

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Great American Fund

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		8026.82
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	8026.82									
(c) Total Receipts (from Line 19)	55250.00	55250.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	63276.82	63276.82								
7. Total Disbursements (from Line 31)	3714.29	3714.29								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	59562.53	59562.53								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Great American Fund

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	44250.00	44250.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	44250.00	44250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	11000.00	11000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	55250.00	55250.00
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))	55250.00	55250.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	55250.00	55250.00

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.....	3000.00	3000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	3000.00	3000.00
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)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	714.29	714.29
(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))	714.29	714.29
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))..	3714.29	3714.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3714.29	3714.29

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 24

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)	55250.00	55250.00
34. Total Contribution Refunds (from Line 28(d))	714.29	714.29
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	54535.71	54535.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3000.00	3000.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3000.00	3000.00

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

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

FOR LINE NUMBER: PAGE 6 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Great American Fund

A. Full Name (Last, First, Middle Initial)
Zaheer U. Baber

Mailing Address 1807 Coventry Ln

City State Zip Code
Oklahoma City OK 73120-4703

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2009

Transaction ID: C53

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Suresh Chandrasekaran

Mailing Address 11625 Old Mill Rd

City State Zip Code
Oklahoma City OK 73131-7521

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

Name of Employer Oklahoma Heart Hospital Occupation Cardiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: C54

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Chickasaw Nation

Mailing Address PO Box 1548

City State Zip Code
Ada OK 74821-1548

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2009

Transaction ID: C2

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► 7000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Great American Fund

<p>A. Full Name (Last, First, Middle Initial) Asim Chohan</p> <p>Mailing Address 5600 Normandy Ter</p> <p>City State Zip Code Oklahoma City OK 73142-1824</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Oklahoma Cardiovascular Assoc</p> <p>Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt 04 / 21 / 2009</p> <p>Transaction ID: C18</p> <p>Amount of Each Receipt this Period 5000.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Carolyn Ruth Corn</p> <p>Mailing Address 425 NW 40th St</p> <p>City State Zip Code Oklahoma City OK 73118-8421</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Oklahoma Cardiovascular Assoc</p> <p>Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 04 / 21 / 2009</p> <p>Transaction ID: C10</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Mark S. Fixley</p> <p>Mailing Address 6708 NW 111th Ct</p> <p>City State Zip Code Oklahoma City OK 73162-4735</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Oklahoma Cardiovascular Assoc</p> <p>Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1714.29</p>	<p>Date of Receipt 04 / 20 / 2009</p> <p>Transaction ID: C8</p> <p>Amount of Each Receipt this Period 1000.00</p>
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SUBTOTAL of Receipts This Page (optional)	6500.00
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 8 / 24
	<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)
Great American Fund

A.	Full Name (Last, First, Middle Initial) Pamela Craven Hamilton	Date of Receipt MM / DD / YYYY 04 / 20 / 2009
	Mailing Address 3125 Via Esperanza	Transaction ID: C7
	City State Zip Code Edmond OK 73013-8929	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Oklahoma Cardiovascular Assoc	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) John R. Harvey	Date of Receipt MM / DD / YYYY 04 / 20 / 2009
	Mailing Address 6805 Avondale Dr.	Transaction ID: C6
	City State Zip Code Oklahoma City OK 73116	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer OCA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) Ronald R. Hope	Date of Receipt MM / DD / YYYY 04 / 21 / 2009
	Mailing Address 12500 N Eastern Ave	Transaction ID: C15
	City State Zip Code Oklahoma City OK 73131-1258	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Oklahoma Cardiovascular Assoc	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	6500.00
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 9 / 24
	<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)
Great American Fund

