

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
AMERICA'S FOUNDATION

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

2. **FEC IDENTIFICATION NUMBER** C00305797  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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

5. Covering Period 01 01 2010 through 03 31 2010

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

Type or Print Name of Treasurer ALEX BARNA

Signature of Treasurer Electronically Filed by ALEX BARNA Date 09 30 2010

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

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

A. Form/Schedule : **F3XA**

Transaction ID :

America's Foundation received payments for list rental services, and these payments did not exceed the usual and normal charge for these services. We assessed the usual and normal charge for these services by comparing the amounts received to previous amounts America's Foundation has either researched, or been charged to purchase or rent lists from list brokerage firms the PAC has used. We are filing this amended report in response to the Request For Additional Information (RFAI) dated August 26, 2010. (1) Please note that this amended report includes the office sought, state, and congressional district (if applicable) for each contribution listed on Line 23. (2) Please note that all expenditures described as 'Compensation for Fundraising Svcs' and listed on Schedule B, Line 21(-b) were America's Foundation PAC expenses, and none of these expenditures were made on behalf of a specifically identified federal candidate. (3) 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.

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

Write or Type Committee Name  
AMERICA'S FOUNDATION

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		62487.14
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	62487.14									
(c) Total Receipts (from Line 19) .....	254859.89	254859.89								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	317347.03	317347.03								
7. Total Disbursements (from Line 31) .....	297610.23	297610.23								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	19736.80	19736.80								
9. Debts and Obligations owed <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:

MM  
01

DD  
01

Y Y W Y  
2010

To:

MM  
03

DD  
31

Y Y Y Y  
2010

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	62648.00	62648.00
(ii) Unitemized .....	177967.96	177967.96
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	240615.96	240615.96
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	240615.96	240615.96
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	14243.93	14243.93
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	254859.89	254859.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	254859.89	254859.89

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<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.....	273921.23	273921.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	273921.23	273921.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19000.00	19000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	189.00	189.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	189.00	189.00
29. Other Disbursements.....	4500.00	4500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	297610.23	297610.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	297610.23	297610.23

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	240615.96	240615.96
34. Total Contribution Refunds (from Line 28(d)) .....	189.00	189.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	240426.96	240426.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	273921.23	273921.23
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	273921.23	273921.23

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 82  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

**A.** Full Name (Last, First, Middle Initial)  
Travis A. Allison

Mailing Address 17280 County Road 136

City Tyler State TX Zip Code 75703-7712

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

Name of Employer Goar, Allison & Assoc Occupation Chemical

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 17 / 2010  
Transaction ID: SA11AI.4304  
Amount of Each Receipt this Period 260.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William J. Avery

Mailing Address 110 Commerce Dr

City Montgomeryville State PA Zip Code 18936-9624

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 02 / 23 / 2010  
Transaction ID: SA11AI.16321  
Amount of Each Receipt this Period 2000.00

**C.** Full Name (Last, First, Middle Initial)  
Miss Earline H Bates

Mailing Address 415 Ruby Forest Pkwy

City Suwanee State GA Zip Code 30024-3926

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 / 01 / 2010  
Transaction ID: SA11AI.4289  
Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2460.00

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

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

Mailing Address 11748 N 80th PI

City State Zip Code  
Scottsdale AZ 85260-5648

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

Name of Employer Occupation  
None Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** SA11AI.4125

Amount of Each Receipt this Period  
300.00

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

Mailing Address 1590 Mountain View Dr

City State Zip Code  
Bayfield CO 81122-9656

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

Name of Employer Occupation  
ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

**Transaction ID:** SA11AI.4208

Amount of Each Receipt this Period  
150.00

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

Mailing Address 5501 Whitaker Avenue

City State Zip Code  
Philadelphia PA 19124-9124

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

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

**Transaction ID:** SA11AI.16331

Amount of Each Receipt this Period  
5000.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

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

Mailing Address 5501 Whitaker Avenue

City Philadelphia State PA Zip Code 19124-9124

FEC ID number of contributing federal political committee. C

Name of Employer Cardone Industries USA Occupation VP Compliance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 09 / 2010

**Transaction ID:** SA11AI.16329

Amount of Each Receipt this Period 5000.00

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

Mailing Address 1951 Morning Star Dr

City Roaming Shores State OH Zip Code 44084-9685

FEC ID number of contributing federal political committee. C

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 02 / 2010

**Transaction ID:** SA11AI.4144

Amount of Each Receipt this Period 1000.00

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

Mailing Address 12340 Linshan Dr

City Irwin State PA Zip Code 15642-2806

FEC ID number of contributing federal political committee. C

Name of Employer Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 29 / 2010

**Transaction ID:** SA11AI.4249

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 6100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 82  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICA'S FOUNDATION**

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

Mailing Address 131 S Vista St

City State Zip Code  
**Los Angeles CA 90036-2707**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
03 / 04 / 2010

**Transaction ID: SA11AI.4312**

Amount of Each Receipt this Period 250.00

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

Mailing Address 336 E Coconut Palm Rd

City State Zip Code  
**Boca Raton FL 33432-7916**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

**Transaction ID: SA11AI.4205**

Amount of Each Receipt this Period 1000.00

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

Mailing Address 3335 Utopia Pkwy

City State Zip Code  
**Flushing NY 11358-1921**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 203.00

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

**Transaction ID: SA11AI.4200**

Amount of Each Receipt this Period 203.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1453.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 301.00
<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 12 / 82  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

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

Mailing Address 2756 Indian Springs Rd

City State Zip Code  
Marianna FL 32446-6889

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11AI.4170

Amount of Each Receipt this Period  
50.00

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

Mailing Address 6 Huckleberry Ln

City State Zip Code  
Augusta ME 04330-6022

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11AI.4251

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 3555 NE 86th St

City State Zip Code  
Seattle WA 98115-3635

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

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11AI.4244

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs Louise C Downs	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 20 Blueberry Ln Apt L342 342 Oceanview	<b>Transaction ID:</b> SA11AI.4327
	City Falmouth State ME Zip Code 04105-2845	Amount of Each Receipt this Period 168.00
	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 ▼ 203.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs. Diane R Ebert	Date of Receipt MM / DD / YYYY 02 / 16 / 2010
	Mailing Address 95 Ash St	<b>Transaction ID:</b> SA11AI.4106
	City Cressona State PA Zip Code 17929-1325	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation General Partner Insurance Agen Self-Employed 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) Leslie Edelman	Date of Receipt MM / DD / YYYY 02 / 26 / 2010
	Mailing Address 40 Beech Rd	<b>Transaction ID:</b> SA11AI.16325
	City Englewood State NJ Zip Code 07631-3722	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation President Kimber Mfg, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5418.00
<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 14 / 82  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

