

# 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  
REPUBLICAN MAJORITY CAMPAIGN

ADDRESS (number and street) 13421 MALENA DR  
 Check if different than previously reported. (ACC)  
SANTA ANA CA 92705

2. **FEC IDENTIFICATION NUMBER** C00442319  
**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 2011 through 03 31 2011

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

Type or Print Name of Treasurer Randy Goodwin

Signature of Treasurer Electronically Filed by Randy Goodwin Date 04 15 2011

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

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

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

Write or Type Committee Name  
REPUBLICAN MAJORITY CAMPAIGN

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		38581.75
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	38581.75									
(c) Total Receipts (from Line 19) .....	803336.52	803336.52								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	841918.27	841918.27								
7. Total Disbursements (from Line 31) .....	756634.18	756634.18								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	85284.09	85284.09								
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) .....	4714.15									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
REPUBLICAN MAJORITY CAMPAIGN

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	8680.00	8680.00
(ii) Unitemized .....	794656.52	794656.52
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	803336.52	803336.52
(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) .....	803336.52	803336.52
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)) .....	803336.52	803336.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	803336.52	803336.52

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.....	48484.10	48484.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	48484.10	48484.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	708150.08	708150.08
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))..	756634.18	756634.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	756634.18	756634.18

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) .....	803336.52	803336.52
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	803336.52	803336.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	48484.10	48484.10
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	48484.10	48484.10

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 44  
(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)  
REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial)  
Mr. James Beck

Mailing Address 3326 Avenida Hacienda

City Escondido State CA Zip Code 92029

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 03 / 2011  
Transaction ID: SA11AI.6324  
Amount of Each Receipt this Period: 250.00  
Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Mr Joseph Brierre

Mailing Address 140 Twin Oaks Bl

City Lafayette State LA Zip Code 70503

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 24 / 2011  
Transaction ID: SA11AI.6328  
Amount of Each Receipt this Period: 200.00  
Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Ms Joanne Cali

Mailing Address 549 Pompton Ave

City Cedar Grove State NJ Zip Code 07009

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

Name of Employer Four Freedoms Foundation Occupation Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 15 / 2011  
Transaction ID: SA11AI.6406  
Amount of Each Receipt this Period: 250.00  
Contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <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 / 44
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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms Priscilla Chen	Date of Receipt MM / DD / YYYY 03 / 15 / 2011
	Mailing Address 2 Washington Square Village	<b>Transaction ID:</b> SA11AI.6411
	City State Zip Code New York NY 10012	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Tai Chi Chuan School Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms Arlene Darlin	Date of Receipt MM / DD / YYYY 01 / 28 / 2011
	Mailing Address 17991 Lassen Dr	<b>Transaction ID:</b> SA11AI.6329
	City State Zip Code Santa Ana CA 92705	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation None Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr Donald Desjardin	Date of Receipt MM / DD / YYYY 02 / 03 / 2011
	Mailing Address 24306 Ponchartrain Ln	<b>Transaction ID:</b> SA11AI.6331
	City State Zip Code Lake Forest CA 92630	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation None Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 44

(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)  
**REPUBLICAN MAJORITY CAMPAIGN**

**A.**

Full Name (Last, First, Middle Initial)  
Mr John Ducey

Mailing Address 14440 Old Crystal River Rd

City State Zip Code  
Brooksville FL 34601

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 15 / 2011

**Transaction ID:** SA11AI.6409

Amount of Each Receipt this Period 250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Mr Matthew Ennis

Mailing Address 342 Broadmoor Ave

City State Zip Code  
Pittsburgh PA 15228

FEC ID number of contributing federal political committee. C

Name of Employer Tore Furnace Occupation Electrical Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 19 / 2011

**Transaction ID:** SA11AI.6333

Amount of Each Receipt this Period 250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Ms Sarah Grogg

Mailing Address PO Box 173

City State Zip Code  
Le Roy KS 66857

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 25 / 2011

**Transaction ID:** SA11AI.6338

Amount of Each Receipt this Period 75.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 575.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.** Full Name (Last, First, Middle Initial)  
Mr Richard Hall

