Code 08230-0608

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  
05 / 19 / 2009

Transaction ID: SA11AI.6196

Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **404.00**

**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 63 / 158  
(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. John A. Strassenburgh

Mailing Address PO Box 608

City State Zip Code  
Ocean View NJ 08230-0608

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2009

Transaction ID: SA11AI.6198

Amount of Each Receipt this Period  
50.00

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

Mailing Address 953 Pyrite Ave

City State Zip Code  
Henderson NV 89011-3059

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 / 23 / 2009

Transaction ID: SA11AI.30273

Amount of Each Receipt this Period  
200.00

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

Mailing Address 953 Pyrite Ave

City State Zip Code  
Henderson NV 89011-3059

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  
04 / 21 / 2009

Transaction ID: SA11AI.30276

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **350.00**

**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 64 / 158  
(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. 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 Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 05 / 28 / 2009

Transaction ID: SA11AI.30275

Amount of Each Receipt this Period 200.00

**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 Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 725.00

Date of Receipt 06 / 09 / 2009

Transaction ID: SA11AI.30277

Amount of Each Receipt this Period 25.00

**C.** 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 Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 925.00

Date of Receipt 06 / 22 / 2009

Transaction ID: SA11AI.30274

Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 425.00

**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 65 / 158  
(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. Elsbeth F Swope

Mailing Address 60 Raynham Rd

City Merion Station State PA Zip Code 19066-1829

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 04 / 21 / 2009

Transaction ID: SA11AI.11968

Amount of Each Receipt this Period 150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Myles H Tanenbaum

Mailing Address 1305 Wrenfield Way

City Villanova State PA Zip Code 19085-2061

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

Name of Employer Occupation Manufacture  
A Wish Come True , LP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 22 / 2009

Transaction ID: SA11AI.12051

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms Thelma F Timmer

Mailing Address 8740 Kari Ln SW

City Byron Center State MI Zip Code 49315-9249

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 05 / 21 / 2009

Transaction ID: SA11AI.21062

Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00

**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 66 / 158

(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. Robert S Troth

Mailing Address 3003 Gulf Shore Blvd N Apt 301

City State Zip Code  
Naples FL 34103-3912

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  
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.16818

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr Ray Kent Troutman

Mailing Address 6337 Klamath Rd

City State Zip Code  
Fort Worth TX 76116-1617

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 6 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.27678

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
Richard Van Houten

Mailing Address 13 Elm St

City State Zip Code  
Allendale NJ 07401-1508

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 3 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.5725

Amount of Each Receipt this Period

225.00

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

525.00

**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 67 / 158  
(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. Agnes T. Vencius

Mailing Address 2561 Franklin Ave

City State Zip Code  
Secane PA 19018-2828

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  
MM / DD / YYYY  
04 / 20 / 2009

Transaction ID: SA11AI.11788

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Agnes T. Vencius

Mailing Address 2561 Franklin Ave

City State Zip Code  
Secane PA 19018-2828

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  
05 / 20 / 2009

Transaction ID: SA11AI.11791

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Waldron

Mailing Address 7111 Pinehurst Cir

City State Zip Code  
Presto PA 15142-1063

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 26 / 2009

Transaction ID: SA11AI.8599

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 400.00

**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 68 / 158

(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)  
Ms. Margaret C. Welsh

Mailing Address 643 Montezuma Dr

City State Zip Code  
Pacifica CA 94044-4028

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.32593

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Margaret C. Welsh

Mailing Address 643 Montezuma Dr

City State Zip Code  
Pacifica CA 94044-4028

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.32592

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Margaret C. Welsh

Mailing Address 643 Montezuma Dr

City State Zip Code  
Pacifica CA 94044-4028

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.32594

Amount of Each Receipt this Period

55.00

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

165.00

**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 69 / 158  
(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. Edmund J Wideman

Mailing Address 8633 South Bay Dr

City State Zip Code  
Orlando FL 32819-4948

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

Name of Employer Self Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 24 / 2009

Transaction ID: SA11AI.15978

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Elmer D. Wilcox

Mailing Address 919 109th Ave NE Apt 1201

City State Zip Code  
Bellevue WA 98004-4496

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  
04 / 21 / 2009

Transaction ID: SA11AI.34052

Amount of Each Receipt this Period  
100.00

**C.**

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

Mailing Address 6804 NW Dawn Ln

City State Zip Code  
Kansas City MO 64151-1718

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2009

Transaction ID: SA11AI.25481

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

**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 70 / 158  
(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 Elizabeth A Williams

Mailing Address 265 Highway 93

City Helena State AL Zip Code 35080-7605

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 26 / 2009  
Transaction ID: SA11AI.17310  
Amount of Each Receipt this Period: 5000.00

**B.** Full Name (Last, First, Middle Initial)  
Miss Mona Rae Williams

Mailing Address 314 9th St

City Monongahela State PA Zip Code 15063-2820

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: 04 / 20 / 2009  
Transaction ID: SA11AI.8452  
Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Miss Josephine E. Wood

Mailing Address 1400 Enterprise Dr Apt 330

City Lynchburg State VA Zip Code 24502-5768

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 / 23 / 2009  
Transaction ID: SA11AI.14202  
Amount of Each Receipt this Period: 200.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 158  
(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)  
Miss Josephine E. Wood

Mailing Address 1400 Enterprise Dr Apt 330

City Lynchburg State VA Zip Code 24502-5768

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 / 23 / 2009

Transaction ID: SA11AI.14204

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Miss Josephine E. Wood

Mailing Address 1400 Enterprise Dr Apt 330

City Lynchburg State VA Zip Code 24502-5768

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

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt MM / DD / YYYY 04 / 20 / 2009

Transaction ID: SA11AI.14203

Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Miss Josephine E. Wood

Mailing Address 1400 Enterprise Dr Apt 330

City Lynchburg State VA Zip Code 24502-5768

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

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt MM / DD / YYYY 06 / 22 / 2009

Transaction ID: SA11AI.14206

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **350.00**

**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 72 / 158  
(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. Irma Wylly

Mailing Address 5750 Amaya Dr Unit 15

City State Zip Code  
La Mesa CA 91942-3936

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  
04 / 17 / 2009

Transaction ID: SA11AI.31217

Amount of Each Receipt this Period  
125.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Irma Wylly

Mailing Address 5750 Amaya Dr Unit 15

City State Zip Code  
La Mesa CA 91942-3936

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2009

Transaction ID: SA11AI.31218

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Rufus Wysor

Mailing Address 9350 Babcock Blvd Apt 206

City State Zip Code  
Pittsburgh PA 15237-5085

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 251.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: SA11AI.8860

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

**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 73 / 158  
(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. Rufus Wysor

Mailing Address 9350 Babcock Blvd Apt 206

City State Zip Code  
Pittsburgh PA 15237-5085

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 402.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 6 / 2 0 0 9

**Transaction ID:** SA11AI.8862

Amount of Each Receipt this Period  
151.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Rufus Wysor

Mailing Address 9350 Babcock Blvd Apt 206

City State Zip Code  
Pittsburgh PA 15237-5085

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 503.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

**Transaction ID:** SA11AI.8864

Amount of Each Receipt this Period  
101.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Frank M. Zielinski

Mailing Address 126 E Wing St Apt 211

City State Zip Code  
Arlington Heights IL 60004-6064

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

Name of Employer Occupation  
Barnaby's of Northbrook Restaurant Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

**Transaction ID:** SA11AI.23809

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **277.00**

**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 74 / 158  
(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. Frank M. Zielinski

Mailing Address 126 E Wing St Apt 211

City State Zip Code  
Arlington Heights IL 60004-6064

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

Name of Employer Occupation  
Barnaby's of Northbrook Restaurant Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2009

**Transaction ID:** SA11AI.23806

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Frank M. Zielinski

Mailing Address 126 E Wing St Apt 211

City State Zip Code  
Arlington Heights IL 60004-6064

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

Name of Employer Occupation  
Barnaby's of Northbrook Restaurant Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2009

**Transaction ID:** SA11AI.23807

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Frank M. Zielinski

Mailing Address 126 E Wing St Apt 211

City State Zip Code  
Arlington Heights IL 60004-6064

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

Name of Employer Occupation  
Barnaby's of Northbrook Restaurant Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2009

**Transaction ID:** SA11AI.23805

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

**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 75 / 158
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Frank M. Zielinski	Date of Receipt MM / DD / YYYY 06 / 09 / 2009
	Mailing Address 126 E Wing St Apt 211	<b>Transaction ID:</b> SA11AI.23808
	City State Zip Code Arlington Heights IL 60004-6064	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 525.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Frank M. Zielinski	Date of Receipt MM / DD / YYYY 06 / 22 / 2009
	Mailing Address 126 E Wing St Apt 211	<b>Transaction ID:</b> SA11AI.23804
	City State Zip Code Arlington Heights IL 60004-6064	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 625.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Peter W. Zimmer	Date of Receipt MM / DD / YYYY 03 / 06 / 2009
	Mailing Address 7215 Sagerock Ct	<b>Transaction ID:</b> SA11AI.29032
	City State Zip Code Colorado Springs CO 80919-2916	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Colorado Springs Comm. Surgeons Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>75281.00</b>

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

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

FOR LINE NUMBER: PAGE 76 / 158  
(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)  
MDI  
Mailing Address 21721-A Filigree Court  
City Adhburn State VA Zip Code 20147  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 213.31  
Date of Receipt 03 / 26 / 2009  
Transaction ID: SA15.4112  
Amount of Each Receipt this Period 213.31  
Postage Refund