**A.**

Full Name (Last, First, Middle Initial)  
Deborah Edleman

Mailing Address 40 Beech Rd

City Englewood State NJ Zip Code 07631-3722

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

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 26 / 2010  
Transaction ID: SA11AI.16327  
Amount of Each Receipt this Period 5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Rita W. Fahrenkrug

Mailing Address 8365 Indian Hill Rd

City Manlius State NY Zip Code 13104-8791

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

Name of Employer Occupation  
M.F. Co. Accountant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 29 / 2010  
Transaction ID: SA11AI.4130  
Amount of Each Receipt this Period 250.00

**C.**

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

Mailing Address 3 Ocean Dr

City Seabrook State NH Zip Code 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 01 / 04 / 2010  
Transaction ID: SA11AI.4242  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5550.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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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 MM / DD / YYYY 01 / 22 / 2010
	Mailing Address PO Box 9	<b>Transaction ID:</b> SA11AI.4137
	City State Zip Code Encinal TX 78019-0009	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Callaghan Ranch Ltd Occupation Livestock Rancher Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Joe B. Finley, Jr.	Date of Receipt MM / DD / YYYY 03 / 30 / 2010
	Mailing Address PO Box 9	<b>Transaction ID:</b> SA11AI.4136
	City State Zip Code Encinal TX 78019-0009	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Callaghan Ranch Ltd Occupation Livestock Rancher Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Eugene M. Flory	Date of Receipt MM / DD / YYYY 03 / 29 / 2010
	Mailing Address 26 Meadow Ln	<b>Transaction ID:</b> SA11AI.4269
	City State Zip Code Flemington NJ 08822-1523	Amount of Each Receipt this Period 200.00
	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 ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2200.00
<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 16 / 82  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

**A.**

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

Mailing Address 6526 N Saint Marys Rd

City Peoria State IL Zip Code 61614-2830

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

Name of Employer Caterpillar Inc. Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt 03 / 18 / 2010

Transaction ID: SA11AI.4315

Amount of Each Receipt this Period 200.00

**B.**

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

Mailing Address 4575 Highland Oaks Cir

City Sarasota State FL Zip Code 34235-5178

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

Name of Employer Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

Date of Receipt 03 / 01 / 2010

Transaction ID: SA11AI.4218

Amount of Each Receipt this Period 35.00

**C.**

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

Mailing Address 4575 Highland Oaks Cir

City Sarasota State FL Zip Code 34235-5178

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

Name of Employer Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt 03 / 05 / 2010

Transaction ID: SA11AI.4223

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 260.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 82						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	315.00
<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 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

**A.**

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

Mailing Address HC 34 Box 323

City State Zip Code  
Lewisburg WV 24901-8961

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

Name of Employer Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 228.00

Date of Receipt

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

Transaction ID: SA11AI.4230

Amount of Each Receipt this Period

114.00

**B.**

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

Mailing Address 607 Lockhart St  
The Frater House

City State Zip Code  
Pittsburgh PA 15212-5605

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

Name of Employer Occupation  
Retired

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

Date of Receipt

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

Transaction ID: SA11AI.4139

Amount of Each Receipt this Period

100.00

**C.**

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

Mailing Address 607 Lockhart St  
The Frater House

City State Zip Code  
Pittsburgh PA 15212-5605

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

Name of Employer Occupation  
Retired

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

Date of Receipt

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

Transaction ID: SA11AI.4900

Amount of Each Receipt this Period

100.00

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

314.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 82  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Gertrude F. Grden  
Mailing Address 240 S Washington St  
City Baltimore State MD Zip Code 21231-2619  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 207.00  
Date of Receipt 03 / 29 / 2010  
Transaction ID: SA11AI.4194  
Amount of Each Receipt this Period 40.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Donald Gumpertz  
Mailing Address PO Box 2450  
City Toluca Lake State CA Zip Code 91610-0450  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 02 / 15 / 2010  
Transaction ID: SA11AI.4178  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Paul R R. Hamilton  
Mailing Address 413 W Creek St  
City Fredericksburg State TX Zip Code 78624-3113  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 03 / 02 / 2010  
Transaction ID: SA11AI.4319  
Amount of Each Receipt this Period 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 415.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 20 / 82</span>
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs Violet Hanna		Date of Receipt																					
	Mailing Address 4123 Mary Ellen Ave		<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>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	1		2	5		2	0	1	0														
	City State Zip Code Studio City CA 91604-2212		<b>Transaction ID:</b> SA11AI.4240																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer Occupation Homemaker		<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>		500.00																				
500.00																								
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																						
		<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>		500.00																				
500.00																								

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Palmer T Heenan		Date of Receipt																					
	Mailing Address 807 Park Ln		<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>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		1	9		2	0	1	0														
	City State Zip Code Grosse Pointe MI 48230-1852		<b>Transaction ID:</b> SA11AI.4113																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer Occupation Self Lawyer		<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>		100.00																				
100.00																								
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																						
		<table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>		300.00																				
300.00																								

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Leah J Jeffries		Date of Receipt																					
	Mailing Address 4805 Zakon Rd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	6		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		2	6		2	0	1	0														
	City State Zip Code Torrance CA 90505-4355		<b>Transaction ID:</b> SA11AI.4151																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer Occupation Retired		<table border="1"> <tr> <td colspan="10">525.00</td> </tr> </table>		525.00																				
525.00																								
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																						
		<table border="1"> <tr> <td colspan="10">525.00</td> </tr> </table>		525.00																				
525.00																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1125.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

<b>A.</b>	Full Name (Last, First, Middle Initial) Miss Doris L Kenyon		Date of Receipt	
	Mailing Address 1568 W Blaine Rd		M M / D D / Y Y Y Y Y 03 / 29 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4175
	Ovid	NY	14521-9729	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		200.00	
Name of Employer		Occupation		
		Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		300.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Kookkan Kim		Date of Receipt	
	Mailing Address 5438 N Lawrence St		M M / D D / Y Y Y Y Y 02 / 25 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4108
	Philadelphia	PA	19120-2804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		376.00	
Name of Employer Self-Employed		Occupation		
		Dentist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		376.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Evelyn J Kitchen		Date of Receipt	
	Mailing Address 9101 Park Dr		M M / D D / Y Y Y Y Y 02 / 26 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4191
	Shreve	OH	44676-9700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		104.00	
Name of Employer		Occupation		
		Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		208.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	680.00
<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: (check only one)	PAGE 22 / 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Joseph M. Klein	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 2508 E 30th St	<b>Transaction ID:</b> SA11AI.4210
	City State Zip Code Tulsa OK 74114-5623	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer	Occupation Ret.	
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) Ms. Mary Laporte	Date of Receipt MM / DD / YYYY 03 / 30 / 2010
	Mailing Address 3200 Netherland Ave Apt 4L	<b>Transaction ID:</b> SA11AI.4188
	City State Zip Code Bronx NY 10463-3412	Amount of Each Receipt this Period 35.00
	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 ▼ 210.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Joan G. Larsen	Date of Receipt MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 1111 Pyott Rd	<b>Transaction ID:</b> SA11AI.4261
	City State Zip Code Lake In The Hills IL 60156-9715	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>785.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 82  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