Mailing Address 361 Baptist Hill Rd

City State Zip Code  
Canterbury NH 03224

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

Name of Employer Occupation  
St. Paul's School Cook

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
02 / 11 / 2011

**Transaction ID:** SA11AI.6341

Amount of Each Receipt this Period  
300.00

Contribution

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

Mailing Address 361 Baptist Hill Rd

City State Zip Code  
Canterbury NH 03224

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

Name of Employer Occupation  
St. Paul's School Cook

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2011

**Transaction ID:** SA11AI.6342

Amount of Each Receipt this Period  
100.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr Richard Hall

Mailing Address 361 Baptist Hill Rd

City State Zip Code  
Canterbury NH 03224

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

Name of Employer Occupation  
St. Paul's School Cook

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2011

**Transaction ID:** SA11AI.6343

Amount of Each Receipt this Period  
200.00

Contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 44

(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)  
REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial)  
Kiss Hill

Mailing Address PO Box 7253

City State Zip Code  
Tyler TX 75711

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

Name of Employer Occupation  
None Retired

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 08 / 2011

Transaction ID: SA11AI.6344

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Ms Judith Joy

Mailing Address 1407 Waverly Rd

City State Zip Code  
Highland Park IL 60035

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

Name of Employer Occupation  
None Retired

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

Date of Receipt

M M / D D / Y Y Y Y  
02 / 16 / 2011

Transaction ID: SA11AI.6346

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Ms Judith Joy

Mailing Address 1407 Waverly Rd

City State Zip Code  
Highland Park IL 60035

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

Name of Employer Occupation  
None Retired

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 22 / 2011

Transaction ID: SA11AI.6347

Amount of Each Receipt this Period

1000.00

Contribution

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

2500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 44  
(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)  
REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial) Mr Konrad Kono		Date of Receipt MM / DD / YYYY 03 / 14 / 2011
Mailing Address 7674 Dartmoor Ave		Transaction ID: SA11AI.6350
City Goleta	State CA	Zip Code 93117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer None	Occupation Retired	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) Mr Ralph Krogfoss		Date of Receipt MM / DD / YYYY 03 / 23 / 2011
Mailing Address 2009 Mesquite Ct		Transaction ID: SA11AI.6353
City Carlsbad	State CA	Zip Code 92009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
Name of Employer None	Occupation Retired	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

**C.**

Full Name (Last, First, Middle Initial) Mr Dennis Lippert		Date of Receipt MM / DD / YYYY 03 / 15 / 2011
Mailing Address 1625 Homestead St		Transaction ID: SA11AI.6402
City Flower Mound	State TX	Zip Code 75028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Realtor	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	505.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 44
	<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)  
REPUBLICAN MAJORITY CAMPAIGN

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms Lisa Martin		Date of Receipt
	Mailing Address 2835 Briarpatch Dr		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Simi Valley	CA	93065
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6356
Name of Employer None		Occupation Homemaker	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" value="50.00"/>
		<input type="text" value="250.00"/>	Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms Lydia McKibben		Date of Receipt
	Mailing Address 2630 Hemingway Dr		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Arlington	TX	76006
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6415
Name of Employer None		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms Barbara Miner		Date of Receipt
	Mailing Address 1831 Sabal Palm Dr		<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Boca Raton	FL	33432
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6357
Name of Employer None		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="550.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 13 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN MAJORITY CAMPAIGN**

**A.** Full Name (Last, First, Middle Initial)  
 Mr Michael Orton  
 Mailing Address 1047 Bel Marin Keys  
 City State Zip Code  
 Novato CA 94949  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 15 / 2011  
**Transaction ID:** SA11AI.6404  
 Amount of Each Receipt this Period  
 250.00  
 Contribution  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Contractor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**B.** Full Name (Last, First, Middle Initial)  
 Ms Krystal Pescatore  
 Mailing Address 3429 7th St  
 City State Zip Code  
 Astoria NY 11101  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 20 / 2011  
**Transaction ID:** SA11AI.6359  
 Amount of Each Receipt this Period  
 500.00  
 Contribution  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Small Business  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**C.** Full Name (Last, First, Middle Initial)  
 Ms Martha Riddle  
 Mailing Address 31853 Rabbit Springs Rd  
 City State Zip Code  
 Lucerne Valley CA 92356  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 25 / 2011  
**Transaction ID:** SA11AI.6363  
 Amount of Each Receipt this Period  
 50.00  
 Contribution  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 44  
(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)  
REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial) Ms Lori Ryan		Date of Receipt MM / DD / YYYY 03 / 25 / 2011
Mailing Address 11433 SE Fuller Rd		<b>Transaction ID:</b> SA11AI.6366
City Milwaukie	State OR	Zip Code 97222
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Jamieson Tool	Occupation Contractor	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) Mr Scott Sanders		Date of Receipt MM / DD / YYYY 02 / 12 / 2011
Mailing Address 7600 Eastridge Dr		<b>Transaction ID:</b> SA11AI.6367
City La Mesa	State CA	Zip Code 91941
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Consultant	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Ms Julia Schulman		Date of Receipt MM / DD / YYYY 01 / 20 / 2011
Mailing Address 770 Hulls Hwy		<b>Transaction ID:</b> SA11AI.6369
City Southport	State CT	Zip Code 06890
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Small Business Owner	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	650.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 44
	<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)  
REPUBLICAN MAJORITY CAMPAIGN

