

# 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  
FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 801 G STREET NW  
 Check if different than previously reported. (ACC)  
WASHINGTON DC 20001

2. **FEC IDENTIFICATION NUMBER** C00452383  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on 11 02 2010 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 10 01 2010 through 10 13 2010

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

Type or Print Name of Treasurer Mr. Paul Tripodi

Signature of Treasurer Electronically Filed by Mr. Paul Tripodi Date 10 21 2010

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

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

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

Write or Type Committee Name  
FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		188095.94
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	418049.20									
(c) Total Receipts (from Line 19) .....	31830.00	365775.04								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	449879.20	553870.98								
7. Total Disbursements (from Line 31) .....	149475.00	253466.78								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	300404.20	300404.20								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	14943.00	254268.00
(ii) Unitemized .....	16887.00	111507.04
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	31830.00	365775.04
(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) .....	31830.00	365775.04
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)) .....	31830.00	365775.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	31830.00	365775.04

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	322.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	322.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	54500.00
24. Independent Expenditure (use Schedule E) .....	129250.00	145940.30
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 .....	200.00	700.00
(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)) .....	200.00	700.00
29. Other Disbursements.....	5025.00	52004.00
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))..	149475.00	253466.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	149475.00	253466.78

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	31830.00	365775.04
34. Total Contribution Refunds (from Line 28(d)) .....	200.00	700.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31630.00	365075.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	322.48
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	322.48

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 24
	<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

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)  
FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Dureen Bishop		Date of Receipt
	Mailing Address 443 Veda Dr		<input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Danville	CA	94526-2439
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.16445
		Amount of Each Receipt this Period	<input type="text" value="248.00"/>
Name of Employer Retired		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="248.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs. Pamela Brock		Date of Receipt
	Mailing Address 8180 Top Flite Cir		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Rogers	AR	72756-8014
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.16384
		Amount of Each Receipt this Period	<input type="text" value="100.00"/>
Name of Employer Homemaker		Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="270.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Wendell Brown		Date of Receipt
	Mailing Address 300 N Fillmore St		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Arlington	VA	22201-1262
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.16346
		Amount of Each Receipt this Period	<input type="text" value="100.00"/>
Name of Employer Info requested per best effort		Occupation Info requested per best efforts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="650.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="448.00"/>
<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 7 / 24  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Marcheta Burlingham  
Mailing Address 5537 Night Heron Dr  
City Blaine State WA Zip Code 98230-6307  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3000.00  
Date of Receipt 10 / 04 / 2010  
Transaction ID: SA11AI.16462  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Wyatt Colclasure  
Mailing Address 1730 Morse Rd  
City Jarrettsville State MD Zip Code 21084-2036  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Boaz Allen Hamilton Occupation Consultant  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 10 / 04 / 2010  
Transaction ID: SA11AI.16350  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Eben Conner  
Mailing Address 10937 Big Pool Rd  
City Big Pool State MD Zip Code 21711-1203  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Master's Woodshop Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00  
Date of Receipt 10 / 06 / 2010  
Transaction ID: SA11AI.16450  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1400.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 24  
(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)  
**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Beverly Conrad

Mailing Address 1012 Laurelwood Ln

City Greenwood State IN Zip Code 46142-5672

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt MM / DD / YYYY  
10 / 07 / 2010

**Transaction ID:** SA11AI.16468

Amount of Each Receipt this Period 3000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Philip Corson

Mailing Address 5778 Foxglove Pl

City Prescott State AZ Zip Code 86305-3754

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

Name of Employer Info requested per best effort Occupation Info requested per best efforts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
10 / 04 / 2010

**Transaction ID:** SA11AI.16449

Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Martha Dunn

Mailing Address 320 Kings Mountain Rd

City Redwood City State CA Zip Code 94062

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

Name of Employer Self Employed Occupation Riding Instructor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
10 / 07 / 2010

**Transaction ID:** SA11AI.16456

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 3800.00

**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 / 24  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Julia Floyd

Mailing Address 126 W Braxton Ln

City State Zip Code  
Hendersonville TN 37075-1209

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

Name of Employer Occupation  
Info requested per best effort Info requested per best efforts