**A.**

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

Mailing Address 25 North Rd  
St Mary Parish

City Chelmsford State MA Zip Code 01824-2723

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

Name of Employer St Mary Parish Occupation Ret.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 226.00

Date of Receipt: 01 / 22 / 2010  
Transaction ID: SA11AI.4104  
Amount of Each Receipt this Period: 226.00

**B.**

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

Mailing Address 1285 Clubhouse Drive

City Pasadena State CA Zip Code 91105-1105

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

Name of Employer Allen Lund Co. Inc. Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 23 / 2010  
Transaction ID: SA11AI.16397  
Amount of Each Receipt this Period: 250.00

**C.**

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

Mailing Address 1285 Clubhouse Drive

City Pasadena State CA Zip Code 91105-1105

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

Name of Employer Allen Lund Co. Inc. Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 22 / 2010  
Transaction ID: SA11AI.16430  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 726.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

**A.** Full Name (Last, First, Middle Initial)  
Mr. John C Marous, Jr.  
Mailing Address 28 The Trillium

City State Zip Code  
Pittsburgh PA 15238-1930

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

Name of Employer Occupation  
Retired

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

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

**Transaction ID:** SA11AI.4153  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert McEldownery, Jr.  
Mailing Address 111 Moorings Park Dr Apt 117

City State Zip Code  
Naples FL 34105-2199

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

Name of Employer Occupation  
Retired

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

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

**Transaction ID:** SA11AI.4301  
Amount of Each Receipt this Period 157.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Anthony McEvoy  
Mailing Address 4 Riverside Dr

City State Zip Code  
Utica NY 13502-2355

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

Name of Employer Occupation  
Retired

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

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

**Transaction ID:** SA11AI.4160  
Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1057.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 82  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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 Judith A Mershon

Mailing Address 2821 Colorado Ave Apt 6

City State Zip Code  
Santa Monica CA 90404-3657

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

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2010

**Transaction ID:** SA11AI.4310

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Marc D. Miller

Mailing Address 838 Summit Rd

City State Zip Code  
Penn Valley PA 19072-1323

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

Name of Employer Universal Health Occupation Healthcare

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2010

**Transaction ID:** SA11AI.4100

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 116 Seascape Dr

City State Zip Code  
Port Lavaca TX 77979-4940

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

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

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

**Transaction ID:** SA11AI.4323

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2285.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 82  
(check only one)

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

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 R. Montone

Mailing Address 11 Clemson Dr

City State Zip Code  
Camp Hill PA 17011-7619

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: SA11AI.4116

Amount of Each Receipt this Period  
200.00

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

Mailing Address 2867 Outlet Rd

City State Zip Code  
Clifton Springs NY 14432-9742

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

Name of Employer G W Lisk & Co. Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

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

Transaction ID: SA11AI.4272

Amount of Each Receipt this Period  
250.00

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

Mailing Address 6761 Vallon Dr

City State Zip Code  
Rancho Palos Verde CA 90275-5358

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

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.4263

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 950.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

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

Mailing Address 521 E Moneta Ave

City State Zip Code  
Peoria Heights IL 61616-6225

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID:** SA11AI.4133

Amount of Each Receipt this Period  
100.00

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

Mailing Address 622 Webster Dr

City State Zip Code  
Decatur GA 30033-5432

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** SA11AI.4173

Amount of Each Receipt this Period  
300.00

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

Mailing Address 3730 Pennsylvania Ave Apt 104

City State Zip Code  
Dubuque IA 52002-3784

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

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 251.00

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

**Transaction ID:** SA11AI.4281

Amount of Each Receipt this Period  
251.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **651.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 82  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

**A.**

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

Mailing Address 3730 Pennsylvania Ave Apt 104

City State Zip Code  
Dubuque IA 52002-3784

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

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 301.00

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

Transaction ID: SA11AI.4282

Amount of Each Receipt this Period  
50.00

**B.**

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

Mailing Address 6414 79th St

City State Zip Code  
Middle Village NY 11379-2348

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.4148

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 6414 79th St

City State Zip Code  
Middle Village NY 11379-2348

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11AI.4149

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 82  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

**A.**

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

Mailing Address 282 Laroe Rd

City State Zip Code  
Chester NY 10918-2435

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

Name of Employer Occupation  
Housewife

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

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

Transaction ID: SA11AI.4236

Amount of Each Receipt this Period  
750.00

**B.**

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

Mailing Address 282 Laroe Rd

City State Zip Code  
Chester NY 10918-2435

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

Name of Employer Occupation  
Housewife

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

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

Transaction ID: SA11AI.4235

Amount of Each Receipt this Period  
750.00

**C.**

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

Mailing Address 3037 122nd PI NE

City State Zip Code  
Bellevue WA 98005-1522

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

Name of Employer Occupation  
Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2010

Transaction ID: SA11AI.4317

Amount of Each Receipt this Period  
225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1725.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 82

(check only one)

<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)  
Russell Phelon

Mailing Address 2063 University Pkwy

City State Zip Code  
Aiken SC 29801-6343

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

Name of Employer Occupation  
OCV, LLC President

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

Date of Receipt

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

Transaction ID: SA11AI.4253

Amount of Each Receipt this Period

1000.00

**B.**

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

Mailing Address 4 Lazy Wood Ln

City State Zip Code  
Houston TX 77024-7541

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

Name of Employer Occupation  
Housewife

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

Date of Receipt

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

Transaction ID: SA11AI.4233

Amount of Each Receipt this Period

2000.00

**C.**

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

Mailing Address 220 N Dithridge St

City State Zip Code  
Pittsburgh PA 15213-1456

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

Name of Employer Occupation  
Ret.