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms Julia Schulman		Date of Receipt
	Mailing Address 770 Hulls Hwy		<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 / 15 / 2011
	City	State	Zip Code
	Southport	CT	06890
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6371
Name of Employer Self		Occupation Small Business Owner	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 ▼ 450.00	<input type="text"/> 200.00
Contribution			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr Donald Starks		Date of Receipt
	Mailing Address PO Box 508		<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 / 15 / 2011
	City	State	Zip Code
	Bourbonnais	IL	60914
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6413
Name of Employer Mortgage Services Co.		Occupation Mortgage Broker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00
Contribution			

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms Nancy Wieden		Date of Receipt
	Mailing Address 604 Medina Ct		<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 / 15 / 2011
	City	State	Zip Code
	Keller	TX	76248
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6372
Name of Employer None		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00
Contribution			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 700.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 16 / 44	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN MAJORITY CAMPAIGN**

<b>A.</b>	Full Name (Last, First, Middle Initial) Jennifer Wiltz		Date of Receipt																					
	Mailing Address PO Box 187		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	7		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		0	7		2	0	1	1														
	City	State	Zip Code	<b>Transaction ID: SA11AI.6374</b>																				
	Krotz Springs	LA	70750	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		<b>C</b>	250.00																					
Name of Employer None		Occupation Retired	Contribution																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	250.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	8680.00



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input 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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB21B.6271 Date of Disbursement
	Mailing Address 8825 Aero Dr	<input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City San Diego State CA Zip Code 92123	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Processing	<input type="text" value="45.64"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB21B.6272 Date of Disbursement
	Mailing Address 8825 Aero Dr	<input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City San Diego State CA Zip Code 92123	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="1531.86"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB21B.6275 Date of Disbursement
	Mailing Address 8825 Aero Dr	<input type="text" value="02"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City San Diego State CA Zip Code 92123	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Processing	<input type="text" value="122.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1700.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB21B.6294 Date of Disbursement
	Mailing Address 8825 Aero Dr	<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
	City San Diego State CA Zip Code 92123	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Withholding	<input type="text" value="462.88"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB21B.6299 Date of Disbursement
	Mailing Address 8825 Aero Dr	<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
	City San Diego State CA Zip Code 92123	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Processing	<input type="text" value="115.00"/>
	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) ADP	Transaction ID: SB21B.6302 Date of Disbursement
	Mailing Address 8825 Aero Dr	<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City San Diego State CA Zip Code 92123	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Withholding	<input type="text" value="476.72"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1054.60"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB21B.6305 Date of Disbursement
	Mailing Address 8825 Aero Dr	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City San Diego State CA Zip Code 92123	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Processing	<input type="text" value="115.00"/>
	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) ADP	Transaction ID: SB21B.6307 Date of Disbursement
	Mailing Address 8825 Aero Dr	<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City San Diego State CA Zip Code 92123	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Withholding	<input type="text" value="481.95"/>
	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) Amazon	Transaction ID: SB21B.6274 Date of Disbursement
	Mailing Address PO Box 81225	<input type="text" value="02"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City Seattle State WA Zip Code 98108	Amount of Each Disbursement this Period
	Purpose of Disbursement Toner Cartridge	<input type="text" value="99.99"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="696.94"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 44