**B.** Full Name (Last, First, Middle Initial)  
Patton-Kiehl Group, Inc.  
Mailing Address 17026 Bull Church Road  
City Woodford State VA Zip Code 22580  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 663.19  
Date of Receipt 03 / 20 / 2009  
Transaction ID: SA15.4114  
Amount of Each Receipt this Period 663.19  
Postage Refund

**C.** Full Name (Last, First, Middle Initial)  
Patton-Kiehl Group, Inc.  
Mailing Address 17026 Bull Church Road  
City Woodford State VA Zip Code 22580  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1663.19  
Date of Receipt 04 / 13 / 2009  
Transaction ID: SA15.4115  
Amount of Each Receipt this Period 1000.00  
Postage Refund

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1876.50  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 77 / 158  
(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)  
RST Marketing Associates, Inc.  
Mailing Address P.O. Box 228  
City State Zip Code  
Forest VA 24551  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 443.73  
Date of Receipt: 04 / 20 / 2009  
Transaction ID: SA15.4117  
Amount of Each Receipt this Period: 443.73  
Postage Refund

**B.** Full Name (Last, First, Middle Initial)  
U.S. Postal Service  
Mailing Address 900 Brentwood Rd, NE  
City State Zip Code  
Washington DC 20018  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 745.00  
Date of Receipt: 06 / 12 / 2009  
Transaction ID: SA15.4110  
Amount of Each Receipt this Period: 745.00  
Postage Refund

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1188.73
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3065.23

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 158  
(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)  
Conrad Direct, Inc.  
Mailing Address 300 Knickerbocker Road  
City State Zip Code  
Cresskill NJ 07626  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 957.04  
Date of Receipt: 01 / 29 / 2009  
Transaction ID: SA17.4100  
Amount of Each Receipt this Period: 957.04  
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  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3433.77  
Date of Receipt: 02 / 26 / 2009  
Transaction ID: SA17.4101  
Amount of Each Receipt this Period: 2476.73  
List Rental Income

**C.** Full Name (Last, First, Middle Initial)  
Conrad Direct, Inc.  
Mailing Address 300 Knickerbocker Road  
City State Zip Code  
Cresskill NJ 07626  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 6104.95  
Date of Receipt: 03 / 24 / 2009  
Transaction ID: SA17.4102  
Amount of Each Receipt this Period: 2671.18  
List Rental Income

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6104.95  
**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 79 / 158  
(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)  
Conrad Direct, Inc.  
Mailing Address 300 Knickerbocker Road  
City State Zip Code  
Cresskill NJ 07626  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 9413.53  
Date of Receipt: 04 / 27 / 2009  
Transaction ID: SA17.4103  
Amount of Each Receipt this Period: 3308.58  
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  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 17199.86  
Date of Receipt: 05 / 28 / 2009  
Transaction ID: SA17.4104  
Amount of Each Receipt this Period: 7786.33  
List Rental Income

**C.** Full Name (Last, First, Middle Initial)  
Conrad Direct, Inc.  
Mailing Address 300 Knickerbocker Road  
City State Zip Code  
Cresskill NJ 07626  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 23132.38  
Date of Receipt: 06 / 24 / 2009  
Transaction ID: SA17.4105  
Amount of Each Receipt this Period: 5932.52  
List Rental Income

**SUBTOTAL** of Receipts This Page (optional) ..... ► 17027.43  
**TOTAL** This Period (last page this line number only) ..... ► 23132.38

C. Form/Schedule : **SA17**

Transaction ID : **SA17.4105**

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. All of the expenditures listed on Schedule B, Line 21(b) were PAC expenses and none of these expenditures were for public communications or voter drive activity that contained express advocacy of a clearly identified federal candidate.



# 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><b>A.</b> Full Name (Last, First, Middle Initial) Advanced Mailing Sevices</p> <p>Mailing Address 14970 Farm Creek Drive</p> <p>City Woodbridge State VA Zip Code 22191</p> <p>Purpose of Disbursement Postage and Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.35042</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4901.74"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Advanced Mailing Sevices</p> <p>Mailing Address 14970 Farm Creek Drive</p> <p>City Woodbridge State VA Zip Code 22191</p> <p>Purpose of Disbursement Direct Mail Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.35043</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2603.94"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Advanced Mailing Sevices</p> <p>Mailing Address 14970 Farm Creek Drive</p> <p>City Woodbridge State VA Zip Code 22191</p> <p>Purpose of Disbursement Postage and Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.35044</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2988.20"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="10493.88"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

**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	Transaction ID: SB21B.35045	
	Date of Disbursement 05 / 01 / 2009	
Mailing Address 14970 Farm Creek Drive	Amount of Each Disbursement this Period 2589.86	
City Woodbridge State VA Zip Code 22191	Purpose of Disbursement Postage and Delivery	
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) Advanced Mailing Sevices	Transaction ID: SB21B.35046	
	Date of Disbursement 05 / 01 / 2009	
Mailing Address 14970 Farm Creek Drive	Amount of Each Disbursement this Period 2570.87	
City Woodbridge State VA Zip Code 22191	Purpose of Disbursement Postage and Delivery	
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) Advanced Mailing Sevices	Transaction ID: SB21B.35047	
	Date of Disbursement 05 / 06 / 2009	
Mailing Address 14970 Farm Creek Drive	Amount of Each Disbursement this Period 1964.59	
City Woodbridge State VA Zip Code 22191	Purpose of Disbursement Postage and Delivery	
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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7125.32</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)  
AMERICA'S FOUNDATION

<b>A.</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 Postage and Delivery Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.35048 Date of Disbursement 05 / 06 / 2009
	Amount of Each Disbursement this Period 1977.35 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) Advanced Mailing Sevices Mailing Address 14970 Farm Creek Drive City Woodbridge State VA Zip Code 22191 Purpose of Disbursement Direct Mail Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.35049 Date of Disbursement 05 / 07 / 2009
	Amount of Each Disbursement this Period 1827.40 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) Advanced Mailing Sevices Mailing Address 14970 Farm Creek Drive City Woodbridge State VA Zip Code 22191 Purpose of Disbursement Direct Mail Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.35050 Date of Disbursement 06 / 11 / 2009
	Amount of Each Disbursement this Period 3653.28 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7458.03
<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)  
AMERICA'S FOUNDATION

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</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><b>Transaction ID:</b> SB21B.35201</p> <p>Date of Disbursement 02 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 168.95</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</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><b>Transaction ID:</b> SB21B.35202</p> <p>Date of Disbursement 03 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 4.95</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</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><b>Transaction ID:</b> SB21B.35203</p> <p>Date of Disbursement 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 26.61</p>

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

200.51

**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)

<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><b>A.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</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><b>Transaction ID:</b> SB21B.35204</p> <p>Date of Disbursement 04 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 4.95</p> <p>Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</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><b>Transaction ID:</b> SB21B.35205</p> <p>Date of Disbursement 04 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 57.47</p> <p>Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</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><b>Transaction ID:</b> SB21B.35206</p> <p>Date of Disbursement 04 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>Category/Type</p>

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

162.42

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</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><b>Transaction ID:</b> SB21B.35207</p> <p>Date of Disbursement 04 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 22.00</p> <p>Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</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><b>Transaction ID:</b> SB21B.35208</p> <p>Date of Disbursement 05 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 4.95</p> <p>Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</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><b>Transaction ID:</b> SB21B.35209</p> <p>Date of Disbursement 05 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 94.16</p> <p>Category/Type</p>

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

121.11

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</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><b>Transaction ID:</b> SB21B.35210 <b>Date of Disbursement</b> 06 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 4.95</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</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><b>Transaction ID:</b> SB21B.35211 <b>Date of Disbursement</b> 06 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 30.17</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</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><b>Transaction ID:</b> SB21B.35212 <b>Date of Disbursement</b> 06 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 15.47</p>

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

50.59

**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)  
Bankcard MTOT Discount

Transaction ID: SB21B.35151  
Date of Disbursement

Mailing Address P.O. Box 189

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

City Hagerstown State MD Zip Code 21741-0189

Amount of Each Disbursement this Period

266.20
--------

Purpose of Disbursement  
Merchant Credit Card Fees  
Candidate Name

Category/  
Type

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

B.

Full Name (Last, First, Middle Initial)  
Bankcard MTOT Discount

Transaction ID: SB21B.35152  
Date of Disbursement

Mailing Address P.O. Box 189

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	0	9

City Hagerstown State MD Zip Code 21741-0189

Amount of Each Disbursement this Period

34.01
-------

Purpose of Disbursement  
Merchant Credit Card Fees  
Candidate Name

Category/  
Type

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

C.

Full Name (Last, First, Middle Initial)  
Bankcard MTOT Discount

Transaction ID: SB21B.35153  
Date of Disbursement

Mailing Address P.O. Box 189

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

City Hagerstown State MD Zip Code 21741-0189

Amount of Each Disbursement this Period

164.49
--------

Purpose of Disbursement  
Merchant Credit Card Fees  
Candidate Name

Category/  
Type

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

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

464.70
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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)

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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

<b>A.</b> Full Name (Last, First, Middle Initial) Bankcard MTOT Discount Mailing Address P.O. Box 189 City Hagerstown State MD Zip Code 21741-0189 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.35154 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 832.02

<b>B.</b> Full Name (Last, First, Middle Initial) Bankcard MTOT Discount Mailing Address P.O. Box 189 City Hagerstown State MD Zip Code 21741-0189 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.35155 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 470.24

<b>C.</b> Full Name (Last, First, Middle Initial) Bankcard MTOT Discount Mailing Address P.O. Box 189 City Hagerstown State MD Zip Code 21741-0189 Purpose of Disbursement Bank Service Charges 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.35156 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 216.89

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1519.15
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER: (check only one)

<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) Barna Advisory Services, PC	Transaction ID: SB21B.34961 Date of Disbursement
	Mailing Address 270 S. Woodmont Drive	<input type="text" value="01"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City State Zip Code Downingtown PA 19335	Amount of Each Disbursement this Period
	Purpose of Disbursement Accounting Fees	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text"/>
	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.34962 Date of Disbursement
	Mailing Address 270 S. Woodmont Drive	<input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City State Zip Code Downingtown PA 19335	Amount of Each Disbursement this Period
	Purpose of Disbursement Accounting Fees	<input type="text" value="2931.40"/>
	Candidate Name	<input type="text"/>
	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.34963 Date of Disbursement
	Mailing Address 270 S. Woodmont Drive	<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City State Zip Code Downingtown PA 19335	Amount of Each Disbursement this Period
	Purpose of Disbursement Accounting Fees	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text"/>
	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) .....