A.	Full Name (Last, First, Middle Initial) Thomas F. McGarry, Jr.	Date of Receipt MM / DD / YYYY 04 / 21 / 2009
	Mailing Address 820 Fox Lake Dr.	Transaction ID: C14
	City State Zip Code Edmond OK 73034	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation OCA Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Timothy W. Medcalf	Date of Receipt MM / DD / YYYY 04 / 20 / 2009
	Mailing Address 18664 County Road 1558	Transaction ID: C5
	City State Zip Code Ada OK 74820-1413	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Oklahoma Heart Hospital Physician	
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) John D. Randolph	Date of Receipt MM / DD / YYYY 04 / 21 / 2009
	Mailing Address 4050 W Memorial Rd	Transaction ID: C13
	City State Zip Code Oklahoma City OK 73120-8382	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2250.00
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 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Great American Fund

A. Full Name (Last, First, Middle Initial)
Carl J. Rubenstein

Mailing Address 2627 W Wilshire Blvd

City State Zip Code
Oklahoma City OK 73116-4012

FEC ID number of contributing federal political committee. C

Name of Employer
Oklahoma Cardiovascular Associates

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 20 / 2009

Transaction ID: C4

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Branislav Schifferdecker

Mailing Address 3105 Brush Creek Rd

City State Zip Code
Oklahoma City OK 73120-1862

FEC ID number of contributing federal political committee. C

Name of Employer
Oklahoma Cardiovascular Assoc

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1714.28

Date of Receipt
04 / 21 / 2009

Transaction ID: C16

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Brook D. Scott

Mailing Address 21 Oakdale Farm Cir.

City State Zip Code
Edmond OK 73013

FEC ID number of contributing federal political committee. C

Name of Employer
OCA

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 20 / 2009

Transaction ID: C9

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) 3000.00

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 / 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)
Great American Fund

A.

Full Name (Last, First, Middle Initial)
Naeem Khan Tahirkheli

Mailing Address 11101 Old River Trl

City State Zip Code
Edmond OK 73013-8337

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

Name of Employer Oklahoma Cardiovascular Assoc
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2009

Transaction ID: C17

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Jonathan E. Valuck

Mailing Address 15300 Fairview Farm Rd

City State Zip Code
Edmond OK 73013-1329

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

Name of Employer Oklahoma Cardiovascular Assoc
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1714.28

Date of Receipt
MM / DD / YYYY
04 / 21 / 2009

Transaction ID: C19

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Marc A. Weitzel

Mailing Address 308 NW 146th St

City State Zip Code
Edmond OK 73013-2446

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

Name of Employer Oklahoma Cardiovascular Assoc
Occupation Cardiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 20 / 2009

Transaction ID: C3

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
Great American Fund

A. Full Name (Last, First, Middle Initial)
Ronald H. White

Mailing Address 1508 W Wilshire Blvd

City Nichols Hills State OK Zip Code 73116-5213

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

Name of Employer OK Cardiovascular Assoc. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1714.28

Date of Receipt: 04 / 21 / 2009
Transaction ID: C11
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
John M. Williams

Mailing Address 3316 NW 175th St

City Edmond State OK Zip Code 73012-0600

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

Name of Employer Oklahoma Cardiovascular Assoc. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 21 / 2009
Transaction ID: C12
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Oklahoma Heart Hospital, LLC

Mailing Address 4050 W. Memorial Road

City Oklahoma City State OK Zip Code 73120-8382

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 04 / 10 / 2009
Transaction ID: C45
Amount of Each Receipt this Period: 5000.00

LLC - Members below if itemized. Permissible funds.

SUBTOTAL of Receipts This Page (optional) ► 7000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
Great American Fund

A. Full Name (Last, First, Middle Initial)
L. Chris Duroy

Mailing Address 4050 W Memorial Rd

City State Zip Code
Oklahoma City OK 73120-8382

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

Name of Employer: Oklahoma Heart Hospital, LLC
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
714.29

Date of Receipt: 04 / 10 / 2009
Transaction ID: C48
Amount of Each Receipt this Period: 714.29
[MEMO ITEM]*

B. Full Name (Last, First, Middle Initial)
Mark S. Fixley

Mailing Address 6708 NW 111th Ct

City State Zip Code
Oklahoma City OK 73162-4735

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

Name of Employer: Oklahoma Cardiovascular Assoc
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1714.29

Date of Receipt: 04 / 10 / 2009
Transaction ID: C47
Amount of Each Receipt this Period: 714.29
[MEMO ITEM]*

C. Full Name (Last, First, Middle Initial)
John R. Harvey

Mailing Address 6805 Avondale Dr.