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

Date of Receipt

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

Transaction ID: SA11AI.16001

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Jane Gilmore

Mailing Address 5101 Strawbridge Ter

City State Zip Code  
Perry Hall MD 21128-8945

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

Name of Employer Occupation  
retired retired

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

Date of Receipt

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

Transaction ID: SA11AI.16461

Amount of Each Receipt this Period

800.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Brian Jackson

Mailing Address 7014 Shay Ct

City State Zip Code  
Highland CA 92346-7700

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 320.00

Date of Receipt

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

Transaction ID: SA11AI.16327

Amount of Each Receipt this Period

60.00

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

885.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 24
	<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)  
FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Cynthia Johnson		Date of Receipt
	Mailing Address 614 Meadow Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 1 / 2 0 1 0
	City	State	Zip Code
	Allen	TX	75002-8329
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.16460
Name of Employer Texas Oncology, P.A.		Occupation Medical Technologist	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 ▼ 500.00	<input type="text"/> 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Glenn Larson		Date of Receipt
	Mailing Address 8950 235th St N		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 6 / 2 0 1 0
	City	State	Zip Code
	Forest Lake	MN	55025-8234
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.16429
Name of Employer Wholesale Product		Occupation Trucking	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 ▼ 350.00	<input type="text"/> 150.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Joan Lautenschleger		Date of Receipt
	Mailing Address 24621 Charlton Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 4 / 2 0 1 0
	City	State	Zip Code
	Laguna Hills	CA	92653-5762
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.16438
Name of Employer Retired		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 ▼ 400.00	<input type="text"/> 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 850.00
<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 11 / 24  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Edward Martin

Mailing Address 1046 Woodberry Rd

City State Zip Code  
New Kensington PA 15068-5308

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

**Transaction ID:** SA11AI.16433

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Nancy Matsumoto

Mailing Address 1325 N Garden Ave

City State Zip Code  
Fresno CA 93727-1831

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

**Transaction ID:** SA11AI.15837

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Elsie Matthews

Mailing Address PO Box 639

City State Zip Code  
McArthur CA 96056-0639

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

**Transaction ID:** SA11AI.16452

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **610.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 24

(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)  
FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Patrick McKenna		Date of Receipt MM / DD / YYYY 10 / 06 / 2010		
	Mailing Address 13 Hazelwood Dr		<b>Transaction ID:</b> SA11AI.16373		
	City Caseville	State IL	Zip Code 62232-2209	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer Retired		Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 235.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Eric Michelsen		Date of Receipt MM / DD / YYYY 10 / 12 / 2010		
	Mailing Address 4271 NE 18th Ave		<b>Transaction ID:</b> SA11AI.16412		
	City Pompano Beach	State FL	Zip Code 33064-5914	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer Suncoast Blacktop, Inc.		Occupation Estimator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. William Morgan		Date of Receipt MM / DD / YYYY 10 / 05 / 2010		
	Mailing Address 3110 Del Rio Pike		<b>Transaction ID:</b> SA11AI.16463		
	City Franklin	State TN	Zip Code 37069-8712	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer John Bouchard & Sons Co		Occupation Management			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<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 13 / 24
	<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)  
FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Ann Muench

Mailing Address 2805 Townway Rd

City Danville State IL Zip Code 61832-1423

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

Name of Employer Danville Area Community College Occupation Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 06 / 2010

Transaction ID: SA11AI.16428

Amount of Each Receipt this Period 150.00

**B.**

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

Mailing Address 59 Gash Ln

City Pisgah Forest State NC Zip Code 28768-7799

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

Name of Employer Info requested per best effort Occupation Info requested per best efforts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 07 / 2010

Transaction ID: SA11AI.16464

Amount of Each Receipt this Period 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Ramiro Sanchez

Mailing Address 2111 Cold Stream Ct

City Oxnard State CA Zip Code 93036-2767

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

Name of Employer Ventura County Community College Dist. Occupation Community College Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 12 / 2010

Transaction ID: SA11AI.16424

Amount of Each Receipt this Period 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1275.00

**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 / 24  
(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)  
FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Cynthia Shoup

Mailing Address 2593 Main St

City State Zip Code  
Morgantown PA 19543-9420

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

Name of Employer C&M Automotive Occupation Notary / Assistant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2010

**Transaction ID:** SA11AI.16447

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Janette Swenson

Mailing Address 36 Game Cock Rd

City State Zip Code  
Greenwich CT 06830-6915

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 11 / 2010

**Transaction ID:** SA11AI.16467

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Dean Tenpas

Mailing Address 5085 List Dr Ste 200

City State Zip Code  
Colorado Springs CO 80919-3301

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

Name of Employer Learning Rx Occupation Business

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2010

**Transaction ID:** SA11AI.16454

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 24  
(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)  
FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jonathan Trojan

Mailing Address 1442 Dee St

City Wyandotte State MI Zip Code 48192-5504

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

Name of Employer Marathon Petroleum Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 07 / 2010  
Transaction ID: SA11AI.16458  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Cristina Urbytes

