

# 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  
Manufactured Housing Institute PAC

ADDRESS (number and street) 2111 Wilson Blvd. Suite 100  
Arlington VA 22201  
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00043463  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period 01 01 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 Ms. Rae Ann Bevington

Signature of Treasurer Electronically Filed by Ms. Rae Ann Bevington Date 04 08 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  
Manufactured Housing Institute PAC

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		96978.91
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	96978.91									
(c) Total Receipts (from Line 19) .....	4390.20	4390.20								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	101369.11	101369.11								
7. Total Disbursements (from Line 31) .....	10451.31	10451.31								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	90917.80	90917.80								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Manufactured Housing Institute PAC

Report Covering the Period: From:    To:

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) .....	3855.00	3855.00
(ii) Unitemized .....	535.20	535.20
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	4390.20	4390.20
(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) .....	4390.20	4390.20
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)) .....	4390.20	4390.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4390.20	4390.20

**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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10250.00	10250.00
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.....	201.31	201.31
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))..	10451.31	10451.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10451.31	10451.31

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	4390.20	4390.20
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4390.20	4390.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 13
	<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)  
Manufactured Housing Institute PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Bob Young		Date of Receipt
	Mailing Address 5600 US 98 N, Suite 7		<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 0 2 / 2 6 / 2 0 1 0
	City	State	Zip Code
	Lakeland	FL	33809
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 5901258
Name of Employer Blair Group, INC.		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 535.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Jennifer Hall		Date of Receipt
	Mailing Address P.O. box 320369		<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 0 2 / 2 6 / 2 0 1 0
	City	State	Zip Code
	Jackson	MS	39232-0369
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 5901259
Name of Employer Mississippi Manufactured Housing Assoc		Occupation Executive Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 535.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Joe M. Kelly		Date of Receipt
	Mailing Address 1400 Dean Avenue		<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 0 2 / 2 6 / 2 0 1 0
	City	State	Zip Code
	Des Moines	IA	50316
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 5901260
Name of Employer Iowa Manufactured Housing Association		Occupation Executive Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 535.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1605.00
<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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 7 / 13
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NAME OF COMMITTEE (In Full)  
Manufactured Housing Institute PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Lois Starkey

Mailing Address 2111 Wilson Blvd. #100

City State Zip Code  
Arlington VA 22201

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

Name of Employer MHI Occupation  
MHI Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID: 5901261**

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Russ Chappell

Mailing Address 1201 S. Second Avenue

City State Zip Code  
Mansfield TX 76063

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

Name of Employer BASIC COMPONENTS Occupation  
BASIC COMPONENTS President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

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

**Transaction ID: 5901262**

Amount of Each Receipt this Period  
2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3855.00

**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 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)  
Manufactured Housing Institute PAC

A.	Full Name (Last, First, Middle Initial) Bill Nelson for U S Senate	Transaction ID: 5807224 Date of Disbursement
	Mailing Address 500 Red Sail Way	<input type="text" value="02"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City State Zip Code Satellite Beach FL 32937	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name Bill Nelson	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paul Tonko For Congress	Transaction ID: 5807225 Date of Disbursement
	Mailing Address 911 Central Avenue PO Box 221	<input type="text" value="02"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City State Zip Code Albany NY 12206	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="250.00"/>
	Candidate Name Rep. Paul Tonko	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bill Nelson for U S Senate	Transaction ID: 5825056 Date of Disbursement
	Mailing Address 500 Red Sail Way	<input type="text" value="03"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City State Zip Code Satellite Beach FL 32937	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="500.00"/>
	Candidate Name Bill Nelson	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2250.00"/>
<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 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)  
Manufactured Housing Institute PAC

A.	Full Name (Last, First, Middle Initial) Friends Of Bill Posey	Transaction ID: 5863040 Date of Disbursement
	Mailing Address 1824 South Fiske Boulevard	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Rockledge State FL Zip Code 32955	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Bill Posey	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Reed Committee	Transaction ID: 5863041 Date of Disbursement
	Mailing Address PO Box 8628	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Cranston State RI Zip Code 02920	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Jack Reed	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Craig for U S Senate	Transaction ID: 5863042 Date of Disbursement
	Mailing Address 802 W Bannock Suite Lp101	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Boise State ID Zip Code 83701	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Mike Crapo	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

PAGE 10 / 13

<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)  
Manufactured Housing Institute PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Bob Corker For Senate 2012 <hr/> Mailing Address PO Box 848 <hr/> City Chattanooga State TN Zip Code 37401 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Sen. Robert Corker Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District:	<b>Transaction ID:</b> 5863046 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 0	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) Citizens for John Olver for Congress <hr/> Mailing Address P.O. Box 819 <hr/> City Amherst State MA Zip Code 01004 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name John Olver Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 01	<b>Transaction ID:</b> 5863047 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 0	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) Geoff Davis for Congress <hr/> Mailing Address 3161 Dixie Highway Suite F <hr/> City Erlanger State KY Zip Code 41018 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Geoffrey Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 04	<b>Transaction ID:</b> 5863048 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 0	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 5px;">3000.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

**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)  
Manufactured Housing Institute PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Childers for Congress <hr/> Mailing Address P.O. Box 177 <hr/> City Booneville State MS Zip Code 38829 <hr/> Purpose of Disbursement <hr/> Candidate Name Cong. Travis W. Childers <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 5863049 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) Barney Frank for Congress Committee <hr/> Mailing Address P O Box 260 <hr/> City Newtonville State MA Zip Code 02460 <hr/> Purpose of Disbursement <hr/> Candidate Name Barney Frank <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04 <hr/> Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 5863051 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Schumer <hr/> Mailing Address 60 Madison Ave Suite 1026 <hr/> City New York State NY Zip Code 10010 <hr/> Purpose of Disbursement Replacement Check 2616 <hr/> Candidate Name Charles Schumer <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 5872728 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Replacement Check 2616

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 13

<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

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)  
Manufactured Housing Institute PAC

A.

Full Name (Last, First, Middle Initial)  
Craig for U S Senate

Mailing Address 802 W Bannock Suite Lp101

City State Zip Code  
Boise ID 83701

Purpose of Disbursement  
Void - Craig for U S Senate

Candidate Name  
Mike Crapo

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: ID District:

Transaction ID: 5901289

Date of Disbursement

<sup>M</sup> 0	<sup>M</sup> 3	/	<sup>D</sup> 2	<sup>D</sup> 6	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 1	<sup>Y</sup> 0
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Amount of Each Disbursement this Period

-1000.00
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Void - Craig for U S Sena-  
te

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

-1000.00

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

10250.00

**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 13 / 13

<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)  
Manufactured Housing Institute PAC

A.	Full Name (Last, First, Middle Initial) Wachovia Bank, NA		Transaction ID: 5901269	
	Mailing Address 2026 Wilson Blvd.		Date of Disbursement MM / DD / YYYY 03 / 09 / 2010	
	City Arlington	State VA	Zip Code 22201	Amount of Each Disbursement this Period 15.86
	Purpose of Disbursement Commercial Service Fee		001	Commercial Service Fee
	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) .....	▶	15.86
<b>TOTAL</b> This Period (last page this line number only) .....	▶	15.86