**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) Barna Advisory Services, PC	Transaction ID: SB21B.34964 Date of Disbursement
	Mailing Address 270 S. Woodmont Drive	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	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	<input type="text"/>
	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) Barna Advisory Services, PC	Transaction ID: SB21B.34965 Date of Disbursement
	Mailing Address 270 S. Woodmont Drive	<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	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	<input type="text"/>
	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) Barna Advisory Services, PC	Transaction ID: SB21B.34966 Date of Disbursement
	Mailing Address 270 S. Woodmont Drive	<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	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	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Barna Advisory Services, PC  Mailing Address 270 S. Woodmont Drive  City Downingtown State PA Zip Code 19335  Purpose of Disbursement Accounting 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) ▼	<b>Transaction ID:</b> SB21B.34967 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) BB&T  Mailing Address PO Box 200  City Wilson State NC Zip Code 27894-0020  Purpose of Disbursement Bank Service Charges Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.35166 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 9	Amount of Each Disbursement this Period 104.99
<b>C.</b>	Full Name (Last, First, Middle Initial) BB&T  Mailing Address PO Box 200  City Wilson State NC Zip Code 27894-0020  Purpose of Disbursement Bank Service Charges Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.35167 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9	Amount of Each Disbursement this Period 17.50

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<b>2622.49</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)  
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21B.35168
	Mailing Address PO Box 200	Date of Disbursement 03 / 27 / 2009
	City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period 15.00
	Purpose of Disbursement Bank Service Charges	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) BB&T	Transaction ID: SB21B.35169
	Mailing Address PO Box 200	Date of Disbursement 03 / 31 / 2009
	City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period 15.00
	Purpose of Disbursement Bank Service Charges	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) BB&T	Transaction ID: SB21B.35170
	Mailing Address PO Box 200	Date of Disbursement 03 / 31 / 2009
	City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period 166.44
	Purpose of Disbursement Bank Service Charges	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) .....	▶	196.44
<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)  
AMERICA'S FOUNDATION

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>BB&amp;T</b> <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) ▼	<b>Transaction ID:</b> SB21B.35171 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 9 <hr/> <b>Amount of Each Disbursement this Period</b> 15.00
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>BB&amp;T</b> <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) ▼	<b>Transaction ID:</b> SB21B.35172 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9 <hr/> <b>Amount of Each Disbursement this Period</b> 7.50
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>BB&amp;T</b> <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) ▼	<b>Transaction ID:</b> SB21B.35173 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9 <hr/> <b>Amount of Each Disbursement this Period</b> 222.30

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>244.80</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)

PAGE 95 / 158

<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.35174
	Mailing Address PO Box 200	Date of Disbursement 04 / 30 / 2009
	City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Bank Service Charges	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) BB&T	Transaction ID: SB21B.35175
	Mailing Address PO Box 200	Date of Disbursement 04 / 30 / 2009
	City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Bank Service Charges	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) BB&T	Transaction ID: SB21B.35176
	Mailing Address PO Box 200	Date of Disbursement 05 / 20 / 2009
	City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period 7.50
	Purpose of Disbursement Bank Service Charges	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) .....	47.50
<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)  
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21B.35177
	Mailing Address PO Box 200	Date of Disbursement 05 / 31 / 2009
	City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Bank Service Charges	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) BB&T	Transaction ID: SB21B.35178
	Mailing Address PO Box 200	Date of Disbursement 05 / 31 / 2009
	City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period 375.36
	Purpose of Disbursement Bank Service Charges	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) BB&T	Transaction ID: SB21B.35179
	Mailing Address PO Box 200	Date of Disbursement 05 / 31 / 2009
	City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period 7.50
	Purpose of Disbursement Bank Service Charges	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>402.86</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)  
AMERICA'S FOUNDATION

<b>A.</b>	Full Name (Last, First, Middle Initial) BB&T Mailing Address PO Box 200 City Wilson State NC Zip Code 27894-0020 Purpose of Disbursement Bank Service Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.35180 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 9	Amount of Each Disbursement this Period 7.50
<b>B.</b>	Full Name (Last, First, Middle Initial) BB&T Mailing Address PO Box 200 City Wilson State NC Zip Code 27894-0020 Purpose of Disbursement Bank Service Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.35181 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 9	Amount of Each Disbursement this Period 7.50
<b>C.</b>	Full Name (Last, First, Middle Initial) BB&T Mailing Address PO Box 200 City Wilson State NC Zip Code 27894-0020 Purpose of Disbursement Bank Service Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.35182 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 9	Amount of Each Disbursement this Period 7.50

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	22.50
<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)  
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21B.35183
	Mailing Address PO Box 200	Date of Disbursement 06 / 19 / 2009
	City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period 32.00
	Purpose of Disbursement Bank Service Charges	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) BB&T	Transaction ID: SB21B.35184
	Mailing Address PO Box 200	Date of Disbursement 06 / 22 / 2009
	City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period 7.50
	Purpose of Disbursement Bank Service Charges	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) BB&T	Transaction ID: SB21B.35185
	Mailing Address PO Box 200	Date of Disbursement 06 / 25 / 2009
	City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period 7.50
	Purpose of Disbursement Bank Service Charges	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) .....	47.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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

<b>A.</b>	Full Name (Last, First, Middle Initial) BB&T Mailing Address PO Box 200 City Wilson State NC Zip Code 27894-0020 Purpose of Disbursement Bank Service Charges 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.35186 Date of Disbursement 06 / 25 / 2009 Amount of Each Disbursement this Period 7.50 Category/Type
<b>B.</b>	Full Name (Last, First, Middle Initial) BB&T Mailing Address PO Box 200 City Wilson State NC Zip Code 27894-0020 Purpose of Disbursement Bank Service Charges 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.35187 Date of Disbursement 06 / 25 / 2009 Amount of Each Disbursement this Period 2.50 Category/Type
<b>C.</b>	Full Name (Last, First, Middle Initial) BB&T Mailing Address PO Box 200 City Wilson State NC Zip Code 27894-0020 Purpose of Disbursement Bank Service Charges 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.35188 Date of Disbursement 06 / 30 / 2009 Amount of Each Disbursement this Period 316.52 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>326.52</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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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) BB&T	Transaction ID: SB21B.35189
	Mailing Address PO Box 200	Date of Disbursement 06 / 30 / 2009
	City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Bank Service Charges	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) Bryn Mawr Trust Company	Transaction ID: SB21B.34939
	Mailing Address 801 Lancaster Avenue	Date of Disbursement 02 / 28 / 2009
	City Bryn Mawr State PA Zip Code 19010	Amount of Each Disbursement this Period 75.00
	Purpose of Disbursement Bank Service Charges	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) Bryn Mawr Trust Company	Transaction ID: SB21B.34940
	Mailing Address 801 Lancaster Avenue	Date of Disbursement 03 / 05 / 2009
	City Bryn Mawr State PA Zip Code 19010	Amount of Each Disbursement this Period 216.19
	Purpose of Disbursement Bank Service Charges	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>331.19</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)  
AMERICA'S FOUNDATION

<b>A.</b> Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company  Mailing Address 801 Lancaster Avenue  City State Zip Code Bryn Mawr PA 19010  Purpose of Disbursement Income Taxes Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.34941 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period  20000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company  Mailing Address 801 Lancaster Avenue  City State Zip Code Bryn Mawr PA 19010  Purpose of Disbursement Bank Service Charges Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.34942 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period  75.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company  Mailing Address 801 Lancaster Avenue  City State Zip Code Bryn Mawr PA 19010  Purpose of Disbursement Bank Service Charges Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.34943 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period  68.09
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