City State Zip Code
Oklahoma City OK 73116

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

Name of Employer: OCA
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt: 04 / 10 / 2009
Transaction ID: C46
Amount of Each Receipt this Period: 714.29
[MEMO ITEM]* Refunded 6/30/09

SUBTOTAL of Receipts This Page (optional) ▶ **0.00**

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)
Great American Fund

A.

Full Name (Last, First, Middle Initial)
Michael Hauser

Mailing Address 4050 W Memorial Rd

City State Zip Code
Oklahoma City OK 73120-8382

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

Name of Employer Occupation
Oklahoma Heart Hospital Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 714.29

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: C49

Amount of Each Receipt this Period
714.29

[MEMO ITEM]
*

B.

Full Name (Last, First, Middle Initial)
Branislav Schifferdecker

Mailing Address 3105 Brush Creek Rd

City State Zip Code
Oklahoma City OK 73120-1862

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

Name of Employer Occupation
Oklahoma Cardiovascular Assoc Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1714.28

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: C52

Amount of Each Receipt this Period
714.28

[MEMO ITEM]
*

C.

Full Name (Last, First, Middle Initial)
Jonathan E. Valuck

Mailing Address 15300 Fairview Farm Rd

City State Zip Code
Edmond OK 73013-1329

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

Name of Employer Occupation
Oklahoma Cardiovascular Assoc Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1714.28

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: C51

Amount of Each Receipt this Period
714.28

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional) ► **0.00**

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)
Great American Fund

A.

Full Name (Last, First, Middle Initial)
Ronald H. White

Mailing Address 1508 W Wilshire Blvd

City Nichols Hills State OK Zip Code 73116-5213

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

Name of Employer OK Cardiovascular Assoc. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1714.28

Date of Receipt: 04 / 10 / 2009

Transaction ID: C50

Amount of Each Receipt this Period: 714.28

[MEMO ITEM]
*

B.

Full Name (Last, First, Middle Initial)
Oklahoma Spine Hospital Holdings LLC

Mailing Address 236 NW 62nd St

City Oklahoma City State OK Zip Code 73118-7422

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 04 / 22 / 2009

Transaction ID: C21

Amount of Each Receipt this Period: 5000.00

LLC - Members below if it-
emized. Permissible funds.

C.

Full Name (Last, First, Middle Initial)
Stephen A. Andrade

Mailing Address 2525 Arbor Chase

City Edmond State OK Zip Code 73013-6978

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt: 04 / 22 / 2009

Transaction ID: C22

Amount of Each Receipt this Period: 304.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 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)
Great American Fund

A.

Full Name (Last, First, Middle Initial)
Douglas Beal

Mailing Address 236 NW 62nd St

City Oklahoma City State OK Zip Code 73118-7422

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

Name of Employer OSH Holdings LLC Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.00

Date of Receipt: 04 / 22 / 2009
Transaction ID: C44
 Amount of Each Receipt this Period: 202.00

[MEMO ITEM]
*

B.

Full Name (Last, First, Middle Initial)
C. Eric Eckman

Mailing Address 1710 Pennington Way

City Nichols Hills State OK Zip Code 73116-5120

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt: 04 / 22 / 2009
Transaction ID: C23
 Amount of Each Receipt this Period: 304.00

[MEMO ITEM]
*

C.

