

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Southwest Leadership Fund

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

2. **FEC IDENTIFICATION NUMBER** C00471334
3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 03 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 Carolyn Gonzales
Signature of Treasurer Electronically Filed by Carolyn Gonzales Date 04 20 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)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Southwest Leadership Fund

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| 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 | | 60991.48 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 46405.58 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 22584.14 | 37984.14 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 68989.72 | 98975.62 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 55551.76 | 85537.66 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 13437.96 | 13437.96 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Southwest Leadership Fund

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 7459.14 | 16459.14 |
| (ii) Unitemized | 125.00 | 1525.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 7584.14 | 17984.14 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 15000.00 | 20000.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 22584.14 | 37984.14 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 22584.14 | 37984.14 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 22584.14 | 37984.14 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 24151.76 | 49337.66 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 24151.76 | 49337.66 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 31400.00 | 36200.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 55551.76 | 85537.66 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 55551.76 | 85537.66 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 22584.14 | 37984.14 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 22584.14 | 37984.14 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 24151.76 | 49337.66 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 24151.76 | 49337.66 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 25
(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)
Southwest Leadership Fund

A.

Full Name (Last, First, Middle Initial)
RAY G. BESING

Mailing Address 200 MICHELLE DR

City State Zip Code
SANTA FE NM 87501-1676

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

Name of Employer Occupation
UNIVERSITY OF LONDON LAW PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: 11 ai-000023701

Amount of Each Receipt this Period: 2500.00

EARMARKED THROUGH ACT BLUE

B.

Full Name (Last, First, Middle Initial)
BENJAMIN WARNER

Mailing Address 903 TEWA LOOP

City State Zip Code
LOS ALAMOS NM 87544-3210

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

Name of Employer Occupation
CALDERA PHARMACEUTICALS SCIENTIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: 11 ai-000023702

Amount of Each Receipt this Period: 2500.00

EARMARKED THROUGH ACT BLUE

C.

Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3900.00

Date of Receipt: MM / DD / YYYY
03 / 12 / 2010

Transaction ID: 11 ai-000023686

Amount of Each Receipt this Period: 100.00

[MEMO ITEM]
ACT BLUE

SUBTOTAL of Receipts This Page (optional) ► 5000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 25
(check only one)

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

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NAME OF COMMITTEE (In Full)
Southwest Leadership Fund

A.

Full Name (Last, First, Middle Initial)
EDMUND HEALY

Mailing Address PO BOX 760

City TAOS State NM Zip Code 87571-0760

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

Name of Employer SELF-EMPLOYED Occupation INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 979.57

Date of Receipt: 03 / 24 / 2010
Transaction ID: 11ai-000023716
Amount of Each Receipt this Period: 979.57
IN-KIND

B.

Full Name (Last, First, Middle Initial)
TRUDY HEALY

Mailing Address PO BOX 760

City TAOS State NM Zip Code 87571-0760

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

Name of Employer SELF-EMPLOYED Occupation ART SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 979.57

Date of Receipt: 03 / 24 / 2010
Transaction ID: 11ai-000023717
Amount of Each Receipt this Period: 979.57
IN-KIND

C.

Full Name (Last, First, Middle Initial)
KEVIN CALNAN

Mailing Address 6216 MESQUITE DR NW

City ALBUQUERQUE State NM Zip Code 87120-2536

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

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 26 / 2010
Transaction ID: 11ai-000023704
Amount of Each Receipt this Period: 500.00
EARMARKED THROUGH ACT BLUE