<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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.6291 Date of Disbursement
	Mailing Address PO Box 360001	<input type="text" value="02"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Ft Lauderdale State FL Zip Code 33336	Amount of Each Disbursement this Period
	Purpose of Disbursement Meeting Expenses-Catering/Room Rental	<input type="text" value="2572.81"/>
	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) American Express	Transaction ID: SB21B.6296 Date of Disbursement
	Mailing Address PO Box 360001	<input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Ft Lauderdale State FL Zip Code 33336	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fee	<input type="text" value="7.95"/>
	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) Blue Shield of California	Transaction ID: SB21B.6258 Date of Disbursement
	Mailing Address 50 Beale St	<input type="text" value="01"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City San Francisco State CA Zip Code 94105	Amount of Each Disbursement this Period
	Purpose of Disbursement Medical Insurance	<input type="text" value="2129.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4709.76"/>
<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 21 / 44

<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)  
REPUBLICAN MAJORITY CAMPAIGN

<b>A.</b>	Full Name (Last, First, Middle Initial) Blue Shield of California  Mailing Address 50 Beale St  City San Francisco State CA Zip Code 94105  Purpose of Disbursement Medical Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6317 Date of Disbursement 03 / 11 / 2011  Amount of Each Disbursement this Period 312.00  Category/Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Diener Consultants  Mailing Address 1725 Oregon Pike  City Lancaster State PA Zip Code 17601  Purpose of Disbursement Email Fund Raising Svcs Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6277 Date of Disbursement 02 / 18 / 2011  Amount of Each Disbursement this Period 5000.00  Category/Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Betty Doomey  Mailing Address 932 D Street  City Ramona State CA Zip Code 92065  Purpose of Disbursement Clerical Services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6314 Date of Disbursement 03 / 02 / 2011  Amount of Each Disbursement this Period 93.15  Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5405.15
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Betty Doomey <hr/> Mailing Address 932 D Street <hr/> City Ramona State CA Zip Code 92065 <hr/> Purpose of Disbursement Clerical Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6321 Date of Disbursement 03 / 18 / 2011 <hr/> Amount of Each Disbursement this Period 200.43
B.	Full Name (Last, First, Middle Initial) Enterprise Rent-a-Car <hr/> Mailing Address 1325 Dyer Rd <hr/> City Santa Ana State CA Zip Code 92705 <hr/> Purpose of Disbursement Car Rental Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6248 Date of Disbursement 01 / 19 / 2011 <hr/> Amount of Each Disbursement this Period 300.00
C.	Full Name (Last, First, Middle Initial) Enterprise Rent-a-Car <hr/> Mailing Address 1325 Dyer Rd <hr/> City Santa Ana State CA Zip Code 92705 <hr/> Purpose of Disbursement Car Rental Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6251 Date of Disbursement 01 / 24 / 2011 <hr/> Amount of Each Disbursement this Period 84.35

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	584.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

<b>A.</b>	Full Name (Last, First, Middle Initial) Randy Goodwin <hr/> Mailing Address 13421 Malena Dr <hr/> City Santa Ana State CA Zip Code 92705 <hr/> Purpose of Disbursement Medical <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.6261 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 1100.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Randy Goodwin <hr/> Mailing Address 13421 Malena Dr <hr/> City Santa Ana State CA Zip Code 92705 <hr/> Purpose of Disbursement Account Services <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.6279 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 1800.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Randy Goodwin <hr/> Mailing Address 13421 Malena Dr <hr/> City Santa Ana State CA Zip Code 92705 <hr/> Purpose of Disbursement Accounting Services <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.6278 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 931.67

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

**3831.67**

**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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.6310 Date of Disbursement
	Mailing Address 13421 Malena Dr	<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
	City Santa Ana State CA Zip Code 92705	Amount of Each Disbursement this Period
	Purpose of Disbursement Meeting Expenses/travel Candidate Name	<input type="text" value="1012.54"/>
	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) Randy Goodwin	Transaction ID: SB21B.6311 Date of Disbursement
	Mailing Address 13421 Malena Dr	<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
	City Santa Ana State CA Zip Code 92705	Amount of Each Disbursement this Period
	Purpose of Disbursement Accounting Services Candidate Name	<input type="text" value="910.67"/>
	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) Randy Goodwin	Transaction ID: SB21B.6313 Date of Disbursement
	Mailing Address 13421 Malena Dr	<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City Santa Ana State CA Zip Code 92705	Amount of Each Disbursement this Period
	Purpose of Disbursement Medical Candidate Name	<input type="text" value="1100.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3023.21"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