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

Date of Receipt

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

Transaction ID: SA11AI.4202

Amount of Each Receipt this Period

500.00

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

3500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 82  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

**A.**

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

Mailing Address 220 N Dithridge St

City Pittsburgh State PA Zip Code 15213-1456

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

Name of Employer Occupation Ret.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

**Transaction ID:** SA11AI.4203

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 753 Spring Ln

City Lansdale State PA Zip Code 19446-6231

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

Name of Employer Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** SA11AI.4119

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 1314 Pennington Rd

City Grenville State NM Zip Code 88424-7513

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

Name of Employer Occupation Rancher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** SA11AI.4228

Amount of Each Receipt this Period  
300.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 82  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

**A.**

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

Mailing Address 1964 SW Saint Andrews Dr

City State Zip Code  
Palm City FL 34990-2210

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 437.00

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

Transaction ID: SA11AI.4257

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 1964 SW Saint Andrews Dr

City State Zip Code  
Palm City FL 34990-2210

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 687.00

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

Transaction ID: SA11AI.4255

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 1964 SW Saint Andrews Dr

City State Zip Code  
Palm City FL 34990-2210

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 937.00

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

Transaction ID: SA11AI.4256

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

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

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

FOR LINE NUMBER: PAGE 33 / 82  
(check only one)  
 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 Norman Schwotzer

Mailing Address 730 Bower Hill Rd Apt 302

City State Zip Code  
Pittsburgh PA 15243-2014

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** SA11AI.4158

Amount of Each Receipt this Period  
500.00

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

Mailing Address 26700 Palo Hills Dr

City State Zip Code  
Los Altos CA 94022-1927

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

Name of Employer Occupation  
Self Employed Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

**Transaction ID:** SA11AI.4238

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 4 Tahoe Ln

City State Zip Code  
Sea Ranch Lakes FL 33308-2328

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

**Transaction ID:** SA11AI.4146

Amount of Each Receipt this Period  
1000.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Sylvia Janet Shiller

Mailing Address 6 Canterbury Ct

City Easton State PA Zip Code 18040-8325

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 03 / 18 / 2010

Transaction ID: SA11AI.4278

Amount of Each Receipt this Period 60.00

**B.**

Full Name (Last, First, Middle Initial)  
Sylvia Janet Shiller

Mailing Address 6 Canterbury Ct

City Easton State PA Zip Code 18040-8325

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 03 / 30 / 2010

Transaction ID: SA11AI.4277

Amount of Each Receipt this Period 70.00

**C.**

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

Mailing Address PO Box 190  
9 Whitebirch Ridge

City Hamlin State PA Zip Code 18427-0190

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

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 19 / 2010

Transaction ID: SA11AI.4155

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **430.00**

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

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

Mailing Address PO Box 190  
9 Whitebirch Ridge

City Hamlin State PA Zip Code 18427-0190

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

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.4156

Amount of Each Receipt this Period 200.00

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

Mailing Address 1212 Nocona Dr

City McKinney State TX Zip Code 75071-0489

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

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11AI.4166

Amount of Each Receipt this Period 300.00

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

Mailing Address PO Box 1284

City Santa Ynez State CA Zip Code 93460-1284

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

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: SA11AI.4180

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 600.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

**A.**

Full Name (Last, First, Middle Initial)

Mr Robert C. Smith

Mailing Address 8800 E 82nd St

City State Zip Code  
Indianapolis IN 46256-1802

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2100.00

Date of Receipt

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

Transaction ID: SA11AI.4142

Amount of Each Receipt this Period

2100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Charlene Sprankel

Mailing Address 120 Fenway Dr

City State Zip Code  
Decatur IL 62521-5610

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

Name of Employer Occupation  
Retired Professor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 802.00

Date of Receipt

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

Transaction ID: SA11AI.4121

Amount of Each Receipt this Period

802.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Charlene Sprankel

Mailing Address 120 Fenway Dr

City State Zip Code  
Decatur IL 62521-5610

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

Name of Employer Occupation  
Retired Professor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1002.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.4122

Amount of Each Receipt this Period

200.00

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

3102.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 82  
(check only one)

<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. Charlene Sprankel

Mailing Address 120 Fenway Dr

City State Zip Code  
Decatur IL 62521-5610

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

Name of Employer Retired Occupation Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1406.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2010

Transaction ID: SA11AI.4123

Amount of Each Receipt this Period  
404.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Arlana St. Clair

Mailing Address 3401 Wible Rd

City State Zip Code  
Bakersfield CA 93309-6509

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

Name of Employer Self - St Clair Investments Occupation Property Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 02 / 2010

Transaction ID: SA11AI.4111

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Arlana St. Clair

Mailing Address 3401 Wible Rd

City State Zip Code  
Bakersfield CA 93309-6509

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

Name of Employer Self - St Clair Investments Occupation Property Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 18 / 2010

Transaction ID: SA11AI.4110

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **804.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs. Janet S Staiano

Mailing Address 132 Aspen Dr

City State Zip Code  
Boalsburg PA 16827-1736

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

Name of Employer self Occupation Homemaker

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

Date of Receipt

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

Transaction ID: SA11AI.4343

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr. Franklin A Stauffer

Mailing Address 620 E Arch St

City State Zip Code  
Palmyra PA 17078-1805

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

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 214.00

Date of Receipt

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

Transaction ID: SA11AI.4163

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Franklin A Stauffer

Mailing Address 620 E Arch St

City State Zip Code  
Palmyra PA 17078-1805

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

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 328.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.4162

Amount of Each Receipt this Period

114.00

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

414.00

**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 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

**A.**

Full Name (Last, First, Middle Initial)

Ms. Yolande H Strawinski

Mailing Address 1130 Sylvan Pl

City State Zip Code  
Monterey CA 93940-4903

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

Name of Employer Occupation  
New York Life Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 503.00

Date of Receipt

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

Transaction ID: SA11AI.4128

Amount of Each Receipt this Period  
303.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Sunderland

Mailing Address 953 Pyrite Ave

City State Zip Code  
Henderson NV 89011-3059

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

Name of Employer Occupation  
Ret. Ret.