Mailing Address 618 Maple Crest Dr

City Frankenmuth State MI Zip Code 48734-9329

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 10 / 08 / 2010  
Transaction ID: SA11AI.16465  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Daniel VanSice

Mailing Address PO Box 48

City Du Bois State PA Zip Code 15801-0048

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 10 / 07 / 2010  
Transaction ID: SA11AI.16383  
Amount of Each Receipt this Period: 100.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 24  
(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)  
FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Linda Wade		Date of Receipt MM / DD / YYYY 10 / 07 / 2010		
	Mailing Address 20796A Meadowbrook Dr		<b>Transaction ID:</b> SA11AI.16049		
	City Abingdon	State VA	Zip Code 24211-5598	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Homemaker	Occupation Homemaker	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Robert Wormald		Date of Receipt MM / DD / YYYY 10 / 11 / 2010		
	Mailing Address 10121 Chapel Rd		<b>Transaction ID:</b> SA11AI.16466		
	City Potomac	State MD	Zip Code 20854-4144	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Retired	Occupation Retired	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Michael Yount		Date of Receipt MM / DD / YYYY 10 / 12 / 2010		
	Mailing Address 1514 Webster Dr		<b>Transaction ID:</b> SA11AI.16417		
	City Mexico	State MO	Zip Code 65265-2263	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation Electrical Engineer	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1125.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	14943.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 24

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

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NAME OF COMMITTEE (In Full)  
FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) ANNA C LITTLE FOR CONGRESS INC</p> <p>Mailing Address PO BOX 382</p> <p>City HIGHLANDS State NJ Zip Code 07732</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name ANNA C LITTLE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.16478 <b>Date of Disbursement</b> 10 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) KELLY FOR CONGRESS</p> <p>Mailing Address PO BOX 89520</p> <p>City TUCSON State AZ Zip Code 85752</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name JESSE KELLY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.16482 <b>Date of Disbursement</b> 10 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) LEVESQUE FOR CONGRESS</p> <p>Mailing Address 158 COURT ST</p> <p>City AUBURN State ME Zip Code 04210</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name JASON JOHN LEVESQUE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.16474 <b>Date of Disbursement</b> 10 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 24

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

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NAME OF COMMITTEE (In Full)  
FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MIKE PENCE COMMITTEE Mailing Address P. O. Box 408 City Anderson State IN Zip Code 46015 Purpose of Disbursement Contribution Candidate Name MIKE PENCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.16477 Date of Disbursement 10 / 12 / 2010
	Amount of Each Disbursement this Period 5000.00 Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) VICKY HARTZLER FOR CONGRESS Mailing Address PO BOX 531 City HARRISONVILLE State MO Zip Code 64701 Purpose of Disbursement Contribution Candidate Name VICKY JO HARTZLER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.16483 Date of Disbursement 10 / 12 / 2010
	Amount of Each Disbursement this Period 5000.00 Category/Type 011

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

10000.00

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

15000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 24

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

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NAME OF COMMITTEE (In Full)

FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Findley for Iowa		Transaction ID: SB29.16489	
	Mailing Address 1421 State Street Box 451		Date of Disbursement 10 / 12 / 2010	
	City Dexter	State IA	Zip Code 50070	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Nonfederal contribution		011 Category/ Type	
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: District:			

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

5000.00

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

5000.00

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

NAME OF COMMITTEE (In Full) FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION CO- MMITTEE	FEC IDENTIFICATION NUMBER <b>C</b> C00452383
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Strategic Media Placement Inc.

---

Mailing Address  
7669 Stagers Loop

---

City Delaware	State OH	Zip Code 43015
------------------	-------------	-------------------

---

Purpose of Expenditure TV ad production	Category/ Type 004
--	--------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
BETSY MARKEY

---

Calendar Year-To-Date Per Election for Office Sought	2850.00
---	---------

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

Amount  
2850.00

Transaction ID: SE.15349

Office Sought:  House State: CO  
 Senate District: 04  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Strategic Media Placement Inc.

---

Mailing Address  
7669 Stagers Loop

---

City Delaware	State OH	Zip Code 43015
------------------	-------------	-------------------

---

Purpose of Expenditure Purchase of TV time	Category/ Type 004
---	--------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
BETSY MARKEY

---

Calendar Year-To-Date Per Election for Office Sought	34583.00
---	----------

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

Amount  
31733.00

Transaction ID: SE.15351

Office Sought:  House State: CO  
 Senate District: 04  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	34583.00
(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.

Mr. Paul Tripodi  
Signature

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

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

NAME OF COMMITTEE (In Full) FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION CO- MMITTEE	FEC IDENTIFICATION NUMBER <b>C</b> C00452383
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Strategic Media Placement Inc.