<p><b>A.</b> Full Name (Last, First, Middle Initial) Randy Goodwin</p> <p>Mailing Address 13421 Malena Dr</p> <p>City Santa Ana State CA Zip Code 92705</p> <p>Purpose of Disbursement Accounting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6312</p> <p>Date of Disbursement 03 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 910.67</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Grassroots Campaign Creations</p> <p>Mailing Address 375 N Stephanie St</p> <p>City Henderson State NV Zip Code 89014</p> <p>Purpose of Disbursement Email Campaign Creation &amp; Fulfillment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6400</p> <p>Date of Disbursement 03 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 5105.11</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kaiser Permanente</p> <p>Mailing Address 4647 Zion Ave</p> <p>City San Diego State CA Zip Code 92120</p> <p>Purpose of Disbursement Medical Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6284</p> <p>Date of Disbursement 02 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 324.50</p>

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

6340.28

**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)  
REPUBLICAN MAJORITY CAMPAIGN

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kaiser Permanente</p> <p>Mailing Address 4647 Zion Ave</p> <p>City San Diego State CA Zip Code 92120</p> <p>Purpose of Disbursement Medical</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6316</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="324.50"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Gary Kreep</p> <p>Mailing Address 932 D Street</p> <p>City Ramona State CA Zip Code 92065</p> <p>Purpose of Disbursement Rental-January</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6257</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="950.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Gary Kreep</p> <p>Mailing Address 932 D Street</p> <p>City Ramona State CA Zip Code 92065</p> <p>Purpose of Disbursement Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6256</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="950.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2224.50"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Gary Kleep</p> <p>Mailing Address 932 D Street</p> <p>City Ramona State CA Zip Code 92065</p> <p>Purpose of Disbursement Legal Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6281</p> <p>Date of Disbursement 02 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 2012.52</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Gary Kleep</p> <p>Mailing Address 932 D Street</p> <p>City Ramona State CA Zip Code 92065</p> <p>Purpose of Disbursement Legal Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6287</p> <p>Date of Disbursement 02 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 916.75</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Gary Kleep</p> <p>Mailing Address 932 D Street</p> <p>City Ramona State CA Zip Code 92065</p> <p>Purpose of Disbursement Rental-March</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6292</p> <p>Date of Disbursement 02 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 950.00</p>

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

**3879.27**

**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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Gary Kleep	Transaction ID: SB21B.6318 Date of Disbursement 03 / 10 / 2011
	Mailing Address 932 D Street	Amount of Each Disbursement this Period 895.25
	City Ramona State CA Zip Code 92065	
	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) ▼

B.	Full Name (Last, First, Middle Initial) Gary Kleep	Transaction ID: SB21B.6320 Date of Disbursement 03 / 23 / 2011
	Mailing Address 932 D Street	Amount of Each Disbursement this Period 895.25
	City Ramona State CA Zip Code 92065	
	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) Landslide Communications	Transaction ID: SB21B.6244 Date of Disbursement 01 / 05 / 2011
	Mailing Address 3838 Raymert Dr, Ste 3	Amount of Each Disbursement this Period 2000.00
	City Las Vegas State NV Zip Code 89121	
	Purpose of Disbursement Strategic Consulting Services	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3790.50
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Landslide Communications	Transaction ID: SB21B.6268 Date of Disbursement
	Mailing Address 3838 Rayment Dr, Ste 3	<input type="text" value="02"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
	City Las Vegas State NV Zip Code 89121	Amount of Each Disbursement this Period
	Purpose of Disbursement Strategic Consulting Services	<input type="text" value="2000.00"/>
	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) Landslide Communications	Transaction ID: SB21B.6300 Date of Disbursement
	Mailing Address 3838 Rayment Dr, Ste 3	<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
	City Las Vegas State NV Zip Code 89121	Amount of Each Disbursement this Period
	Purpose of Disbursement Strategic Consulting Services	<input type="text" value="2000.00"/>
	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) Richard Norman Company	Transaction ID: SB21B.6286 Date of Disbursement
	Mailing Address 44084 Riverside Parkway	<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City Lansdowne State VA Zip Code 20176	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Fund Raising	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Donna Smith	Transaction ID: SB21B.6288 Date of Disbursement 02 / 17 / 2011
	Mailing Address 932 D Street	Amount of Each Disbursement this Period 485.78
	City Ramona State CA Zip Code 92065	
	Purpose of Disbursement Clerical Services	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Donna Smith	Transaction ID: SB21B.6322 Date of Disbursement 03 / 17 / 2011
	Mailing Address 932 D Street	Amount of Each Disbursement this Period 65.20
	City Ramona State CA Zip Code 92065	
	Purpose of Disbursement Clerical 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) USJF	Transaction ID: SB21B.6285 Date of Disbursement 02 / 16 / 2011
	Mailing Address 932 D Street	Amount of Each Disbursement this Period 2500.00
	City Ramon State CA Zip Code 92065	
	Purpose of Disbursement Sponsorship Fee-Special Event-Irvine Marriott	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3050.98
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)  
Verizon