20143.09

**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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company</p> <p>Mailing Address 801 Lancaster Avenue</p> <p>City Bryn Mawr State PA Zip Code 19010</p> <p>Purpose of Disbursement Bank Service Charges</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><b>Transaction ID:</b> SB21B.34944</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 75.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company</p> <p>Mailing Address 801 Lancaster Avenue</p> <p>City Bryn Mawr State PA Zip Code 19010</p> <p>Purpose of Disbursement Bank Service Charges</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><b>Transaction ID:</b> SB21B.34945</p> <p>Date of Disbursement 05 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 267.24</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company</p> <p>Mailing Address 801 Lancaster Avenue</p> <p>City Bryn Mawr State PA Zip Code 19010</p> <p>Purpose of Disbursement Bank Service Charges</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><b>Transaction ID:</b> SB21B.34946</p> <p>Date of Disbursement 05 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 75.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>417.24</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)  
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company	Transaction ID: SB21B.34947 Date of Disbursement 06 / 05 / 2009
	Mailing Address 801 Lancaster Avenue	
	City State Zip Code Bryn Mawr PA 19010	Amount of Each Disbursement this Period 64.17
	Purpose of Disbursement Bank Service Charges	
	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.34948 Date of Disbursement 06 / 30 / 2009
	Mailing Address 801 Lancaster Avenue	
	City State Zip Code Bryn Mawr PA 19010	Amount of Each Disbursement this Period 75.00
	Purpose of Disbursement Bank Service Charges	
	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) Catterton Printing	Transaction ID: SB21B.35028 Date of Disbursement 05 / 28 / 2009
	Mailing Address 100 Post Office Road	
	City State Zip Code Waldorf MD 20602	Amount of Each Disbursement this Period 4833.30
	Purpose of Disbursement Printing & Reproduction	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4972.47
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) Catterton Printing	Transaction ID: SB21B.35029 Date of Disbursement																			
	Mailing Address 100 Post Office 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>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	1		2	0	0	9												
	City Waldorf State MD Zip Code 20602	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Printing & Reproduction	<table border="1"><tr><td>5815.00</td></tr></table>	5815.00																		
5815.00																					
	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) Colortree	Transaction ID: SB21B.35158 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>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	2		2	0	0	9												
	City Merrifield State VA Zip Code 22118-0160	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Printing & Reproduction	<table border="1"><tr><td>1337.70</td></tr></table>	1337.70																		
1337.70																					
	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) Colortree	Transaction ID: SB21B.34975 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>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	9												
	City Merrifield State VA Zip Code 22118-0160	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Printing & Reproduction	<table border="1"><tr><td>1696.19</td></tr></table>	1696.19																		
1696.19																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>8848.89</td></tr></table>	8848.89
8848.89		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
Colortree

Transaction ID: SB21B.35159  
Date of Disbursement

Mailing Address P.O. Box 18160

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	0	9

City Merrifield State VA Zip Code 22118-0160

Amount of Each Disbursement this Period

3038.70
---------

Purpose of Disbursement  
Printing & Reproduction

Category/ Type
-------------------

Candidate Name

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

State: District:

B.

Full Name (Last, First, Middle Initial)  
Colortree

Transaction ID: SB21B.35160  
Date of Disbursement

Mailing Address P.O. Box 18160

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	0	9

City Merrifield State VA Zip Code 22118-0160

Amount of Each Disbursement this Period

1433.25
---------

Purpose of Disbursement  
Printing & Reproduction

Category/ Type
-------------------

Candidate Name

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

State: District:

C.

Full Name (Last, First, Middle Initial)  
Comcast

Transaction ID: SB21B.34970  
Date of Disbursement

Mailing Address 237 W. Germantown Pike

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	0	9

City Norristown State PA Zip Code 19401

Amount of Each Disbursement this Period

141.67
--------

Purpose of Disbursement  
Telephone & Communication Expenses

Category/ Type
-------------------

Candidate Name

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

State: District:

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

4613.62
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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><b>A.</b></p> <p>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</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><b>Transaction ID:</b> SB21B.34917</p> <p>Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2737.50</p>
<p><b>B.</b></p> <p>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</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><b>Transaction ID:</b> SB21B.34918</p> <p>Date of Disbursement 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1954.85</p>
<p><b>C.</b></p> <p>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</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><b>Transaction ID:</b> SB21B.34919</p> <p>Date of Disbursement 04 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 2892.76</p>

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

7585.11

**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 107 / 158

<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) Conrad Direct, Inc.	Transaction ID: SB21B.34920 Date of Disbursement
	Mailing Address 300 Knickerbocker Road	<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Cresskill State NJ Zip Code 07626	Amount of Each Disbursement this Period
	Purpose of Disbursement List Rental Fees	<input type="text" value="9194.36"/>
	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) Conrad Direct, Inc.	Transaction ID: SB21B.34921 Date of Disbursement
	Mailing Address 300 Knickerbocker Road	<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City Cresskill State NJ Zip Code 07626	Amount of Each Disbursement this Period
	Purpose of Disbursement List Rental Fees	<input type="text" value="3608.93"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Conrad Direct, Inc.	Transaction ID: SB21B.34922 Date of Disbursement
	Mailing Address 300 Knickerbocker Road	<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City Cresskill State NJ Zip Code 07626	Amount of Each Disbursement this Period
	Purpose of Disbursement List Rental Fees	<input type="text" value="7220.74"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="20024.03"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Direct Impressions, Inc.</p> <p>Mailing Address 2100 Tomlynn Street</p> <p>City Richmond State VA Zip Code 23230</p> <p>Purpose of Disbursement Direct Mail 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><b>Transaction ID:</b> SB21B.35079</p> <p>Date of Disbursement 01 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 9121.13</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Direct Impressions, Inc.</p> <p>Mailing Address 2100 Tomlynn Street</p> <p>City Richmond State VA Zip Code 23230</p> <p>Purpose of Disbursement Direct Mail 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><b>Transaction ID:</b> SB21B.35080</p> <p>Date of Disbursement 02 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 3770.50</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Direct Impressions, Inc.</p> <p>Mailing Address 2100 Tomlynn Street</p> <p>City Richmond State VA Zip Code 23230</p> <p>Purpose of Disbursement Printing &amp; Reproduction</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><b>Transaction ID:</b> SB21B.35081</p> <p>Date of Disbursement 05 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 2270.63</p>

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

15162.26

**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) Direct Impressions, Inc.  Mailing Address 2100 Tomlynn Street  City Richmond State VA Zip Code 23230  Purpose of Disbursement Direct Mail Costs 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.35078 Date of Disbursement 06 / 11 / 2009	Amount of Each Disbursement this Period 990.82
B.	Full Name (Last, First, Middle Initial) Direct Impressions, Inc.  Mailing Address 2100 Tomlynn Street  City Richmond State VA Zip Code 23230  Purpose of Disbursement Direct Mail Costs 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.35082 Date of Disbursement 06 / 25 / 2009	Amount of Each Disbursement this Period 4144.05
C.	Full Name (Last, First, Middle Initial) DirectMail.com  Mailing Address 201 SkipJack Road  City Prince Frederick State MD Zip Code 20678  Purpose of Disbursement Postage and Delivery 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.35031 Date of Disbursement 05 / 22 / 2009	Amount of Each Disbursement this Period 9715.19

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

14850.06

**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) DirectMail.com	Transaction ID: SB21B.35032 Date of Disbursement 05 / 22 / 2009
	Mailing Address 201 SkipJack Road	Amount of Each Disbursement this Period 1856.82
	City Prince Frederick State MD Zip Code 20678	
	Purpose of Disbursement Postage and Delivery	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) DirectMail.com	Transaction ID: SB21B.35033 Date of Disbursement 06 / 03 / 2009
	Mailing Address 201 SkipJack Road	Amount of Each Disbursement this Period 3914.34
	City Prince Frederick State MD Zip Code 20678	
	Purpose of Disbursement Direct Mail Costs	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) DirectMail.com	Transaction ID: SB21B.35034 Date of Disbursement 06 / 10 / 2009
	Mailing Address 201 SkipJack Road	Amount of Each Disbursement this Period 3322.00
	City Prince Frederick State MD Zip Code 20678	
	Purpose of Disbursement Postage and Delivery	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) .....	9093.16
<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)

PAGE 111 / 158

<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) DirectMail.com  Mailing Address 201 SkipJack Road  City Prince Frederick State MD Zip Code 20678  Purpose of Disbursement Postage and Delivery 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.35035 Date of Disbursement 06 / 17 / 2009	Amount of Each Disbursement this Period 4665.39
B.	Full Name (Last, First, Middle Initial) DLT Direct, Inc.  Mailing Address 202 Lane Court  City Sterling State VA Zip Code 20166  Purpose of Disbursement Direct Mail Expenses 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.34994 Date of Disbursement 01 / 15 / 2009	Amount of Each Disbursement this Period 4887.85
C.	Full Name (Last, First, Middle Initial) DLT Direct, Inc.  Mailing Address 202 Lane Court  City Sterling State VA Zip Code 20166  Purpose of Disbursement Direct Mail Expenses 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.34995 Date of Disbursement 04 / 16 / 2009	Amount of Each Disbursement this Period 8063.90

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

17617.14

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) DLT Direct, Inc.	Transaction ID: SB21B.34996 Date of Disbursement 04 / 23 / 2009
	Mailing Address 202 Lane Court	
	City Sterling State VA Zip Code 20166	Amount of Each Disbursement this Period 3955.79
	Purpose of Disbursement Direct Mail Expenses 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) DSG, Inc.	Transaction ID: SB21B.35037 Date of Disbursement 01 / 21 / 2009
	Mailing Address 2923-B Olney-Sandy Spring Rd	
	City Olney State MD Zip Code 20832	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Direct Mail Costs 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) DSG, Inc.	Transaction ID: SB21B.35038 Date of Disbursement 04 / 01 / 2009
	Mailing Address 2923-B Olney-Sandy Spring Rd	
	City Olney State MD Zip Code 20832	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Direct Mail Costs Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8955.79
<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)  
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)  
HSP Direct