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

Date of Receipt

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

Transaction ID: SA11AI.4972

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Robert L. Toner

Mailing Address 222 Foxhound Dr

City State Zip Code  
Lafayette Hill PA 19444-1033

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

Name of Employer Occupation  
Tower Cable Equipment Executive

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3750.00

Date of Receipt

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

Transaction ID: SA11AI.4102

Amount of Each Receipt this Period  
3750.00

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

4153.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 82  
(check only one)

<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 F. Troy, Jr

Mailing Address 11 Maitland Rd

City State Zip Code  
Stamford CT 06906-2104

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11AI.4291

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Dean K. Webster

Mailing Address 215 Kings Hwy

City State Zip Code  
Kennebunkport ME 04046-7270

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2010

Transaction ID: SA11AI.4306

Amount of Each Receipt this Period  
250.00

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

Mailing Address 5473 Pelican Way

City State Zip Code  
Saint Augustine FL 32080-7153

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11AI.4453

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **550.00**

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

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

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

FOR LINE NUMBER: PAGE 41 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

**A.**

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

Mailing Address 5473 Pelican Way

City State Zip Code  
Saint Augustine FL 32080-7153

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

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

Transaction ID: SA11AI.4452

Amount of Each Receipt this Period

75.00
-------

**B.**

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

Mailing Address 1919 Kc 450

City State Zip Code  
Junction TX 76849-6336

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

Name of Employer Occupation  
Self Employed Investor

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

Date of Receipt

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

Transaction ID: SA11AI.4294

Amount of Each Receipt this Period

300.00
--------

**C.**

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

Mailing Address 501 E. Hampden Avenue

City State Zip Code  
Englewood CO 80113-0113

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

Name of Employer Occupation  
self physician

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

Date of Receipt

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

Transaction ID: SA11AI.16387

Amount of Each Receipt this Period

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

675.00
--------

**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 42 / 82	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) AMERICA'S FOUNDATION
---

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Frank M Zielinski	Date of Receipt
	Mailing Address 126 E Wing St Apt 211	<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City State Zip Code Arlington Heights IL 60004-6064	<b>Transaction ID:</b> SA11AI.4298
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="100.00"/>
	Name of Employer Occupation Barnaby's of Northbrook Restaurant Owner	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="275.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="100.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="62648.00"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 82  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

**A.**

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

Mailing Address 300 Knickerbocker Road

City State Zip Code  
Cresskill NJ 07626-7626

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7797.49

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

Transaction ID: SA17.16489

Amount of Each Receipt this Period  
7797.49

List Rental Income

**B.**

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

Mailing Address 300 Knickerbocker Road

City State Zip Code  
Cresskill NJ 07626-7626

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
11811.56

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

Transaction ID: SA17.16490

Amount of Each Receipt this Period  
4014.07

List Rental Income

**C.**

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

Mailing Address 13755 Sunrise Valley Drive  
Suite 450

City State Zip Code  
Herndon VA 20171-0171

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
730.01

Date of Receipt  
MM / DD / YYYY  
01 / 05 / 2010

Transaction ID: SA17.16487

Amount of Each Receipt this Period  
730.01

List Rental Income

**SUBTOTAL** of Receipts This Page (optional) ..... ► **12541.57**

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

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

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

FOR LINE NUMBER: PAGE 44 / 82

(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

**A.**

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

Mailing Address 13755 Sunrise Valley Drive  
Suite 450

City State Zip Code  
Herndon VA 20171-0171

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1992.37

Date of Receipt

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

Transaction ID: SA17.16680

Amount of Each Receipt this Period

1262.36

List Rental Income

**B.**

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

Mailing Address 13755 Sunrise Valley Drive  
Suite 450

City State Zip Code  
Herndon VA 20171-0171

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2432.37

Date of Receipt

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

Transaction ID: SA17.16491

Amount of Each Receipt this Period

440.00

List Rental Income

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

1702.36

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

14243.93

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

<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 Direct Mail Costs - Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.16601 Date of Disbursement 01 / 20 / 2010
	Amount of Each Disbursement this Period 4562.34
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<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 Costs - Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.16605 Date of Disbursement 01 / 27 / 2010
	Amount of Each Disbursement this Period 1568.02
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<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 Costs - Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.16606 Date of Disbursement 01 / 27 / 2010
	Amount of Each Disbursement this Period 8605.25
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	14735.61
<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 Direct Mail Costs - Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.16613 Date of Disbursement 02 / 03 / 2010
	Amount of Each Disbursement this Period 3494.25
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>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 Costs - Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.16614 Date of Disbursement 02 / 03 / 2010
	Amount of Each Disbursement this Period 8325.24
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<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 Costs - Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.16615 Date of Disbursement 02 / 03 / 2010
	Amount of Each Disbursement this Period 1832.65
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	13652.14
<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 47 / 82

<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.16617 Date of Disbursement
	Mailing Address 14970 Farm Creek Drive	<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Woodbridge State VA Zip Code 22191	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Costs - Printing	<input type="text" value="1477.26"/>
	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) Advanced Mailing Sevices	Transaction ID: SB21B.16638 Date of Disbursement
	Mailing Address 14970 Farm Creek Drive	<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Woodbridge State VA Zip Code 22191	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Costs - Printing/Mailshop	<input type="text" value="2301.63"/>
	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) Advanced Mailing Sevices	Transaction ID: SB21B.16657 Date of Disbursement
	Mailing Address 14970 Farm Creek Drive	<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City Woodbridge State VA Zip Code 22191	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Costs - Postage	<input type="text" value="746.62"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4525.51"/>
<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) Advanced Mailing Sevices Mailing Address 14970 Farm Creek Drive City Woodbridge State VA Zip Code 22191 Purpose of Disbursement Direct Mail Costs - Printing/Mailshop Candidate Name	Transaction ID: SB21B.16662 Date of Disbursement 03 / 25 / 2010
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) ▼	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Merchant Credit Card Fees Candidate Name	Transaction ID: SB21B.16556 Date of Disbursement 03 / 24 / 2010
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) ▼	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) American Heritage Credit Union Mailing Address P.O. Box 67001 City Harrisburg State PA Zip Code 17106-7001 Purpose of Disbursement Credit Card Payment Candidate Name	Transaction ID: SB21B.16546 Date of Disbursement 03 / 18 / 2010
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) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4754.20
<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) Amtrak	Transaction ID: SB21B.16546.0 Date of Disbursement 03 / 18 / 2010
	Mailing Address 30th and Market St, Fl. 5	Amount of Each Disbursement this Period 205.00
	City Philadelphia State PA Zip Code 19102	
	Purpose of Disbursement Travel Expenses	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.16546.1 Date of Disbursement 03 / 18 / 2010
	Mailing Address 3311 Airport Rd	Amount of Each Disbursement this Period 384.60
	City Allentown State PA Zip Code 18109	
	Purpose of Disbursement Travel Expenses	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B.16546.2 Date of Disbursement 03 / 18 / 2010
	Mailing Address 4255 Amon Carter Blvd. MD 2400	Amount of Each Disbursement this Period 862.80
	City Fort Worth State TX Zip Code 76155	
	Purpose of Disbursement Travel Expenses	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

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

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5188.69"/>
<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) BB&T	Transaction ID: SB21B.16609
	Mailing Address PO Box 200	Date of Disbursement 01 / 31 / 2010
	City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period 239.96
	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.16610
	Mailing Address PO Box 200	Date of Disbursement 01 / 31 / 2010
	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.16633
	Mailing Address PO Box 200	Date of Disbursement 02 / 28 / 2010
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	279.96
<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.16635 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 0 Amount of Each Disbursement this Period 172.93
<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.16669 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 0 Amount of Each Disbursement this Period 40.00
<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.16670 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 0 Amount of Each Disbursement this Period 216.39

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>429.32</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

A.