Transaction ID: SB21B.6255

Date of Disbursement

Mailing Address 272 E Via Rancho Parkway

<sup>M</sup> 0	<sup>M</sup> 1	/	<sup>D</sup> 3	<sup>D</sup> 1	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 1	<sup>Y</sup> 1
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

City Escondido State CA Zip Code 92025

Amount of Each Disbursement this Period

156.04
--------

Purpose of Disbursement  
Wireless Phone charges

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

156.04
--------

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

46947.68
----------

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Response Enterprises	Nature of Debt (Purpose): Credit Card Processing
Mailing Address 284 Shalom Rd	
City State ZIP Code Waynesboro VA 22980	

Outstanding Balance Beginning This Period 3620.05	<b>Transaction ID: SD10.5563</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3620.05

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Response Enterprises	Nature of Debt (Purpose): Credit Card Processing
Mailing Address 284 Shalom Rd	
City State ZIP Code Waynesboro VA 22980	

Outstanding Balance Beginning This Period 1094.10	<b>Transaction ID: SD10.5564</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1094.10

1) <b>SUBTOTALS</b> This Period This Page (optional).....	4714.15
2) <b>TOTALS</b> This Period (last page this line number only).....	4714.15
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	4714.15



# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Card Service International

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

Mailing Address  
PO Box 5180

Amount  
1323.16

City State Zip Code  
Simi Valley CA 93062

Transaction ID: SE.6382

Purpose of Expenditure Category/Type  
Credit Card discount fees 004

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
210552.93

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2012

Full Name (Last, First, Middle, Initial) of Payee  
Card Service International

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

Mailing Address  
PO Box 5180

Amount  
1208.03

City State Zip Code  
Simi Valley CA 93062

Transaction ID: SE.6389

Purpose of Expenditure Category/Type  
Credit Card Discount Fees 004

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
454304.23

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2012

(a) SUBTOTAL of Itemized Independent Expenditures .....	2531.19
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin  
Signature

Date M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Card Service International

---

Mailing Address  
PO Box 5180

---

City Simi Valley	State CA	Zip Code 93062
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---

Purpose of Expenditure Credit Card Discount Fees	Category/Type 004
---	----------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

---

Calendar Year-To-Date Per Election for Office Sought	708150.08
--	-----------

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

---

Amount  
1373.93

Transaction ID: SE.6397

---

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

---

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2012

Full Name (Last, First, Middle, Initial) of Payee  
Ely Radio LLC

---

Mailing Address  
335 W 4th St

---

City Winnemucca	State NV	Zip Code 89445
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---

Purpose of Expenditure Radio Time	Category/Type 004
--------------------------------------	----------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

---

Calendar Year-To-Date Per Election for Office Sought	143348.41
--	-----------

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

---

Amount  
1000.00

Transaction ID: SE.6263

---

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

---

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2012

(a) SUBTOTAL of Itemized Independent Expenditures .....	2373.93
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin  
Signature