Transaction ID: SB21B.35000  
Date of Disbursement

Mailing Address 13755 Sunrise Valley Drive  
Suite 450

01 / 15 / 2009

City Herndon State VA Zip Code 20171

Amount of Each Disbursement this Period

Purpose of Disbursement  
Direct Mail Costs

Category/  
Type

7690.77

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
HSP Direct

Transaction ID: SB21B.35004  
Date of Disbursement

Mailing Address 13755 Sunrise Valley Drive  
Suite 450

02 / 05 / 2009

City Herndon State VA Zip Code 20171

Amount of Each Disbursement this Period

Purpose of Disbursement  
Direct Mail Expenses

Category/  
Type

3105.00

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
HSP Direct

Transaction ID: SB21B.35006  
Date of Disbursement

Mailing Address 13755 Sunrise Valley Drive  
Suite 450

02 / 12 / 2009

City Herndon State VA Zip Code 20171

Amount of Each Disbursement this Period

Purpose of Disbursement  
Direct Mail Expenses

Category/  
Type

3836.16

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

14631.93

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

<p><b>A.</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</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><b>Transaction ID:</b> SB21B.35008</p> <p>Date of Disbursement 03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 615.96</p>
<p><b>B.</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</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><b>Transaction ID:</b> SB21B.35010</p> <p>Date of Disbursement 04 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 4727.95</p>
<p><b>C.</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</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><b>Transaction ID:</b> SB21B.35013</p> <p>Date of Disbursement 04 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 7630.56</p>

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

12974.47

**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

<p><b>A.</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</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><b>Transaction ID:</b> SB21B.35016</p> <p>Date of Disbursement 05 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 6234.93</p>
<p><b>B.</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</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><b>Transaction ID:</b> SB21B.35018</p> <p>Date of Disbursement 05 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 1277.10</p>
<p><b>C.</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</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><b>Transaction ID:</b> SB21B.35019</p> <p>Date of Disbursement 05 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 3509.71</p>

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

11021.74

**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.35021 Date of Disbursement																			
	Mailing Address 13755 Sunrise Valley Drive Suite 450	<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>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	1		2	0	0	9												
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Direct Mail Expenses	<table border="1"><tr><td>2228.87</td></tr></table>	2228.87																		
2228.87																					
	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.35023 Date of Disbursement																			
	Mailing Address 13755 Sunrise Valley Drive Suite 450	<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>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	0	9												
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Direct Mail Expenses	<table border="1"><tr><td>7900.74</td></tr></table>	7900.74																		
7900.74																					
	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) HSP Direct	Transaction ID: SB21B.35025 Date of Disbursement																			
	Mailing Address 13755 Sunrise Valley Drive Suite 450	<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>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	5		2	0	0	9												
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Direct Mail Expenses	<table border="1"><tr><td>3120.11</td></tr></table>	3120.11																		
3120.11																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>13249.72</td></tr></table>	13249.72
13249.72		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:  
(check only one)

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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) Irides, LLC	Transaction ID: SB21B.35053
	Mailing Address 1000 Wilson Blve, Suite 601	Date of Disbursement MM / DD / YYYY 04 / 29 / 2009
	City Arlington State VA Zip Code 22209	Amount of Each Disbursement this Period 150.00
	Purpose of Disbursement Website Design & Maintenance	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Iron Mountain	Transaction ID: SB21B.35128
	Mailing Address PO Box 27128	Date of Disbursement MM / DD / YYYY 04 / 15 / 2009
	City New York State NY Zip Code 10087-7128	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Rent	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Iron Mountain	Transaction ID: SB21B.35129
	Mailing Address PO Box 27128	Date of Disbursement MM / DD / YYYY 05 / 19 / 2009
	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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3401.52</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)  
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)  
Nadine Maenza

Transaction ID: SB21B.34980  
Date of Disbursement

Mailing Address 315 Foxtail Lane

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	0	9

City Spring city State PA Zip Code 19475

Amount of Each Disbursement this Period

Purpose of Disbursement  
Compensation for PAC Fundraising Svcs

3250.00
---------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Nadine Maenza

Transaction ID: SB21B.34981  
Date of Disbursement

Mailing Address 315 Foxtail Lane

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	0	9

City Spring city State PA Zip Code 19475

Amount of Each Disbursement this Period

Purpose of Disbursement  
Compensation for PAC Fundraising Svcs

3125.00
---------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
MDI Mail & Imaging

Transaction ID: SB21B.34983  
Date of Disbursement

Mailing Address 21721-A Filigree Court

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

City Adhburn State VA Zip Code 20147

Amount of Each Disbursement this Period

Purpose of Disbursement  
Printing & Reproduction

3277.29
---------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

9652.29
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) MDI Mail &amp; Imaging</p> <p>Mailing Address 21721-A Filigree Court</p> <p>City Adhburn State VA Zip Code 20147</p> <p>Purpose of Disbursement Postage and Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.34984</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12134.57"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) MDI Mail &amp; Imaging</p> <p>Mailing Address 21721-A Filigree Court</p> <p>City Adhburn State VA Zip Code 20147</p> <p>Purpose of Disbursement Printing &amp; Reproduction</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.34985</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3472.76"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) MDI Mail &amp; Imaging</p> <p>Mailing Address 21721-A Filigree Court</p> <p>City Adhburn State VA Zip Code 20147</p> <p>Purpose of Disbursement Direct Mail Costs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.34986</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="14200.16"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="29807.49"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

**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) Miller Investment Management, LP	Transaction ID: SB21B.34972 Date of Disbursement
	Mailing Address One Tower Bridge 100 Front Street, Suite 1500	<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City West Conshohocken State PA Zip Code 19428	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent	<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) ▼

B.	Full Name (Last, First, Middle Initial) Miller Investment Management, LP	Transaction ID: SB21B.34973 Date of Disbursement
	Mailing Address One Tower Bridge 100 Front Street, Suite 1500	<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City West Conshohocken State PA Zip Code 19428	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent	<input type="text" value="1242.67"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Miller Investment Management, LP	Transaction ID: SB21B.34974 Date of Disbursement
	Mailing Address One Tower Bridge 100 Front Street, Suite 1500	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City West Conshohocken State PA Zip Code 19428	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent	<input type="text" value="1242.47"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4985.14"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER:  
(check only one)

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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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Miller Investment Management, LP</p> <p>Mailing Address One Tower Bridge 100 Front Street, Suite 1500</p> <p>City West Conshohocken State PA Zip Code 19428</p> <p>Purpose of Disbursement Rent</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><b>Transaction ID:</b> SB21B.34976</p> <p>Date of Disbursement 04 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1242.47</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Miller Investment Management, LP</p> <p>Mailing Address One Tower Bridge 100 Front Street, Suite 1500</p> <p>City West Conshohocken State PA Zip Code 19428</p> <p>Purpose of Disbursement Rent</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><b>Transaction ID:</b> SB21B.34977</p> <p>Date of Disbursement 05 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1242.47</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Miller Investment Management, LP</p> <p>Mailing Address One Tower Bridge 100 Front Street, Suite 1500</p> <p>City West Conshohocken State PA Zip Code 19428</p> <p>Purpose of Disbursement Rent</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><b>Transaction ID:</b> SB21B.34978</p> <p>Date of Disbursement 06 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1242.47</p>

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

3727.41

**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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) New Media Communications, Inc.</p> <p>Mailing Address Summit of Richfield II 3046 Brecksville Road</p> <p>City Richfield State OH Zip Code 44286</p> <p>Purpose of Disbursement Website Design &amp; Maintenance</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><b>Transaction ID:</b> SB21B.35091</p> <p>Date of Disbursement 01 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 2900.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) New Media Communications, Inc.</p> <p>Mailing Address Summit of Richfield II 3046 Brecksville Road</p> <p>City Richfield State OH Zip Code 44286</p> <p>Purpose of Disbursement Compensation for PAC 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><b>Transaction ID:</b> SB21B.35098</p> <p>Date of Disbursement 02 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 111.42</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) New Media Communications, Inc.</p> <p>Mailing Address Summit of Richfield II 3046 Brecksville Road</p> <p>City Richfield State OH Zip Code 44286</p> <p>Purpose of Disbursement Website Design &amp; Maintenance</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><b>Transaction ID:</b> SB21B.35092</p> <p>Date of Disbursement 02 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 50.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3061.42
<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)  
AMERICA'S FOUNDATION

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) New Media Communications, Inc.</p> <p>Mailing Address Summit of Richfield II 3046 Brecksville Road</p> <p>City Richfield State OH Zip Code 44286</p> <p>Purpose of Disbursement Website Design &amp; Maintenance</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><b>Transaction ID:</b> SB21B.35093</p> <p>Date of Disbursement MM / DD / YYYY 02 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 25.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) New Media Communications, Inc.</p> <p>Mailing Address Summit of Richfield II 3046 Brecksville Road</p> <p>City Richfield State OH Zip Code 44286</p> <p>Purpose of Disbursement Compensation for PAC 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><b>Transaction ID:</b> SB21B.35099</p> <p>Date of Disbursement MM / DD / YYYY 03 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 172.96</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) New Media Communications, Inc.</p> <p>Mailing Address Summit of Richfield II 3046 Brecksville Road</p> <p>City Richfield State OH Zip Code 44286</p> <p>Purpose of Disbursement Website Design &amp; Maintenance</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><b>Transaction ID:</b> SB21B.35094</p> <p>Date of Disbursement MM / DD / YYYY 04 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 75.00</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>272.96</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

**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) New Media Communications, Inc.	Transaction ID: SB21B.35100 Date of Disbursement
	Mailing Address Summit of Richfield II 3046 Brecksville Road	<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City Richfield State OH Zip Code 44286	Amount of Each Disbursement this Period
	Purpose of Disbursement Compensation for PAC Fundraising Svcs	<input type="text" value="2.14"/>
	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) New Media Communications, Inc.	Transaction ID: SB21B.35095 Date of Disbursement
	Mailing Address Summit of Richfield II 3046 Brecksville Road	<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Richfield State OH Zip Code 44286	Amount of Each Disbursement this Period
	Purpose of Disbursement Website Design & Maintenance	<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) ▼