Full Name (Last, First, Middle Initial)
Michael R. Hahn

Mailing Address 236 NW 62nd St

City Oklahoma City State OK Zip Code 73118-7422

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

Name of Employer OSH Holdings LLC Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt: 04 / 22 / 2009
Transaction ID: C30
 Amount of Each Receipt this Period: 304.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional) ► 0.00

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

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

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

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

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NAME OF COMMITTEE (In Full)
Great American Fund

A. Full Name (Last, First, Middle Initial)
Brent N. Hisey

Mailing Address 236 NW 62nd St

City State Zip Code
Oklahoma City OK 73118-7422

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

Name of Employer Occupation
OSH Holdings LLC Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2009

Transaction ID: C32

Amount of Each Receipt this Period
304.00

[MEMO ITEM]
*

B. Full Name (Last, First, Middle Initial)
Donald D. Horton

Mailing Address 236 NW 62nd St

City State Zip Code
Oklahoma City OK 73118-7422

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

Name of Employer Occupation
OSH Holdings LLC Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2009

Transaction ID: C33

Amount of Each Receipt this Period
202.00

[MEMO ITEM]
*

C. Full Name (Last, First, Middle Initial)
Alexander L'Heurerux

Mailing Address 236 NW 62nd St

City State Zip Code
Oklahoma City OK 73118-7422

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

Name of Employer Occupation
OSH Holdings LLC Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2009

Transaction ID: C34

Amount of Each Receipt this Period
304.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional) ► 0.00

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 18 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Great American Fund

A. Full Name (Last, First, Middle Initial)
Jack Marshall

Mailing Address 14912 Dalea Dr

City State Zip Code
Oklahoma City OK 73142-1910

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

Name of Employer Self/Neuroscience Specialists
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
223.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	2	/	2	0	0	9

Transaction ID: C24

Amount of Each Receipt this Period
223.00

[MEMO ITEM]
*

B. Full Name (Last, First, Middle Initial)
Scott A. Mitchell

Mailing Address 5600 Normandy Ter

City State Zip Code
Oklahoma City OK 73142-1824

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

Name of Employer Self
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
223.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	2	/	2	0	0	9

Transaction ID: C29

Amount of Each Receipt this Period
223.00

[MEMO ITEM]
*

C. Full Name (Last, First, Middle Initial)
James M. Odor

Mailing Address 236 NW 62nd St

City State Zip Code
Oklahoma City OK 73118-7422

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

Name of Employer OSH Holdings LLC
Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
304.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	2	/	2	0	0	9

Transaction ID: C31

Amount of Each Receipt this Period
304.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional) ► **0.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 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)
Great American Fund

A.

Full Name (Last, First, Middle Initial)
Stan Pelofsky

Mailing Address 4120 W Memorial Rd
Ste 300

City State Zip Code
Oklahoma City OK 73120-9322

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

Name of Employer Occupation
Neuroscience Specialist Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
304.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	0	9

Transaction ID: C25

Amount of Each Receipt this Period

304.00

[MEMO ITEM]

*

B.

Full Name (Last, First, Middle Initial)
Robert L. Remondino

Mailing Address 5801 Mistletoe Ct

City State Zip Code
Oklahoma City OK 73142-1800

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

Name of Employer Occupation
Neuroscience Specialist Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
304.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	0	9

Transaction ID: C26

Amount of Each Receipt this Period

304.00

[MEMO ITEM]

*

C.

Full Name (Last, First, Middle Initial)
Robert E. Tibbs

Mailing Address 236 NW 62nd St

City State Zip Code
Oklahoma City OK 73118-7422

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

Name of Employer Occupation
OSH Holdings LLC Partner

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
304.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	0	9

Transaction ID: C39

Amount of Each Receipt this Period

304.00

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional) ▶

0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 24
	(check only one)
<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"/>	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Great American Fund