Date M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Political Advertising

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

Mailing Address  
1201 S Alma School Rd

Amount  
31896.08

City State Zip Code  
Mesa AZ 85210

Transaction ID: SE.6376

Purpose of Expenditure  
Phone/mail communication  
Category/Type 004

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 31896.08

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2012

Full Name (Last, First, Middle, Initial) of Payee  
Political Advertising

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

Mailing Address  
1201 S Alma School Rd

Amount  
62727.32

City State Zip Code  
Mesa AZ 85210

Transaction ID: SE.6378

Purpose of Expenditure  
Phone/mail communication  
Category/Type 004

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 97083.74

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2012

(a) SUBTOTAL of Itemized Independent Expenditures .....	94623.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin  
Signature

Date M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Political Advertising

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

Mailing Address  
1201 S Alma School Rd

Amount  
42611.96

City State Zip Code  
Mesa AZ 85210

Transaction ID: SE.6380  
Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Purpose of Expenditure  
Phone/mail communication  
Category/Type 004

Check One:  Support  Oppose

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2012

Calendar Year-To-Date Per Election  
for Office Sought 142348.41

Full Name (Last, First, Middle, Initial) of Payee  
Political Advertising

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

Mailing Address  
1201 S Alma School Rd

Amount  
65881.36

City State Zip Code  
Mesa AZ 85210

Transaction ID: SE.6381  
Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Purpose of Expenditure  
Phone/mail communication  
Category/Type 004

Check One:  Support  Oppose

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2012

Calendar Year-To-Date Per Election  
for Office Sought 209229.77

(a) SUBTOTAL of Itemized Independent Expenditures .....	108493.32
(b) SUBTOTAL of Unitemized Independent Expenditures .....	_____
(c) TOTAL Independent Expenditures .....	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin  
Signature

Date M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Political Advertising

Date  
M M / D D / Y Y Y Y  
0 2 / 0 7 / 2 0 1 1

Mailing Address  
1201 S Alma School Rd

Amount  
44620.11

City State Zip Code  
Mesa AZ 85210

Transaction ID: SE.6383

Purpose of Expenditure  
Phone/mail communication  
Category/Type 004

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
255173.04

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2012

Full Name (Last, First, Middle, Initial) of Payee  
Political Advertising

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

Mailing Address  
1201 S Alma School Rd

Amount  
64471.18

City State Zip Code  
Mesa AZ 85210

Transaction ID: SE.6384

Purpose of Expenditure  
Phone/mail communication  
Category/Type 004

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
319644.22

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2012

(a) SUBTOTAL of Itemized Independent Expenditures .....	109091.29
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin  
Signature

Date M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Political Advertising

Date

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

Mailing Address  
1201 S Alma School Rd

Amount

65735.83
----------

City	State	Zip Code
Mesa	AZ	85210

**Transaction ID:** SE.6386

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Purpose of Expenditure Phone/mail communication	Category/ Type	004
--	-------------------	-----

Check One:  Support  Oppose

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
 2012

Calendar Year-To-Date Per Election for Office Sought	387937.67
---	-----------

Full Name (Last, First, Middle, Initial) of Payee  
Political Advertising

Date

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

Mailing Address  
1201 S Alma School Rd

Amount

62698.19
----------

City	State	Zip Code
Mesa	AZ	85210

**Transaction ID:** SE.6387

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Purpose of Expenditure Phone/mail communication	Category/ Type	004
--	-------------------	-----

Check One:  Support  Oppose

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
 2012

Calendar Year-To-Date Per Election for Office Sought	450635.86
---	-----------

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	128434.02
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin  
Signature

Date

M M	/	D D	/	Y Y Y Y
0 4		1 5		2 0 1 1

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Political Advertising

Date  
M M / D D / Y Y Y Y  
0 3 / 0 7 / 2 0 1 1

Mailing Address  
1201 S Alma School Rd

Amount  
53526.29

City State Zip Code  
Mesa AZ 85210

Transaction ID: SE.6390  
Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Purpose of Expenditure  
Phone/mail communication  
Category/Type 004

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
507830.52

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2012

Full Name (Last, First, Middle, Initial) of Payee  
Political Advertising

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

Mailing Address  
1201 S Alma School Rd

Amount  
73877.13

City State Zip Code  
Mesa AZ 85210

Transaction ID: SE.6392  
Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Purpose of Expenditure  
Phone/mail communication  
Category/Type 004

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
583138.93

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2012

(a) SUBTOTAL of Itemized Independent Expenditures .....	127403.42
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin  
Signature