C.	Full Name (Last, First, Middle Initial) New Media Communications, Inc.	Transaction ID: SB21B.35101 Date of Disbursement
	Mailing Address Summit of Richfield II 3046 Brecksville Road	<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Richfield State OH Zip Code 44286	Amount of Each Disbursement this Period
	Purpose of Disbursement Compensation for PAC Fundraising Svcs	<input type="text" value="127.50"/>
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="204.64"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

<input 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) New Media Communications, Inc.	Transaction ID: SB21B.35096 Date of Disbursement
	Mailing Address Summit of Richfield II 3046 Brecksville Road	<input type="text" value="05"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Richfield State OH Zip Code 44286	Amount of Each Disbursement this Period
	Purpose of Disbursement Website Design & Maintenance	<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) New Media Communications, Inc.	Transaction ID: SB21B.35097 Date of Disbursement
	Mailing Address Summit of Richfield II 3046 Brecksville Road	<input type="text" value="06"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Richfield State OH Zip Code 44286	Amount of Each Disbursement this Period
	Purpose of Disbursement Website Design & Maintenance	<input type="text" value="315.00"/>
	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) New Media Communications, Inc.	Transaction ID: SB21B.35102 Date of Disbursement
	Mailing Address Summit of Richfield II 3046 Brecksville Road	<input type="text" value="06"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Richfield State OH Zip Code 44286	Amount of Each Disbursement this Period
	Purpose of Disbursement Compensation for PAC Fundraising Svcs	<input type="text" value="158.37"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="548.37"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
New Media Communications, Inc.

Transaction ID: SB21B.35103  
Date of Disbursement

Mailing Address Summit of Richfield II  
3046 Brecksville Road

06 / 30 / 2009

City Richfield State OH Zip Code 44286

Amount of Each Disbursement this Period

Purpose of Disbursement  
Compensation for PAC Fundraising Svcs

201.21

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Patton-Kiehl Group, Inc.

Transaction ID: SB21B.35054  
Date of Disbursement

Mailing Address 17026 Bull Church Road

01 / 09 / 2009

City Woodford State VA Zip Code 22580

Amount of Each Disbursement this Period

Purpose of Disbursement  
Postage and Delivery

7588.73

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Patton-Kiehl Group, Inc.

Transaction ID: SB21B.35055  
Date of Disbursement

Mailing Address 17026 Bull Church Road

01 / 14 / 2009

City Woodford State VA Zip Code 22580

Amount of Each Disbursement this Period

Purpose of Disbursement  
Direct Mail Expenses

3020.11

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

10810.05

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)  
Patton-Kiehl Group, Inc.

Transaction ID: SB21B.35056  
Date of Disbursement

Mailing Address 17026 Bull Church Road

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	0	9

City Woodford State VA Zip Code 22580

Amount of Each Disbursement this Period

8817.91
---------

Purpose of Disbursement  
Printing & Reproduction

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Patton-Kiehl Group, Inc.

Transaction ID: SB21B.35057  
Date of Disbursement

Mailing Address 17026 Bull Church Road

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

City Woodford State VA Zip Code 22580

Amount of Each Disbursement this Period

3450.93
---------

Purpose of Disbursement  
Printing & Reproduction

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Patton-Kiehl Group, Inc.

Transaction ID: SB21B.35058  
Date of Disbursement

Mailing Address 17026 Bull Church Road

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	0	9

City Woodford State VA Zip Code 22580

Amount of Each Disbursement this Period

632.33
--------

Purpose of Disbursement  
Direct Mail Expenses

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

12901.17
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**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
Patton-Kiehl Group, Inc.

Transaction ID: SB21B.35059  
Date of Disbursement

Mailing Address 17026 Bull Church Road

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	0	9

City Woodford State VA Zip Code 22580

Amount of Each Disbursement this Period

118.58
--------

Purpose of Disbursement  
Direct Mail Expenses

Category/Type
---------------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Patton-Kiehl Group, Inc.

Transaction ID: SB21B.35060  
Date of Disbursement

Mailing Address 17026 Bull Church Road

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

City Woodford State VA Zip Code 22580

Amount of Each Disbursement this Period

1126.16
---------

Purpose of Disbursement  
Postage and Delivery

Category/Type
---------------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Patton-Kiehl Group, Inc.

Transaction ID: SB21B.35061  
Date of Disbursement

Mailing Address 17026 Bull Church Road

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

City Woodford State VA Zip Code 22580

Amount of Each Disbursement this Period

4167.12
---------

Purpose of Disbursement  
Direct Mail Expenses

Category/Type
---------------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

5411.86
---------

**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)  
Patton-Kiehl Group, Inc.

Transaction ID: SB21B.35062  
Date of Disbursement

Mailing Address 17026 Bull Church Road

/   /

City Woodford State VA Zip Code 22580

Amount of Each Disbursement this Period

Purpose of Disbursement  
Postage and Delivery  
Candidate Name

Category/  
Type

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

B.

Full Name (Last, First, Middle Initial)  
Patton-Kiehl Group, Inc.

Transaction ID: SB21B.35063  
Date of Disbursement

Mailing Address 17026 Bull Church Road

/   /

City Woodford State VA Zip Code 22580

Amount of Each Disbursement this Period

Purpose of Disbursement  
Postage and Delivery  
Candidate Name

Category/  
Type

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

C.

Full Name (Last, First, Middle Initial)  
Patton-Kiehl Group, Inc.

Transaction ID: SB21B.35064  
Date of Disbursement

Mailing Address 17026 Bull Church Road

/   /

City Woodford State VA Zip Code 22580

Amount of Each Disbursement this Period

Purpose of Disbursement  
Direct Mail Expenses  
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) Patton-Kiehl Group, Inc.	Transaction ID: SB21B.35065 Date of Disbursement
	Mailing Address 17026 Bull Church Road	<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Woodford State VA Zip Code 22580	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage and Delivery	<input type="text" value="4717.96"/>
	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) Patton-Kiehl Group, Inc.	Transaction ID: SB21B.35066 Date of Disbursement
	Mailing Address 17026 Bull Church Road	<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Woodford State VA Zip Code 22580	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing & Reproduction	<input type="text" value="2684.77"/>
	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) Patton-Kiehl Group, Inc.	Transaction ID: SB21B.35067 Date of Disbursement
	Mailing Address 17026 Bull Church Road	<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Woodford State VA Zip Code 22580	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage and Delivery	<input type="text" value="9862.30"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="17265.03"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
Patton-Kiehl Group, Inc.

Transaction ID: SB21B.35068  
Date of Disbursement

Mailing Address 17026 Bull Church Road

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	0	9

City Woodford State VA Zip Code 22580

Amount of Each Disbursement this Period

Purpose of Disbursement  
Direct Mail Costs

--

3333.86
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Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Patton-Kiehl Group, Inc.

Transaction ID: SB21B.35069  
Date of Disbursement

Mailing Address 17026 Bull Church Road

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	0	9

City Woodford State VA Zip Code 22580

Amount of Each Disbursement this Period

Purpose of Disbursement  
Postage and Delivery

--

3078.81
---------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Patton-Kiehl Group, Inc.

Transaction ID: SB21B.35070  
Date of Disbursement

Mailing Address 17026 Bull Church Road

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	0	9

City Woodford State VA Zip Code 22580

Amount of Each Disbursement this Period

Purpose of Disbursement  
Direct Mail Costs

--

4335.13
---------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

10747.80
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**TOTAL** This Period (last page this line number only) ..... ►

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
Patton-Kiehl Group, Inc.

Transaction ID: SB21B.35071  
Date of Disbursement

Mailing Address 17026 Bull Church Road

05 / 13 / 2009

City Woodford State VA Zip Code 22580

Amount of Each Disbursement this Period

Purpose of Disbursement  
Postage and Delivery

5022.41

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Patton-Kiehl Group, Inc.

Transaction ID: SB21B.35072  
Date of Disbursement

Mailing Address 17026 Bull Church Road

05 / 20 / 2009

City Woodford State VA Zip Code 22580

Amount of Each Disbursement this Period

Purpose of Disbursement  
Postage and Delivery

7015.49

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Patton-Kiehl Group, Inc.

Transaction ID: SB21B.35073  
Date of Disbursement

Mailing Address 17026 Bull Church Road

05 / 27 / 2009

City Woodford State VA Zip Code 22580

Amount of Each Disbursement this Period

Purpose of Disbursement  
Direct Mail Costs

1162.81

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

13200.71

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 133 / 158

<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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Patton-Kiehl Group, Inc.</p> <p>Mailing Address 17026 Bull Church Road</p> <p>City Woodford State VA Zip Code 22580</p> <p>Purpose of Disbursement Direct Mail Costs</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><b>Transaction ID:</b> SB21B.35074</p> <p>Date of Disbursement 06 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1222.14</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Patton-Kiehl Group, Inc.</p> <p>Mailing Address 17026 Bull Church Road</p> <p>City Woodford State VA Zip Code 22580</p> <p>Purpose of Disbursement Direct Mail Costs</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><b>Transaction ID:</b> SB21B.35075</p> <p>Date of Disbursement 06 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 2977.72</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Patton-Kiehl Group, Inc.</p> <p>Mailing Address 17026 Bull Church Road</p> <p>City Woodford State VA Zip Code 22580</p> <p>Purpose of Disbursement Direct Mail Costs</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><b>Transaction ID:</b> SB21B.35076</p> <p>Date of Disbursement 06 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 6554.00</p>

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

10753.86

**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) Pitney Bowes	Transaction ID: SB21B.35220 Date of Disbursement 04 / 01 / 2009
	Mailing Address PO Box 856390	
	City Louisville State PA Zip Code 40285-6390	Amount of Each Disbursement this Period 183.01
	Purpose of Disbursement Postage and Delivery 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) Pitney Bowes	Transaction ID: SB21B.35221 Date of Disbursement 06 / 11 / 2009
	Mailing Address PO Box 856390	
	City Louisville State PA Zip Code 40285-6390	Amount of Each Disbursement this Period 194.00
	Purpose of Disbursement Postage and Delivery 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) Premiere Fulfillment & Processing, Inc.	Transaction ID: SB21B.35111 Date of Disbursement 01 / 07 / 2009
	Mailing Address 4841 Dillon Drive	
	City Pueblo State CO Zip Code 81008	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Direct Mail Costs Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>877.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
Premiere Fulfillment & Processing, Inc.