SUBTOTAL of Receipts This Page (optional) ► 2459.14

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 25 |
| | <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)
Southwest Leadership Fund

| | | | |
|---|---|-------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) ACTBLUE | | Date of Receipt |
| | Mailing Address PO BOX 382110 | | <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 / 28 / 2010 |
| | City | State | Zip Code |
| | CAMBRIDGE | MA | 02238 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 11 ai-000023703 |
| Name of Employer | | Occupation | 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 ▼ 8900.00 | 5000.00 |
| | | | [MEMO ITEM] ACT BLUE |

| | | | |
|---|---|-------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) ACTBLUE | | Date of Receipt |
| | Mailing Address PO BOX 382110 | | <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 / 31 / 2010 |
| | City | State | Zip Code |
| | CAMBRIDGE | MA | 02238 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 11 ai-000023707 |
| Name of Employer | | Occupation | 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 ▼ 8925.00 | 25.00 |
| | | | [MEMO ITEM] ACT BLUE |

| | | | |
|---|---|-------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) ACTBLUE | | Date of Receipt |
| | Mailing Address PO BOX 382110 | | <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 / 31 / 2010 |
| | City | State | Zip Code |
| | CAMBRIDGE | MA | 02238 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 11 ai-000023705 |
| Name of Employer | | Occupation | 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 ▼ 9425.00 | 500.00 |
| | | | [MEMO ITEM] ACT BLUE |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | 7459.14 |

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

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

FOR LINE NUMBER: PAGE 9 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Southwest Leadership Fund

A. Full Name (Last, First, Middle Initial)
COMCAST COPORATION PAC
Mailing Address 1701 JFK BLVD
City PHILADELPHIA State PA Zip Code 19103
FEC ID number of contributing federal political committee. **C** C00248716
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt: 03 / 19 / 2010
Transaction ID: 11c-000023715
Amount of Each Receipt this Period 2500.00

B. Full Name (Last, First, Middle Initial)
AT&T FEDERAL PAC
Mailing Address 1133 21ST ST NW STE 900
City WASHINGTON State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C** C00109017
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt: 03 / 24 / 2010
Transaction ID: 11c-000023719
Amount of Each Receipt this Period 2500.00

C. Full Name (Last, First, Middle Initial)
ACCENTURE PAC
Mailing Address 800 CONNECTICUT AVE NW
City WASHINGTON State DC Zip Code 20006
FEC ID number of contributing federal political committee. **C** C00300707
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt: 03 / 24 / 2010
Transaction ID: 11c-000023718
Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) ► 10000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 10 / 25 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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| |
|--|
| NAME OF COMMITTEE (In Full) Southwest Leadership Fund |
|--|

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) NATIONAL CABLE & TELECOMMUNICATIONS ASSOCIATION PAC | Date of Receipt |
| | Mailing Address 25 MASSACHUSETTS AVE. NW SUITE 100 | <input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2010"/> |
| | City State Zip Code WASHINGTON DC 20001 | Transaction ID: 11c-000023720 |
| | FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00010082"/> | Amount of Each Receipt this Period <input type="text" value="5000.00"/> |
| | Name of Employer Occupation | |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/> |

| | |
|--|---------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="5000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="15000.00"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Southwest Leadership Fund

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) PAYROLL COMPANY | Transaction ID: 21b-06-00038-00055 Date of Disbursement |
| | Mailing Address 10433 MONTGOMERY PARKWAY LOOP NE SUITE 100 | <input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2010"/> |
| | City ALBUQUERQUE State NM Zip Code 87111 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement PAYROLL TAXES | <input type="text" value="825.15"/> |
| | 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) PAYROLL COMPANY | Transaction ID: 21b-06-00039-0000 Date of Disbursement |
| | Mailing Address 10433 MONTGOMERY PARKWAY LOOP NE SUITE 100 | <input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2010"/> |
| | City ALBUQUERQUE State NM Zip Code 87111 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement PAYROLL - SEE MEMO ENTRY | <input type="text" value="825.90"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) MEREDITH DIXON | Transaction ID: 21b-06-00039-00056 Date of Disbursement |
| | Mailing Address 832 CALLE CORONADO SE | <input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2010"/> |
| | City ALBUQUERQUE State NM Zip Code 87123 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement PAYROLL | <input type="text" value="825.90"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

| | |
|---|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="1651.05"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Southwest Leadership Fund