A.	Full Name (Last, First, Middle Initial) Benjamin T. White		Date of Receipt
	Mailing Address 236 NW 62nd St		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Oklahoma City	OK	73118-7422
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer OSH Holdings LLC		Occupation Partner	Transaction ID: C43
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="304.00"/>	<input type="text" value="304.00"/>
[MEMO ITEM] *			

B.	Full Name (Last, First, Middle Initial) Robert J. Wienecke		Date of Receipt
	Mailing Address 236 NW 62nd St		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Oklahoma City	OK	73118-7422
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer OSH Holdings LLC		Occupation Partner	Transaction ID: C42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="304.00"/>	<input type="text" value="304.00"/>
[MEMO ITEM] *			

C.	Full Name (Last, First, Middle Initial) Gaylan D. Yates		Date of Receipt
	Mailing Address 2701 E Hefner Rd		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Oklahoma City	OK	73131-3232
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self-Employed		Occupation Medical Doctor	Transaction ID: C27
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="304.00"/>	<input type="text" value="304.00"/>
[MEMO ITEM] *			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="44250.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 24
(check only one)

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

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NAME OF COMMITTEE (In Full)
Great American Fund

A.

Full Name (Last, First, Middle Initial)
Blue Dog Political Action Committee

Mailing Address 6849 Old Dominion Drive
Suite 222

City State Zip Code
McLean VA 22101

FEC ID number of contributing federal political committee. **C** C00305318

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2009

Transaction ID: C1

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
NATIONAL SURGICAL HOSPITALS INC. PAC

Mailing Address 30 South Wacker Drive
Suite 2302

City State Zip Code
Chicago IL 60606

FEC ID number of contributing federal political committee. **C** C00435453

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2009

Transaction ID: C20

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION CO

Mailing Address 2600 South Minnesota Avenue
Suite 202

City State Zip Code
Sioux Falls SD 57105

FEC ID number of contributing federal political committee. **C** C00394163

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2009

Transaction ID: C55

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	11000.00
TOTAL This Period (last page this line number only)	▶	11000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Great American Fund

A. Full Name (Last, First, Middle Initial) Molly Allen Associates Mailing Address 1405 Woodman Avenue City Silver Spring State MD Zip Code 20902 Purpose of Disbursement Fundraising consulting fee 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: D2 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00 Category/Type

B. Full Name (Last, First, Middle Initial) Molly Allen Associates Mailing Address 1405 Woodman Avenue City Silver Spring State MD Zip Code 20902 Purpose of Disbursement Fundraising consulting fee 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: D3 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00 Category/Type

C. Full Name (Last, First, Middle Initial) Molly Allen Associates Mailing Address 1405 Woodman Avenue City Silver Spring State MD Zip Code 20902 Purpose of Disbursement Fundraising consulting fee 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: D4 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 24

<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)
Great American Fund

A. Full Name (Last, First, Middle Initial) Molly Allen Associates Mailing Address 1405 Woodman Avenue City Silver Spring State MD Zip Code 20902 Purpose of Disbursement Fundraising consulting fee 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: D5 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00 Category/Type

B. Full Name (Last, First, Middle Initial) Molly Allen Associates Mailing Address 1405 Woodman Avenue City Silver Spring State MD Zip Code 20902 Purpose of Disbursement Fundraising consulting fee 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: D6 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00 Category/Type

C. Full Name (Last, First, Middle Initial) Molly Allen Associates Mailing Address 1405 Woodman Avenue City Silver Spring State MD Zip Code 20902 Purpose of Disbursement Fundraising consulting fee 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: D8 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00 Category/Type

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	3000.00

**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 24 / 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 checked="" 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)
Great American Fund

A.	Full Name (Last, First, Middle Initial) Dr. John R. Harvey		Transaction ID: D202927	
	Mailing Address 6805 Avondale Dr.		Date of Disbursement 06 / 30 / 2009	
	City Oklahoma City	State OK	Zip Code 73116	Amount of Each Disbursement this Period 714.29
	Purpose of Disbursement Refund		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) ►

714.29

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

714.29