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

Transaction ID: SB21B.16533  
Date of Disbursement

Mailing Address 1747 Pennsylvania Ave, NW  
Suite 1200

/   /

City Washington State DC Zip Code 20006

Amount of Each Disbursement this Period

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

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

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

Transaction ID: SB21B.16636  
Date of Disbursement

Mailing Address 13860 Redskin Drive

/   /

City Herndon State VA Zip Code 20171

Amount of Each Disbursement this Period

Purpose of Disbursement  
Direct Mail Costs - Postage

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

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

Transaction ID: SB21B.16656  
Date of Disbursement

Mailing Address 13860 Redskin Drive

/   /

City Herndon State VA Zip Code 20171

Amount of Each Disbursement this Period

Purpose of Disbursement  
Direct Mail Costs - Postage

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.16659 Date of Disbursement
	Mailing Address 13860 Redskin Drive	<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Costs - Postage	<input type="text" value="1847.69"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.16660 Date of Disbursement
	Mailing Address 13860 Redskin Drive	<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Costs - Postage	<input type="text" value="3812.76"/>
	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) BigEye Direct, Inc.	Transaction ID: SB21B.16672 Date of Disbursement
	Mailing Address 13860 Redskin Drive	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Costs - Postage	<input type="text" value="10797.62"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="16458.07"/>
<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) BigEye Direct, Inc.</p> <p>Mailing Address 13860 Redskin Drive</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Costs - Postage</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.16673</p> <p>Date of Disbursement 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 89.62</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Big Fish, A Design Ptrship, Inc.</p> <p>Mailing Address 405 8th Street, SE Suite 200</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Website Desgin &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.16544</p> <p>Date of Disbursement 03 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 637.50</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.16514</p> <p>Date of Disbursement 02 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 63.98</p>

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

791.10

**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) Bryn Mawr Trust Company	Transaction ID: SB21B.16531 Date of Disbursement 02 / 28 / 2010
	Mailing Address 801 Lancaster Avenue	Amount of Each Disbursement this Period 75.00
	City Bryn Mawr State PA Zip Code 19010	
	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.16536 Date of Disbursement 03 / 05 / 2010
	Mailing Address 801 Lancaster Avenue	Amount of Each Disbursement this Period 75.50
	City Bryn Mawr State PA Zip Code 19010	
	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.16585 Date of Disbursement 03 / 31 / 2010
	Mailing Address 801 Lancaster Avenue	Amount of Each Disbursement this Period 75.00
	City Bryn Mawr State PA Zip Code 19010	
	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) .....	▶	225.50
<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)

PAGE 57 / 82

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

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

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>9454.34</td></tr></table>	9454.34
9454.34		
<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)

<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.16640 Date of Disbursement 03 / 04 / 2010
	Mailing Address 300 Knickerbocker Road	Amount of Each Disbursement this Period 3997.94
	City Cresskill State NJ Zip Code 07626-7626	
	Purpose of Disbursement List Rental Fees	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) Digital Donation, LLC	Transaction ID: SB21B.16676 Date of Disbursement 03 / 19 / 2010
	Mailing Address P.O. Box 82130	Amount of Each Disbursement this Period 137.00
	City Baton Rouge State LA Zip Code 70884	
	Purpose of Disbursement Compensation for Fundraising Svcs	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) Digital Donation, LLC	Transaction ID: SB21B.16677 Date of Disbursement 03 / 31 / 2010
	Mailing Address P.O. Box 82130	Amount of Each Disbursement this Period 161.50
	City Baton Rouge State LA Zip Code 70884	
	Purpose of Disbursement Compensation for Fundraising Svcs	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) .....	▶	4296.44
<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

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

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="21413.64"/>
<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

<b>A.</b> Full Name (Last, First, Middle Initial) FLS Connect Mailing Address 7300 Hudson Blvd. Suite 270 City St. Paul State MN Zip Code 55128 Purpose of Disbursement Telemarketing 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.16516 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 3614.20
	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) FLS Connect Mailing Address 7300 Hudson Blvd. Suite 270 City St. Paul State MN Zip Code 55128 Purpose of Disbursement Telemarketing 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.16555 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 4027.13
	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) FORMost Graphic Communications Mailing Address 7564 Standish Place, Ste 115 City Rockville State MD Zip Code 20855-2745 Purpose of Disbursement Direct Mail Costs - Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16599 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

8641.33

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)  
FORmost Graphic Communications

Transaction ID: SB21B.16602  
Date of Disbursement

Mailing Address 7564 Standish Place, Ste 115

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

City State Zip Code  
Rockville MD 20855-2745

Amount of Each Disbursement this Period

113.34
--------

Purpose of Disbursement  
Direct Mail Costs - Printing/Mailshop  
Candidate Name

Category/  
Type

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

B.

Full Name (Last, First, Middle Initial)  
FORmost Graphic Communications

Transaction ID: SB21B.16623  
Date of Disbursement

Mailing Address 7564 Standish Place, Ste 115

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

City State Zip Code  
Rockville MD 20855-2745

Amount of Each Disbursement this Period

701.52
--------

Purpose of Disbursement  
Direct Mail Costs - Printing/Mailshop  
Candidate Name

Category/  
Type

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

C.