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) PAYROLL COMPANY | Transaction ID: 21b-06-00040-00057 |
| | Mailing Address 10433 MONTGOMERY PARKWAY LOOP NE SUITE 100 | Date of Disbursement MM / DD / YYYY 03 / 01 / 2010 |
| | City ALBUQUERQUE State NM Zip Code 87111 | Amount of Each Disbursement this Period 44.52 |
| | Purpose of Disbursement PAYROLL SERVICE 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) JYP CONSULTING | Transaction ID: 21b-06-00036-00052 |
| | Mailing Address 303 MASSACHUSETTS AVE. NE 3RD FLOOR | Date of Disbursement MM / DD / YYYY 03 / 02 / 2010 |
| | City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period 3000.00 |
| | Purpose of Disbursement CONSULTANT - FUNDRAISING 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) NGP SOFTWARE, INC. | Transaction ID: 21b-06-00037-00054 |
| | Mailing Address 1225 EYE STREET NW, STE. 1225 | Date of Disbursement MM / DD / YYYY 03 / 08 / 2010 |
| | City WASHINGTON State DC Zip Code 20005 | Amount of Each Disbursement this Period 3750.00 |
| | Purpose of Disbursement SOFTWARE Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 6794.52 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 25

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

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NAME OF COMMITTEE (In Full)
Southwest Leadership Fund

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) GEISE2 STRATEGIES, LLC | Transaction ID: 21b-06-00042-00059 |
| | Mailing Address 1229 N. FRANKLIN ST. UNIT E | Date of Disbursement MM / DD / YYYY 03 / 08 / 2010 |
| | City TAMPA State FL Zip Code 33602 | Amount of Each Disbursement this Period 2618.13 |
| | Purpose of Disbursement CONSULTANT - COMPLIANCE | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) PERKINS COIE | Transaction ID: 21b-06-00043-00060 |
| | Mailing Address 1201 THIRD AVE. SUITE 4800 | Date of Disbursement MM / DD / YYYY 03 / 08 / 2010 |
| | City SEATTLE State WA Zip Code 98101-3099 | Amount of Each Disbursement this Period 580.00 |
| | Purpose of Disbursement LEGAL 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) SOUTHWEST AIRLINES | Transaction ID: 21b-06-00049-00066 |
| | Mailing Address P.O. BOX 36611 | Date of Disbursement MM / DD / YYYY 03 / 09 / 2010 |
| | City DALLAS State TX Zip Code 75235 | Amount of Each Disbursement this Period 238.20 |
| | Purpose of Disbursement TRAVEL | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional)

3436.33

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Southwest Leadership Fund

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES | Transaction ID: 21b-06-00050-00067 |
| | Mailing Address P.O. BOX 36611 | Date of Disbursement MM / DD / YYYY 03 / 10 / 2010 |
| | City DALLAS State TX Zip Code 75235 | Amount of Each Disbursement this Period 10.00 |
| | Purpose of Disbursement TRAVEL | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) UNITED AIRLINES | Transaction ID: 21b-06-00052-00069 |
| | Mailing Address P.O. BOX 66100 77 W. WACKER DR | Date of Disbursement MM / DD / YYYY 03 / 11 / 2010 |
| | City CHICAGO State IL Zip Code 60601 | Amount of Each Disbursement this Period 745.90 |
| | Purpose of Disbursement TRAVEL | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) BRETT HOUSE CATERING | Transaction ID: 21b-06-00055-00072 |
| | Mailing Address P.O. BOX 1320 #7 STATE RD 150 | Date of Disbursement MM / DD / YYYY 03 / 11 / 2010 |
| | City EL PRADO State NM Zip Code 87529 | Amount of Each Disbursement this Period 1219.20 |
| | Purpose of Disbursement CATERING | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional) | 1975.10 |
| 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)
Southwest Leadership Fund