Date M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Political Advertising

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

Mailing Address  
1201 S Alma School Rd

Amount  
53461.27

City State Zip Code  
Mesa AZ 85210

Transaction ID: SE.6393  
Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Purpose of Expenditure  
Phone/mail communication  
Category/Type 004

Check One:  Support  Oppose

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2012

Calendar Year-To-Date Per Election  
for Office Sought 636600.20

Full Name (Last, First, Middle, Initial) of Payee  
Political Advertising

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

Mailing Address  
1201 S Alma School Rd

Amount  
66284.33

City State Zip Code  
Mesa AZ 85210

Transaction ID: SE.6395  
Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Purpose of Expenditure  
Phone/mail communication  
Category/Type 004

Check One:  Support  Oppose

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2012

Calendar Year-To-Date Per Election  
for Office Sought 705344.87

(a) SUBTOTAL of Itemized Independent Expenditures .....	119745.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin  
Signature

Date M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1



# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
United Printing and Mailing

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

Mailing Address  
4833 S 38th St

Amount  
2460.34

City State Zip Code  
Phoenix AZ 85040

Transaction ID: SE.6377

Purpose of Expenditure  
Printing

Category/Type 004

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
34356.42

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2012

Full Name (Last, First, Middle, Initial) of Payee  
United Printing and Mailing

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

Mailing Address  
4833 S 38th St

Amount  
2652.71

City State Zip Code  
Phoenix AZ 85040

Transaction ID: SE.6379

Purpose of Expenditure  
Printing

Category/Type 004

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
99736.45

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2012

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	5113.05
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin  
Signature

Date M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
United Printing and Mailing

---

Mailing Address  
4833 S 38th St

---

City Phoenix	State AZ	Zip Code 85040
Purpose of Expenditure Printing		Category/ Type <b>004</b>

---

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

---

Calendar Year-To-Date Per Election for Office Sought	322201.84
---	-----------

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

Amount  
2557.62

**Transaction ID:** SE.6385

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2012

Full Name (Last, First, Middle, Initial) of Payee  
United Printing and Mailing

---

Mailing Address  
4833 S 38th St

---

City Phoenix	State AZ	Zip Code 85040
Purpose of Expenditure Printing		Category/ Type <b>004</b>

---

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

---

Calendar Year-To-Date Per Election for Office Sought	453096.20
---	-----------

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

Amount  
2460.34

**Transaction ID:** SE.6388

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2012

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<b>5017.96</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	_____
(c) <b>TOTAL</b> Independent Expenditures .....	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin \_\_\_\_\_ Date M M / D D / Y Y Y Y  
Signature 0 4 / 1 5 / 2 0 1 1

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
United Printing and Mailing

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Mailing Address  
4833 S 38th St

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City Phoenix	State AZ	Zip Code 85040
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Purpose of Expenditure Printing	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

---

Calendar Year-To-Date Per Election for Office Sought	509261.80
---	-----------

Date  
M M / D D / Y Y Y Y  
03 / 07 / 2011

---

Amount  
1431.28

**Transaction ID:** SE.6391

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Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

---

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2012

Full Name (Last, First, Middle, Initial) of Payee  
United Printing and Mailing

---

Mailing Address  
4833 S 38th St

---

City Phoenix	State AZ	Zip Code 85040
-----------------	-------------	-------------------

---

Purpose of Expenditure Printing	Category/ Type 004
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---

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

---

Calendar Year-To-Date Per Election for Office Sought	639060.54
---	-----------

Date  
M M / D D / Y Y Y Y  
03 / 21 / 2011

---

Amount  
2460.34

**Transaction ID:** SE.6394

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Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

---

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2012

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	3891.62
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin  
Signature

Date M M / D D / Y Y Y Y  
04 / 15 / 2011

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN		FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		
Full Name (Last, First, Middle, Initial) of Payee United Printing and Mailing		Date MM / DD / YYYY 03 / 28 / 2011
Mailing Address 4833 S 38th St		Amount 1431.28
City State Zip Code Phoenix AZ 85040		Transaction ID: SE.6396
Purpose of Expenditure Printing		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____
Calendar Year-To-Date Per Election for Office Sought		2012
		706776.15

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	1431.28
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	708150.08
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Randy Goodwin Signature	Date MM / DD / YYYY 04 / 15 / 2011