Mailing Address 4841 Dillon Drive

City Pueblo State CO Zip Code 81008

Purpose of Disbursement  
Direct Mail Costs

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.35112

Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

651.33

**B.** Full Name (Last, First, Middle Initial)  
Premiere Fulfillment & Processing, Inc.

Mailing Address 4841 Dillon Drive

City Pueblo State CO Zip Code 81008

Purpose of Disbursement  
Direct Mail Costs

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.35113

Date of Disbursement

01 / 23 / 2009

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Premiere Fulfillment & Processing, Inc.

Mailing Address 4841 Dillon Drive

City Pueblo State CO Zip Code 81008

Purpose of Disbursement  
Direct Mail Costs

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.35114

Date of Disbursement

01 / 29 / 2009

Amount of Each Disbursement this Period

53.10

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

1204.43

**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) Premiere Fulfillment & Processing, Inc.	Transaction ID: SB21B.35115 Date of Disbursement
	Mailing Address 4841 Dillon Drive	<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City Pueblo State CO Zip Code 81008	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Expenses	<input type="text" value="501.93"/>
	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) Premiere Fulfillment & Processing, Inc.	Transaction ID: SB21B.35116 Date of Disbursement
	Mailing Address 4841 Dillon Drive	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Pueblo State CO Zip Code 81008	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Expenses	<input type="text" value="47.70"/>
	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) Premiere Fulfillment & Processing, Inc.	Transaction ID: SB21B.35117 Date of Disbursement
	Mailing Address 4841 Dillon Drive	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Pueblo State CO Zip Code 81008	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage and Delivery	<input type="text" value="500.00"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1049.63"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 137 / 158

<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) Premiere Fulfillment & Processing, Inc.	Transaction ID: SB21B.35118 Date of Disbursement
	Mailing Address 4841 Dillon Drive	<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City Pueblo State CO Zip Code 81008	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Expenses	<input type="text" value="305.90"/>
	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) Premiere Fulfillment & Processing, Inc.	Transaction ID: SB21B.35119 Date of Disbursement
	Mailing Address 4841 Dillon Drive	<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Pueblo State CO Zip Code 81008	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Expenses	<input type="text" value="500.00"/>
	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) Premiere Fulfillment & Processing, Inc.	Transaction ID: SB21B.35120 Date of Disbursement
	Mailing Address 4841 Dillon Drive	<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City Pueblo State CO Zip Code 81008	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Expenses	<input type="text" value="170.70"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="976.60"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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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) Premiere Fulfillment & Processing, Inc.	Transaction ID: SB21B.35121 Date of Disbursement
	Mailing Address 4841 Dillon Drive	<input type="text" value="05"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Pueblo State CO Zip Code 81008	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Expenses	<input type="text" value="110.10"/>
	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) Premiere Fulfillment & Processing, Inc.	Transaction ID: SB21B.35122 Date of Disbursement
	Mailing Address 4841 Dillon Drive	<input type="text" value="05"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Pueblo State CO Zip Code 81008	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Expenses	<input type="text" value="207.00"/>
	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) Premiere Fulfillment & Processing, Inc.	Transaction ID: SB21B.35123 Date of Disbursement
	Mailing Address 4841 Dillon Drive	<input type="text" value="06"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Pueblo State CO Zip Code 81008	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Expenses	<input type="text" value="235.80"/>
	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) .....

**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 139 / 158

<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) Premiere Fulfillment & Processing, Inc.	Transaction ID: SB21B.35124 Date of Disbursement																			
	Mailing Address 4841 Dillon Drive	<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>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	5		2	0	0	9												
	City Pueblo State CO Zip Code 81008	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Direct Mail Expenses	<table border="1"><tr><td>180.00</td></tr></table>	180.00																		
180.00																					
	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) Resource One Communications	Transaction ID: SB21B.35106 Date of Disbursement																			
	Mailing Address 6201 East 43rd Street	<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>5</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	6		2	0	0	9												
	City Tulsa State OK Zip Code 74135	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Postage and Delivery	<table border="1"><tr><td>7881.50</td></tr></table>	7881.50																		
7881.50																					
	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) Resource One Communications	Transaction ID: SB21B.35107 Date of Disbursement																			
	Mailing Address 6201 East 43rd Street	<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>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	3		2	0	0	9												
	City Tulsa State OK Zip Code 74135	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Postage and Delivery	<table border="1"><tr><td>6966.08</td></tr></table>	6966.08																		
6966.08																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>15027.58</td></tr></table>	15027.58
15027.58		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:  
(check only one)

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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) Resource One Communications	Transaction ID: SB21B.35108 Date of Disbursement
	Mailing Address 6201 East 43rd Street	<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City Tulsa State OK Zip Code 74135	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Costs	<input type="text" value="9555.87"/>
	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) RST Marketing Associates, Inc.	Transaction ID: SB21B.35083 Date of Disbursement
	Mailing Address P.O. Box 228	<input type="text" value="01"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Forest State VA Zip Code 24551	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing & Reproduction	<input type="text" value="13790.67"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) RST Marketing Associates, Inc.	Transaction ID: SB21B.35084 Date of Disbursement
	Mailing Address P.O. Box 228	<input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City Forest State VA Zip Code 24551	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage and Delivery	<input type="text" value="12229.40"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="35575.94"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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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.35085
	Mailing Address P.O. Box 228	Date of Disbursement MM / DD / YYYY 03 / 13 / 2009
	City Forest State VA Zip Code 24551	Amount of Each Disbursement this Period 8770.44
	Purpose of Disbursement Direct Mail Costs	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) RST Marketing Associates, Inc.	Transaction ID: SB21B.35086
	Mailing Address P.O. Box 228	Date of Disbursement MM / DD / YYYY 04 / 02 / 2009
	City Forest State VA Zip Code 24551	Amount of Each Disbursement this Period 9131.68
	Purpose of Disbursement Direct Mail Costs	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) RST Marketing Associates, Inc.	Transaction ID: SB21B.35087
	Mailing Address P.O. Box 228	Date of Disbursement MM / DD / YYYY 04 / 08 / 2009
	City Forest State VA Zip Code 24551	Amount of Each Disbursement this Period 10612.68
	Purpose of Disbursement Postage and Delivery	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>28514.80</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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.35088

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

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Southwest Publishing & Mailing Corp.

Transaction ID: SB21B.35194

Date of Disbursement

Mailing Address 2600 NW Topeka Boulevard

/   /

City Topeka State KS Zip Code 66617-1131

Amount of Each Disbursement this Period

Purpose of Disbursement  
Direct Mail Costs

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Sunrise Data Services

Transaction ID: SB21B.35002

Date of Disbursement

Mailing Address 13755 Sunrise Valley Drive  
Suite 450

/   /

City Herndon State VA Zip Code 20171

Amount of Each Disbursement this Period

Purpose of Disbursement  
Database Maintenance Services

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

<b>A.</b> Full Name (Last, First, Middle Initial) Sunrise Data Services Mailing Address 13755 Sunrise Valley Drive Suite 450 City Herndon State VA Zip Code 20171 Purpose of Disbursement Database Maintenance Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.35003 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1244.43

<b>B.</b> Full Name (Last, First, Middle Initial) Sunrise Data Services Mailing Address 13755 Sunrise Valley Drive Suite 450 City Herndon State VA Zip Code 20171 Purpose of Disbursement Database Maintenance Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.35005 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 80.00

<b>C.</b> Full Name (Last, First, Middle Initial) Sunrise Data Services Mailing Address 13755 Sunrise Valley Drive Suite 450 City Herndon State VA Zip Code 20171 Purpose of Disbursement Database Maintenance Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.35007 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 967.44

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2291.87
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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

<b>A.</b> Full Name (Last, First, Middle Initial) Sunrise Data Services Mailing Address 13755 Sunrise Valley Drive Suite 450 City Herndon State VA Zip Code 20171 Purpose of Disbursement Database Maintenance Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.35009 Date of Disbursement 03 / 26 / 2009
	Amount of Each Disbursement this Period 1146.80

<b>B.</b> Full Name (Last, First, Middle Initial) Sunrise Data Services Mailing Address 13755 Sunrise Valley Drive Suite 450 City Herndon State VA Zip Code 20171 Purpose of Disbursement Database Maintenance Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.35011 Date of Disbursement 04 / 02 / 2009
	Amount of Each Disbursement this Period 359.06

<b>C.</b> Full Name (Last, First, Middle Initial) Sunrise Data Services Mailing Address 13755 Sunrise Valley Drive Suite 450 City Herndon State VA Zip Code 20171 Purpose of Disbursement Database Maintenance Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.35012 Date of Disbursement 04 / 09 / 2009
	Amount of Each Disbursement this Period 472.36