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) PAYROLL COMPANY | Transaction ID: 21b-06-00045-00062 |
| | Mailing Address 10433 MONTGOMERY PARKWAY LOOP NE SUITE 100 | Date of Disbursement MM / DD / YYYY 03 / 15 / 2010 |
| | City ALBUQUERQUE State NM Zip Code 87111 | Amount of Each Disbursement this Period 816.85 |
| | Purpose of Disbursement PAYROLL TAXES | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) PAYROLL COMPANY | Transaction ID: 21b-06-00046-0000 |
| | Mailing Address 10433 MONTGOMERY PARKWAY LOOP NE SUITE 100 | Date of Disbursement MM / DD / YYYY 03 / 15 / 2010 |
| | City ALBUQUERQUE State NM Zip Code 87111 | Amount of Each Disbursement this Period 827.90 |
| | Purpose of Disbursement PAYROLL - SEE MEMO ENTRY | 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) MEREDITH DIXON | Transaction ID: 21b-06-00046-00063 |
| | Mailing Address 832 CALLE CORONADO SE | Date of Disbursement MM / DD / YYYY 03 / 15 / 2010 |
| | City ALBUQUERQUE State NM Zip Code 87123 | Amount of Each Disbursement this Period 827.90 |
| | Purpose of Disbursement PAYROLL | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1644.75 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: (check only one)

PAGE 16 / 25

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

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NAME OF COMMITTEE (In Full)
Southwest Leadership Fund

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) PAYROLL COMPANY | Transaction ID: 21b-06-00047-00064 |
| | Mailing Address 10433 MONTGOMERY PARKWAY LOOP NE SUITE 100 | Date of Disbursement 03 / 15 / 2010 |
| | City ALBUQUERQUE State NM Zip Code 87111 | Amount of Each Disbursement this Period 44.52 |
| | Purpose of Disbursement PAYROLL SERVICE | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) EL MONTE SEGRADO RESORT AND LIVING SPA | Transaction ID: 21b-06-00084-00103 |
| | Mailing Address 317 KIT CARSON RD | Date of Disbursement 03 / 15 / 2010 |
| | City TAOS State NM Zip Code 87571 | Amount of Each Disbursement this Period 910.30 |
| | Purpose of Disbursement CATERING | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) ED HEALY | Transaction ID: 21b-00-00159-00159 |
| | Mailing Address PO BOX 760 | Date of Disbursement 03 / 19 / 2010 |
| | City TAOS State NM Zip Code 87571 | Amount of Each Disbursement this Period 979.57 |
| | Purpose of Disbursement IN-KIND: EVENT FOOD | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 1934.39 |
| 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)
Southwest Leadership Fund

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) TRUDY HEALY | Transaction ID: 21b-00-00161-00161 Date of Disbursement |
| | Mailing Address PO BOX 760 | <input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2010"/> |
| | City TAOS State NM Zip Code 87571 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement IN-KIND: EVENT FOOD | <input type="text" value="979.57"/> |
| | 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) TAOS SHUTTLE | Transaction ID: 21b-06-00062-00079 Date of Disbursement |
| | Mailing Address 66 STRAIGHT ARROW ROAD | <input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2010"/> |
| | City TAOS State NM Zip Code 87571 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement TRANSPORTATION | <input type="text" value="600.00"/> |
| | 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) EL MONTE SEGRADO RESORT AND LIVING SPA | Transaction ID: 21b-06-00057-00074 Date of Disbursement |
| | Mailing Address 317 KIT CARSON RD | <input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2010"/> |
| | City TAOS State NM Zip Code 87571 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement CATERING | <input type="text" value="912.12"/> |
| | 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) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="2491.69"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Southwest Leadership Fund

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) JYP CONSULTING | Transaction ID: 21b-06-00058-00075 Date of Disbursement |
| | Mailing Address 303 MASSACHUSETTS AVE. NE 3RD FLOOR | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2010"/> |
| | City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement CONSULTANT - FUNDRAISING | <input type="text" value="3000.00"/> |
| | 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) JYP CONSULTING | Transaction ID: 21b-06-00061-00078 Date of Disbursement |
| | Mailing Address 303 MASSACHUSETTS AVE. NE 3RD FLOOR | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2010"/> |
| | City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement TRAVEL | <input type="text" value="187.95"/> |
| | 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) BANK OF AMERICA CC | Transaction ID: 21b-06-00065-0000 Date of Disbursement |
| | Mailing Address PO BOX 15019 | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2010"/> |
| | City WILMINGTON State DE Zip Code 19886-5019 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMO ENTRIES | <input type="text" value="256.12"/> |
| | 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) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="3444.07"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Southwest Leadership Fund