Mailing Address  
7669 Stagers Loop

City State Zip Code  
Delaware OH 43015

Purpose of Expenditure Category/  
TV ad production Type 004

Name of Federal Candidate supported or Opposed by expenditure:  
CAROL SHEA-PORTER

Calendar Year-To-Date Per Election for Office Sought 2850.00

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

Amount  
2850.00

Transaction ID: SE.15353

Office Sought:  House State: NH  
 Senate District: 01  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Strategic Media Placement Inc.

Mailing Address  
7669 Stagers Loop

City State Zip Code  
Delaware OH 43015

Purpose of Expenditure Category/  
Purchase of TV time Type 004

Name of Federal Candidate supported or Opposed by expenditure:  
CAROL SHEA-PORTER

Calendar Year-To-Date Per Election for Office Sought 32364.00

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

Amount  
29514.00

Transaction ID: SE.15354

Office Sought:  House State: NH  
 Senate District: 01  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	32364.00
(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.

Mr. Paul Tripodi  
Signature

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

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

NAME OF COMMITTEE (In Full) FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION CO- MMITTEE	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00452383
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Strategic Media Placement Inc.

---

Mailing Address  
7669 Stagers Loop

---

City Delaware	State OH	Zip Code 43015
Purpose of Expenditure TV ad production		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>

---

Name of Federal Candidate supported or Opposed by expenditure:  
JOHN A BOCCIERI

---

Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">2850.00</span>
---	---

Date  

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

Amount  
2850.00

**Transaction ID:** SE.15357

Office Sought:  House State: OH  
 Senate District: 16  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
 2010

Full Name (Last, First, Middle, Initial) of Payee  
Strategic Media Placement Inc.

---

Mailing Address  
7669 Stagers Loop

---

City Delaware	State OH	Zip Code 43015
Purpose of Expenditure Purchase of TV time		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>

---

Name of Federal Candidate supported or Opposed by expenditure:  
JOHN A BOCCIERI

---

Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">28380.00</span>
---	--

Date  

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

Amount  
25530.00

**Transaction ID:** SE.15358

Office Sought:  House State: OH  
 Senate District: 16  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
 2010

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;">28380.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

Mr. Paul Tripodi \_\_\_\_\_ Date 

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

  
 Signature

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

NAME OF COMMITTEE (In Full) FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION CO- MMITTEE	FEC IDENTIFICATION NUMBER <b>C</b> C00452383
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Strategic Media Placement Inc.

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Mailing Address  
7669 Stagers Loop

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City Delaware	State OH	Zip Code 43015
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Purpose of Expenditure TV ad production	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:  
THOMAS STUART PRICE PERRIELLO

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Calendar Year-To-Date Per Election for Office Sought	2850.00
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Date  
M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Amount  
2850.00

Transaction ID: SE.15361

Office Sought:  House State: VA  
 Senate District: 05  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Strategic Media Placement Inc.

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Mailing Address  
7669 Stagers Loop

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City Delaware	State OH	Zip Code 43015
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Purpose of Expenditure Purchase of TV time	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:  
THOMAS STUART PRICE PERRIELLO

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Calendar Year-To-Date Per Election for Office Sought	15746.00
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Date  
M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Amount  
12896.00

Transaction ID: SE.15362

Office Sought:  House State: VA  
 Senate District: 05  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	15746.00
(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.

Mr. Paul Tripodi  
Signature

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

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

NAME OF COMMITTEE (In Full) FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION CO- MMITTEE	FEC IDENTIFICATION NUMBER <b>C</b> C00452383
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Strategic Media Placement Inc.

Mailing Address  
7669 Stagers Loop

City State Zip Code  
Delaware OH 43015

Purpose of Expenditure Category/  
TV ad production Type 004

Name of Federal Candidate supported or Opposed by expenditure:  
GABRIELLE GIFFORDS

Calendar Year-To-Date Per Election for Office Sought 2850.00

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

Amount  
2850.00

Transaction ID: SE.15365

Office Sought:  House State: AZ  
 Senate District: 08  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Strategic Media Placement Inc.

Mailing Address  
7669 Stagers Loop

City State Zip Code  
Delaware OH 43015

Purpose of Expenditure Category/  
Purchase of TV time Type 004

Name of Federal Candidate supported or Opposed by expenditure:  
GABRIELLE GIFFORDS

Calendar Year-To-Date Per Election for Office Sought 18177.00

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

Amount  
15327.00

Transaction ID: SE.15366

Office Sought:  House State: AZ  
 Senate District: 08  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	18177.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	129250.00

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.

Mr. Paul Tripodi  
Signature

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