Full Name (Last, First, Middle Initial)  
FORmost Graphic Communications

Transaction ID: SB21B.16642  
Date of Disbursement

Mailing Address 7564 Standish Place, Ste 115

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

City State Zip Code  
Rockville MD 20855-2745

Amount of Each Disbursement this Period

114.52
--------

Purpose of Disbursement  
Direct Mail Costs - Printing  
Candidate Name

Category/  
Type

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

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

929.38
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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) FORmost Graphic Communications	Transaction ID: SB21B.16663 Date of Disbursement
	Mailing Address 7564 Standish Place, Ste 115	<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City Rockville State MD Zip Code 20855-2745	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Costs - Printing/Mailshop	<input type="text" value="1004.08"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

C.	Full Name (Last, First, Middle Initial) Global Payments Inc.	Transaction ID: SB21B.16634 Date of Disbursement
	Mailing Address 10 Glenlake Pkwy NE North Tower	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Credit Card Payments	<input type="text" value="112.09"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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="1379.17"/>
<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) Global Payments Inc.	Transaction ID: SB21B.16671 Date of Disbursement
	Mailing Address 10 Glenlake Pkwy NE North Tower	<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Credit Card Fees	<input type="text" value="237.17"/>
	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) HSP Direct	Transaction ID: SB21B.16595 Date of Disbursement
	Mailing Address 13755 Sunrise Valley Drive Suite 450	<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Expenses & Creative Design	<input type="text" value="1598.40"/>
	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) HSP Direct	Transaction ID: SB21B.16603 Date of Disbursement
	Mailing Address 13755 Sunrise Valley Drive Suite 450	<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Expenses & Creative Design	<input type="text" value="7674.25"/>
	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) .....	<input type="text" value="9509.82"/>
<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) HSP Direct	Transaction ID: SB21B.16624 Date of Disbursement
	Mailing Address 13755 Sunrise Valley Drive Suite 450	<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Expenses & Creative Design	<input type="text" value="1528.02"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

C.	Full Name (Last, First, Middle Initial) HSP Direct	Transaction ID: SB21B.16643 Date of Disbursement
	Mailing Address 13755 Sunrise Valley Drive Suite 450	<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Expenses and Creative Design Fees	<input type="text" value="5227.41"/>
	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="18371.52"/>
<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) 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 Costs - Postage</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.16646</p> <p><b>Date of Disbursement</b> 03 / 04 / 2010</p> <p><b>Amount of Each Disbursement this Period</b> 16782.83</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 &amp; Creative Design</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.16664</p> <p><b>Date of Disbursement</b> 03 / 25 / 2010</p> <p><b>Amount of Each Disbursement this Period</b> 6957.24</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Integram</p> <p>Mailing Address 8421 Hilltop Rd.</p> <p>City Fairfax State VA Zip Code 22031</p> <p>Purpose of Disbursement Direct Mail Costs - Printing</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.16589</p> <p><b>Date of Disbursement</b> 01 / 07 / 2010</p> <p><b>Amount of Each Disbursement this Period</b> 9004.02</p>

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

**32744.09**

**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)

<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) Iron Mountain	Transaction ID: SB21B.16518
	Mailing Address PO Box 27128	Date of Disbursement MM / DD / YYYY 02 / 22 / 2010
	City New York State NY Zip Code 10087-7128	Amount of Each Disbursement this Period 742.24
	Purpose of Disbursement Rent	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Iron Mountain	Transaction ID: SB21B.16540
	Mailing Address PO Box 27128	Date of Disbursement MM / DD / YYYY 03 / 18 / 2010
	City New York State NY Zip Code 10087-7128	Amount of Each Disbursement this Period 751.52
	Purpose of Disbursement Rent	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kenmore Envelope Company	Transaction ID: SB21B.16645
	Mailing Address 4641 International Trade Court	Date of Disbursement MM / DD / YYYY 03 / 04 / 2010
	City Richmond State VA Zip Code 23231	Amount of Each Disbursement this Period 2430.12
	Purpose of Disbursement Direct Mail Costs - Printing	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3923.88</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) Athan Koutsouroumbas	Transaction ID: SB21B.16554 Date of Disbursement 03 / 18 / 2010
	Mailing Address 6028 Goshen Rd.	
	City Newtown Square State PA Zip Code 19073	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement Travel Reimbursement 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) MDI Mail & Imaging	Transaction ID: SB21B.16666 Date of Disbursement 03 / 25 / 2010
	Mailing Address 21721-A Filigree Court	
	City Adhburn State VA Zip Code 20147	Amount of Each Disbursement this Period 7097.37
	Purpose of Disbursement Direct Mail Costs - Printing Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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.16591 Date of Disbursement 01 / 08 / 2010
	Mailing Address P.O. Box 228	
	City Forest State VA Zip Code 24551	Amount of Each Disbursement this Period 14956.96
	Purpose of Disbursement Direct Mail Costs - Postage Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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>22354.33</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)  
RST Marketing Associates, Inc.

Transaction ID: SB21B.16607

Date of Disbursement

Mailing Address P.O. Box 228

01 / 28 / 2010

City Forest State VA Zip Code 24551

Amount of Each Disbursement this Period

10913.67

Purpose of Disbursement  
Direct Mail Costs - Printing

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

B.

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

Transaction ID: SB21B.16632

Date of Disbursement

Mailing Address P.O. Box 228

02 / 25 / 2010

City Forest State VA Zip Code 24551

Amount of Each Disbursement this Period

9419.20

Purpose of Disbursement  
Direct Mail Costs - Printing

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

C.

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

Transaction ID: SB21B.16653

Date of Disbursement

Mailing Address P.O. Box 228

03 / 11 / 2010

City Forest State VA Zip Code 24551

Amount of Each Disbursement this Period

14287.54

Purpose of Disbursement  
Direct Mail Costs - Postage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