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) JOSEPH'S TABLE | Transaction ID: 21b-06-00065-00082 |
| | Mailing Address 108 SOUTH PLAZA | Date of Disbursement 03 / 26 / 2010 |
| | City TAOS State NM Zip Code 87571 | Amount of Each Disbursement this Period 120.00 |
| | Purpose of Disbursement MEETING EXPENSE Candidate Name | [MEMO ITEM] |
| | 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) BUDGET RENT A CAR | Transaction ID: 21b-06-00065-00084 |
| | Mailing Address 1805 E SKY HARBOR CIRCLE | Date of Disbursement 03 / 26 / 2010 |
| | City SOUTH PHOENIX State AZ Zip Code 85034 | Amount of Each Disbursement this Period 136.12 |
| | Purpose of Disbursement TRAVEL Candidate Name | [MEMO ITEM] |
| | 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) ACTBLUE TECHNICAL SERVICES | Transaction ID: 21b-07-00034-00034 |
| | Mailing Address P.O. BOX 382110 | Date of Disbursement 03 / 28 / 2010 |
| | City CAMBRIDGE State MA Zip Code 02238-2110 | Amount of Each Disbursement this Period 197.50 |
| | Purpose of Disbursement MERCHANT FEES Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) | 197.50 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 25

| | | | | | |
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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)
Southwest Leadership Fund

A.

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

Transaction ID: 21b-07-00040-00040
Date of Disbursement

Mailing Address P.O. BOX 382110

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

City State Zip Code
CAMBRIDGE MA 02238-2110

Amount of Each Disbursement this Period

| |
|-------|
| 19.75 |
|-------|

Purpose of Disbursement
MERCHANT FEES

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

Candidate Name

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

B.

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

Transaction ID: 21b-07-00043-00043
Date of Disbursement

Mailing Address P.O. BOX 382110

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

City State Zip Code
CAMBRIDGE MA 02238-2110

Amount of Each Disbursement this Period

| |
|------|
| 0.99 |
|------|

Purpose of Disbursement
MERCHANT FEES

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

Candidate Name

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

SUBTOTAL of Disbursements This Page (optional) ►

| |
|-------|
| 20.74 |
|-------|

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

| |
|----------|
| 23590.14 |
|----------|

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)
Southwest Leadership Fund

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) DSCC Mailing Address 430 SOUTH CAPITOL STREET, 2ND FLOOR City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement CONTRIBUTION Candidate Name DSCC 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: 23-06-00044-00061 Date of Disbursement 03 / 08 / 2010 Amount of Each Disbursement this Period 5000.00 |
| B. | Full Name (Last, First, Middle Initial) PEOPLE FOR BEN Mailing Address PO BOX 31129 City SANTA FE State NM Zip Code 87594 Purpose of Disbursement CONTRIBUTION Candidate Name Ben Ray Lujan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 23-06-00066-00085 Date of Disbursement 03 / 28 / 2010 Amount of Each Disbursement this Period 2400.00 |
| C. | Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN Mailing Address 124 WEST CAPITOL AVE. SUITE 1630 City LITTLE ROCK State AR Zip Code 72201 Purpose of Disbursement CONTRIBUTION Candidate Name Blanche Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 23-06-00068-00087 Date of Disbursement 03 / 29 / 2010 Amount of Each Disbursement this Period 2400.00 |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 9800.00 |
| 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)

PAGE 22 / 25

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
Southwest Leadership Fund

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) FRIENDS OF BARBARA BOXER</p> <p>Mailing Address PO BOX 411176</p> <p>City LOS ANGELES State CA Zip Code 90041</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Barbara Boxer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 23-06-00067-00086</p> <p>Date of Disbursement 03 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER</p> <p>Mailing Address 600 N. 2ND ST. 1ST FLOOR</p> <p>City HARRISBURG State PA Zip Code 17101</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Arlen Specter</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 23-06-00069-00088</p> <p>Date of Disbursement 03 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) GILLIBRAND FOR SENATE</p> <p>Mailing Address 301 EAST 57TH STREET</p> <p>City NEW YORK State NY Zip Code 10022</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name KIRSTEN ELIZABETH GILLIBRAND</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 23-06-00070-00089</p> <p>Date of Disbursement 03 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