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1978.22
<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)  
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) Sunrise Data Services	Transaction ID: SB21B.35014 Date of Disbursement
	Mailing Address 13755 Sunrise Valley Drive Suite 450	<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Database Maintenance Services	<input type="text" value="2201.32"/>
	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.35015 Date of Disbursement
	Mailing Address 13755 Sunrise Valley Drive Suite 450	<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Database Maintenance Services	<input type="text" value="1020.92"/>
	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.35017 Date of Disbursement
	Mailing Address 13755 Sunrise Valley Drive Suite 450	<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Database Maintenance Services	<input type="text" value="2098.33"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5320.57"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Sunrise Data Services</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Database Maintenance Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.35020</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1799.71"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Sunrise Data Services</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Database Maintenance Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.35022</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="580.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Sunrise Data Services</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Database Maintenance Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.35024</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="378.62"/></p>

**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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Sunrise Data Services</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Database Maintenance Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.35026</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="295.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) TaylorTech Consulting</p> <p>Mailing Address 3622 Calumet Street</p> <p>City Philadelphia State PA Zip Code 19129</p> <p>Purpose of Disbursement Computer Consulting Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.34958</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="510.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) TaylorTech Consulting</p> <p>Mailing Address 3622 Calumet Street</p> <p>City Philadelphia State PA Zip Code 19129</p> <p>Purpose of Disbursement Computer Consulting Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.34959</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="425.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1230.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

<input 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) Tri-state Envelope Corporation	Transaction ID: SB21B.35131 Date of Disbursement
	Mailing Address 1 Orgler Place	<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City Ashland State PA Zip Code 17921	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing & Reproduction	<input type="text" value="4223.62"/>
	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) Tri-state Envelope Corporation	Transaction ID: SB21B.34930 Date of Disbursement
	Mailing Address 1 Orgler Place	<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City Ashland State PA Zip Code 17921	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing & Reproduction	<input type="text" value="412.28"/>
	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) Tri-state Envelope Corporation	Transaction ID: SB21B.34931 Date of Disbursement
	Mailing Address 1 Orgler Place	<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Ashland State PA Zip Code 17921	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing & Reproduction	<input type="text" value="316.06"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4951.96"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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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) Tri-state Envelope Corporation	Transaction ID: SB21B.34932 Date of Disbursement
	Mailing Address 1 Orgler Place	<input type="text" value="05"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Ashland State PA Zip Code 17921	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing & Reproduction	<input type="text" value="4290.94"/>
	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) Tri-state Envelope Corporation	Transaction ID: SB21B.34933 Date of Disbursement
	Mailing Address 1 Orgler Place	<input type="text" value="06"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Ashland State PA Zip Code 17921	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing & Reproduction	<input type="text" value="909.56"/>
	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) USPS	Transaction ID: SB21B.35149 Date of Disbursement
	Mailing Address 900 Brentwood Rd, NE #118	<input type="text" value="03"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20066-9612	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage and Delivery	<input type="text" value="495.00"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5695.50"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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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) Verizon	Transaction ID: SB21B.35133 Date of Disbursement 02 / 24 / 2009
	Mailing Address P.O. Box 28000	Amount of Each Disbursement this Period 431.00
	City Lehigh Valley State PA Zip Code 18002-0646	
	Purpose of Disbursement Telephone & Communication Expenses 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) Verizon	Transaction ID: SB21B.35145 Date of Disbursement 02 / 24 / 2009
	Mailing Address P.O. Box 28000	Amount of Each Disbursement this Period 962.03
	City Lehigh Valley State PA Zip Code 18002-0646	
	Purpose of Disbursement Telephone & Communication Expenses 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) Verizon	Transaction ID: SB21B.35134 Date of Disbursement 04 / 01 / 2009
	Mailing Address P.O. Box 28000	Amount of Each Disbursement this Period 204.16
	City Lehigh Valley State PA Zip Code 18002-0646	
	Purpose of Disbursement Telephone & Communication Expenses Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1597.19
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

<p><b>A.</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 Telephone &amp; Communication Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.35135</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="333.19"/></p>
<p><b>B.</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 Telephone &amp; Communication Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.35139</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="508.51"/></p>
<p><b>C.</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 Telephone &amp; Communication Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.35140</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="692.60"/></p>

**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) Verizon	Transaction ID: SB21B.35142 Date of Disbursement 06 / 11 / 2009
	Mailing Address P.O. Box 28000	
	City Lehigh Valley State PA Zip Code 18002-0646	Amount of Each Disbursement this Period 187.79
	Purpose of Disbursement Telephone & Communication Expenses 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) Verizon	Transaction ID: SB21B.35143 Date of Disbursement 06 / 11 / 2009
	Mailing Address P.O. Box 28000	
	City Lehigh Valley State PA Zip Code 18002-0646	Amount of Each Disbursement this Period 284.29
	Purpose of Disbursement Telephone & Communication Expenses 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) Virginia Davis Partners, LLC	Transaction ID: SB21B.34952 Date of Disbursement 01 / 21 / 2009
	Mailing Address 834 Beechwood Dr.	
	City Havertown State PA Zip Code 19083	Amount of Each Disbursement this Period 680.00
	Purpose of Disbursement Compensation for PAC Fundraising Svcs Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1152.08
<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)  
AMERICA'S FOUNDATION

<p><b>A.</b> Full Name (Last, First, Middle Initial) Virginia Davis Partners, LLC</p> <p>Mailing Address 834 Beechwood Dr.</p> <p>City Havertown State PA Zip Code 19083</p> <p>Purpose of Disbursement Compensation for PAC 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><b>Transaction ID:</b> SB21B.34953</p> <p>Date of Disbursement 04 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1926.30</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Virginia Davis Partners, LLC</p> <p>Mailing Address 834 Beechwood Dr.</p> <p>City Havertown State PA Zip Code 19083</p> <p>Purpose of Disbursement Compensation for PAC 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><b>Transaction ID:</b> SB21B.34954</p> <p>Date of Disbursement 06 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1102.50</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Washington Intelligence Bureau</p> <p>Mailing Address 4128 Pepsi Place</p> <p>City Chantilly State VA Zip Code 20151</p> <p>Purpose of Disbursement Direct Mail Processing 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><b>Transaction ID:</b> SB21B.34988</p> <p>Date of Disbursement 01 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1647.24</p>

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

**4676.04**

**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)

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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

<b>A.</b> Full Name (Last, First, Middle Initial) Washington Intelligence Bureau <hr/> Mailing Address 4128 Pepsi Place <hr/> City Chantilly State VA Zip Code 20151 <hr/> Purpose of Disbursement Direct Mail Processing Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.34989 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1804.45
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Washington Intelligence Bureau <hr/> Mailing Address 4128 Pepsi Place <hr/> City Chantilly State VA Zip Code 20151 <hr/> Purpose of Disbursement Direct Mail Processing Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.34990 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 2852.10
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Washington Intelligence Bureau <hr/> Mailing Address 4128 Pepsi Place <hr/> City Chantilly State VA Zip Code 20151 <hr/> Purpose of Disbursement Direct Mail Processing Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.34991 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 9
	Amount of Each Disbursement this Period 3033.89
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7690.44
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

A.

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.34992

Date of Disbursement

06 / 11 / 2009

Amount of Each Disbursement this Period

5452.74

B.

Full Name (Last, First, Middle Initial)  
William & Jensen, PLLC

Mailing Address 1155 21st Street, NW

City Washington State DC Zip Code 20036-3308

Purpose of Disbursement  
Legal Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.35147

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

2500.00

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

7952.74

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

545736.83

**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) BILL SHUSTER FOR CONGRESS	Transaction ID: SB23.34926 Date of Disbursement																			
	Mailing Address PO Box 27	<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>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	9												
	City Hollidaysburg State PA Zip Code 16648	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Campaign Contribution - Primary	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																		
1000.00																					
	Candidate Name WILLIAM F SHUSTER	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00
1000.00			
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00
1000.00			

**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 157 / 158

<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 checked="" 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) Mr. Joe B. Finley, Jr.	Transaction ID: SB28A.35109 Date of Disbursement 04 / 10 / 2009
	Mailing Address PO Box 9	Amount of Each Disbursement this Period 1100.00
	City Encinal State TX Zip Code 78019-0009	
	Purpose of Disbursement Refund Excess Contribution from 2008 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) Mrs Elizabeth A Williams	Transaction ID: SB28A.35215 Date of Disbursement 04 / 17 / 2009
	Mailing Address 265 Highway 93	Amount of Each Disbursement this Period 5000.00
	City Helena State AL Zip Code 35080-7605	
	Purpose of Disbursement Refund Contribution 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) ..... ►

6100.00

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

6100.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Keystone Weekend</p> <p>Mailing Address 2000 Market Street Suite 1300</p> <p>City Philadelphia State PA Zip Code 19103</p> <p>Purpose of Disbursement Contribution</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><b>Transaction ID:</b> SB29.34956 <b>Date of Disbursement</b> 04 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 350.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) PA Future Fund</p> <p>Mailing Address 80 Wambold Road</p> <p>City Souderton State PA Zip Code 18964</p> <p>Purpose of Disbursement Contribution</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><b>Transaction ID:</b> SB29.34935 <b>Date of Disbursement</b> 01 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Republican Party of Pennsylvania</p> <p>Mailing Address 717 North Second Street</p> <p>City Harrisburg State PA Zip Code 17102</p> <p>Purpose of Disbursement Contribution</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><b>Transaction ID:</b> SB29.34928 <b>Date of Disbursement</b> 01 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 1900.00</p>

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

2750.00

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

2750.00