34620.41

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

A.	Full Name (Last, First, Middle Initial) SM Jenkins & Co	Transaction ID: SB21B.16502 Date of Disbursement 01 / 14 / 2010
	Mailing Address One Tower Bridge Suite 1410	Amount of Each Disbursement this Period 1234.14
	City West Conshohocken State PA Zip Code 19428	
	Purpose of Disbursement Rent	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SM Jenkins & Co	Transaction ID: SB21B.16515 Date of Disbursement 02 / 22 / 2010
	Mailing Address One Tower Bridge Suite 1410	Amount of Each Disbursement this Period 1692.26
	City West Conshohocken State PA Zip Code 19428	
	Purpose of Disbursement Telecommunications Expenses	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) SM Jenkins & Co	Transaction ID: SB21B.16521 Date of Disbursement 02 / 22 / 2010
	Mailing Address One Tower Bridge Suite 1410	Amount of Each Disbursement this Period 1236.91
	City West Conshohocken State PA Zip Code 19428	
	Purpose of Disbursement Rent	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4163.31</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) SM Jenkins & Co	Transaction ID: SB21B.16541 Date of Disbursement 03 / 18 / 2010
	Mailing Address One Tower Bridge Suite 1410	Amount of Each Disbursement this Period 1234.14
	City West Conshohocken State PA Zip Code 19428	
	Purpose of Disbursement Rent	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sunrise Data Services	Transaction ID: SB21B.16604 Date of Disbursement 01 / 21 / 2010
	Mailing Address 13755 Sunrise Valley Drive Suite 450	Amount of Each Disbursement this Period 575.00
	City Herndon State VA Zip Code 20171	
	Purpose of Disbursement Database Maintenance Services	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sunrise Data Services	Transaction ID: SB21B.16625 Date of Disbursement 02 / 04 / 2010
	Mailing Address 13755 Sunrise Valley Drive Suite 450	Amount of Each Disbursement this Period 2957.76
	City Herndon State VA Zip Code 20171	
	Purpose of Disbursement Database Maintenance Services	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4766.90</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) Sunrise Data Services	Transaction ID: SB21B.16647 Date of Disbursement
	Mailing Address 13755 Sunrise Valley Drive Suite 450	<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Database Maintenance Services	<input type="text" value="2155.09"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4164.22"/>
<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) The Clapham Group	Transaction ID: SB21B.16498 Date of Disbursement
	Mailing Address 5272 Lyngate Ct. Suite 200	<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City State Zip Code Burke VA 22015	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Management Fees	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<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

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

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

4792.04

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) Virginia Davis Partners, LLC	Transaction ID: SB21B.16528 Date of Disbursement 02 / 22 / 2010
	Mailing Address 834 Beechwood Dr.	Amount of Each Disbursement this Period 1675.00
	City Havertown State PA Zip Code 19083	
	Purpose of Disbursement Media & Press Management Fees	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) Virginia Davis Partners, LLC	Transaction ID: SB21B.16548 Date of Disbursement 03 / 18 / 2010
	Mailing Address 834 Beechwood Dr.	Amount of Each Disbursement this Period 1675.00
	City Havertown State PA Zip Code 19083	
	Purpose of Disbursement Media & Press Management Fees	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) Virginia Davis Partners, LLC	Transaction ID: SB21B.16550 Date of Disbursement 03 / 18 / 2010
	Mailing Address 834 Beechwood Dr.	Amount of Each Disbursement this Period 692.72
	City Havertown State PA Zip Code 19083	
	Purpose of Disbursement Expense Reimb - Printing	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4042.72
<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)  
Fedex Kinkos

Mailing Address 942 South Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement  
Printing & Reproduction

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.16550.0  
Date of Disbursement

03 / 18 / 2010

Amount of Each Disbursement this Period

692.72

[MEMO ITEM]

B.

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

Mailing Address 4128 Pepsi Place

City Chantilly State VA Zip Code 20151

Purpose of Disbursement  
Direct Mail Processing Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.16587  
Date of Disbursement

01 / 07 / 2010

Amount of Each Disbursement this Period

5401.79

C.

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

Mailing Address 4128 Pepsi Place

City Chantilly State VA Zip Code 20151

Purpose of Disbursement  
Direct Mail Processing Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.16616  
Date of Disbursement

02 / 04 / 2010

Amount of Each Disbursement this Period

4815.78

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

10217.57

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

A.

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

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.16648

Date of Disbursement

03 / 04 / 2010

Amount of Each Disbursement this Period

2071.87

B.

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

Mailing Address 4128 Pepsi Place

City Chantilly State VA Zip Code 20151

Purpose of Disbursement  
Direct Mail Processing Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.16661

Date of Disbursement

03 / 25 / 2010

Amount of Each Disbursement this Period

3743.58

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

5815.45

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

272426.71



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

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

FOR LINE NUMBER:  
(check only one)

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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)  
FITZPATRICK FOR CONGRESS

Mailing Address PO Box 185

City Langhorne State PA Zip Code 19047

Purpose of Disbursement  
Campaign Contribution - Primary  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 08  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.16568  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF ROY BLUNT

Mailing Address PO Box 50100  
PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement  
Campaign Contribution - Primary  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MO District: 00  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.16576  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
GRASSLEY COMMITTEE INC

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement  
Campaign Contribution - Primary  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IA District: 00  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.16580  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**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 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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>LOU BARLETTA FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.16562 Date of Disbursement 03 / 30 / 2010	
	Mailing Address 1529 TERRACE BLVD 101 WEST BROAD STREET		
	City HAZLETON State PA Zip Code 18201	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Campaign Contribution - Primary Candidate Name	Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>MARINO FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.16564 Date of Disbursement 03 / 30 / 2010	
	Mailing Address PO BOX 653		
	City WILLIAMSPORT State PA Zip Code 17703	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Campaign Contribution - Primary Candidate Name	Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>MULVANEY FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.16570 Date of Disbursement 03 / 30 / 2010	
	Mailing Address 9789 CHARLOTTE HWY SUITE 400-255		
	City INDIAN LAND State SC Zip Code 29707	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Campaign Contribution - Primary Candidate Name	Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
PAT MEEHAN FOR CONGRESS

Mailing Address 5035 TOWNSHIP LINE ROAD  
PO BOX 308

City DREXEL HILL State PA Zip Code 19026

Purpose of Disbursement  
Campaign Contribution - Primary

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 07

Transaction ID: SB23.16566  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
PORTMAN FOR SENATE COMMITTEE

Mailing Address 8331 LITTLE HARBOR DRIVE

City CINCINNATI State OH Zip Code 45244

Purpose of Disbursement  
Campaign Contribution - Primary

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OH District: 00

Transaction ID: SB23.16574  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
SCOTT BROWN FOR US SENATE COMMITTEE

Mailing Address PO BOX 395

City WRENTHAM State MA Zip Code 02903

Purpose of Disbursement  
Campaign Contributions - General

Candidate Name  
SCOTT BROWN FOR US SENATE COMMITTEE

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MA District: 00

Transaction ID: SB23.16508  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**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 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)  
TIM BURNS FOR CONGRESS

Transaction ID: SB23.16558

Date of Disbursement

Mailing Address PO BOX 4483

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

City EIGHTY FOUR State PA Zip Code 15330

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Campaign Contribution - Primary  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: PA District: 12

B.

Full Name (Last, First, Middle Initial)  
TOOMEY FOR SENATE COMMITTEE

Transaction ID: SB23.16572

Date of Disbursement

Mailing Address 2720 JORDAN ROAD

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

City OREFIELD State PA Zip Code 18069

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Campaign Contribution - Primary  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: PA District: 00

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

3000.00
---------

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

1900.00
---------

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 82 / 82

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

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

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

4500.00

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

4500.00