7200.00

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)

PAGE 23 / 25

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
Southwest Leadership Fund

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) HODES FOR SENATE <hr/> Mailing Address 379 ELM STREET <hr/> City MANCHESTER State NH Zip Code 03101 <hr/> Purpose of Disbursement CONTRIBUTION <hr/> Candidate Name Paul Hodes <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 23-06-00071-00090 Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2010 |
| | Amount of Each Disbursement this Period 2400.00 |
| | Category/ Type |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) BLUMENTHAL FOR SENATE <hr/> Mailing Address 777 SUMMER STREET <hr/> City STAMFORD State CT Zip Code 06901 <hr/> Purpose of Disbursement CONTRIBUTION <hr/> Candidate Name Richard Blumenthal <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 23-06-00072-00091 Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2010 |
| | Amount of Each Disbursement this Period 2400.00 |
| | Category/ Type |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) CHRIS COONS FOR DELAWARE <hr/> Mailing Address P.O. BOX 9900 <hr/> City NEWARK State DE Zip Code 19714 <hr/> Purpose of Disbursement CONTRIBUTION <hr/> Candidate Name Chris Coons <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 23-06-00073-00092 Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2010 |
| | Amount of Each Disbursement this Period 2400.00 |
| | Category/ Type |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

7200.00

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)
Southwest Leadership Fund

A.

Full Name (Last, First, Middle Initial)
ELLSWORTH FOR INDIANA

Transaction ID: 23-06-00075-00094
Date of Disbursement

Mailing Address P.O. BOX 62

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

City EVANSVILLE State IN Zip Code 47701

Amount of Each Disbursement this Period

| |
|---------|
| 2400.00 |
|---------|

Purpose of Disbursement

CONTRIBUTION

Category/
Type

Candidate Name
Brad Ellsworth

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IN District:

B.

Full Name (Last, First, Middle Initial)
ROBIN CARNAHAN FOR SENATE

Transaction ID: 23-06-00076-00095
Date of Disbursement

Mailing Address 7745 CARONDELET ST.

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

City ST. LOUIS State MO Zip Code 63105

Amount of Each Disbursement this Period

| |
|---------|
| 2400.00 |
|---------|

Purpose of Disbursement
CONTRIBUTION

Category/
Type

Candidate Name
Robin Carnahan

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MO District:

C.

Full Name (Last, First, Middle Initial)
KENDRICK MEEK FOR FLORIDA

Transaction ID: 23-06-00077-00096
Date of Disbursement

Mailing Address 111 NW 183RD ST., STE 325

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

City MIAMI GARDENS State FL Zip Code 33169

Amount of Each Disbursement this Period

| |
|---------|
| 2400.00 |
|---------|

Purpose of Disbursement
CONTRIBUTION

Category/
Type

Candidate Name
Kendrick Meek

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: FL District:

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 7200.00 |
|---------|

TOTAL This Period (last page this line number only)

| |
|----------|
| 31400.00 |
|----------|

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 25 / 25 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
Southwest Leadership Fund

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor JYP CONSULTING | Nature of Debt (Purpose): CONSULTANT - FUNDRAISING |
| Mailing Address 303 MASSACHUSETTS AVE. NE 3RD FLOOR | |
| City WASHINGTON State DC ZIP Code 20002 | |

| | | |
|--|----------------------------------|---|
| Outstanding Balance Beginning This Period 3000.00 | Transaction ID: 10-000074 | |
| Amount Incurred This Period 0.00 | Payment This Period 3000.00 | Outstanding Balance at Close of This Period 0.00 |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PERKINS COIE | Nature of Debt (Purpose): LEGAL SERVICES |
| Mailing Address 1201 THIRD AVE. SUITE 4800 | |
| City SEATTLE State WA ZIP Code 98101-3099 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 580.00 | Transaction ID: 10-000075 | |
| Amount Incurred This Period 0.00 | Payment This Period 580.00 | Outstanding Balance at Close of This Period 0.00 |

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