

**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

America's Families First Action Fund

ADDRESS (number and street) 2715 M Street NW

Check if different than previously reported. (ACC)

Suite 100

Washington

DC

20007

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00487744

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 DC

- (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 David Rudd

Signature of Treasurer Electronically Filed by David Rudd Date 12 08 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
America's Families First Action Fund

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		0.00
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	1724193.38									
(c) Total Receipts (from Line 19)	2500000.00	4225000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	4224193.38	4225000.00								
7. Total Disbursements (from Line 31)	1219499.20	1220305.82								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3004694.18	3004694.18								
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)	11835.00									

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

America's Families First Action Fund

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)	1700000.00	2925000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1700000.00	2925000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	800000.00	1300000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2500000.00	4225000.00
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))	2500000.00	4225000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2500000.00	4225000.00

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.....	63966.80	64773.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	63966.80	64773.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	20000.00
24. Independent Expenditure (use Schedule E)	1135532.40	1135532.40
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1219499.20	1220305.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1219499.20	1220305.82

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	2500000.00	4225000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2500000.00	4225000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	63966.80	64773.42
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	63966.80	64773.42

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 / 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
America's Families First Action Fund

A.	Full Name (Last, First, Middle Initial) Inc America's Families First	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 1900 M Street NW Suite 500	Transaction ID: SA11AI.4228
	City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 1000000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer None Occupation None Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1000000.00	

B.	Full Name (Last, First, Middle Initial) Reinier Beeuwkes III	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 1360 Monument Street	Transaction ID: SA11AI.4230
	City Concord State MA Zip Code 01742	Amount of Each Receipt this Period 50000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 50000.00	

C.	Full Name (Last, First, Middle Initial) Marcie Carsey	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 11601 Wilshire Blvd 1840	Transaction ID: SA11AI.4229
	City Los Angeles State CA Zip Code 90025	Amount of Each Receipt this Period 200000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Self Occupation Producer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 200000.00	

SUBTOTAL of Receipts This Page (optional)	1250000.00
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 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
America's Families First Action Fund

A. Full Name (Last, First, Middle Initial)
Gordon Faulkner

Mailing Address 3033 Irvington Way

City Madison State WI Zip Code 53713

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 ▼ 150000.00

Date of Receipt MM / DD / YYYY
10 / 05 / 2010

Transaction ID: SA11AI.4165

Amount of Each Receipt this Period 150000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Art Lipson

Mailing Address PO Box 71869

City Salt Lake City State UT Zip Code 84171

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 ▼ 50000.00

Date of Receipt MM / DD / YYYY
10 / 08 / 2010

Transaction ID: SA11AI.4172

Amount of Each Receipt this Period 50000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Vincent Ryan

Mailing Address 745 ATLANTIC AVE.

City Boston State MA Zip Code 02111

FEC ID number of contributing federal political committee. C

Name of Employer Schooner Capitol Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250000.00

Date of Receipt MM / DD / YYYY
10 / 08 / 2010

Transaction ID: SA11AI.4231

Amount of Each Receipt this Period 250000.00

Contribution

SUBTOTAL of Receipts This Page (optional) 450000.00

TOTAL This Period (last page this line number only) 1700000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 18	
	(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)
America's Families First Action Fund

A.	Full Name (Last, First, Middle Initial) COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION (LETTER CARRIERS POLITICAL ACTION FUND)		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Mailing Address 100 INDIANA AVE., N. W.		Transaction ID: SA11C.4233
	City WASHINGTON	State DC	Zip Code 20001
	FEC ID number of contributing federal political committee. C C00023580		Amount of Each Receipt this Period 800000.00
	Name of Employer	Occupation	Contribution
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800000.00	

SUBTOTAL of Receipts This Page (optional)	800000.00
TOTAL This Period (last page this line number only)	800000.00

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)
America's Families First Action Fund

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 25118</p> <p>City Tampa State FL Zip Code 33622</p> <p>Purpose of Disbursement Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4177</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="74.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 25118</p> <p>City Tampa State FL Zip Code 33622</p> <p>Purpose of Disbursement Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4176</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 25118</p> <p>City Tampa State FL Zip Code 33622</p> <p>Purpose of Disbursement Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4175</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="174.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
America's Families First Action Fund

<p>A. Full Name (Last, First, Middle Initial) Four Seasons</p> <p>Mailing Address 757 Market St</p> <p>City San Francisco State CA Zip Code 94103</p> <p>Purpose of Disbursement Catering & Facilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4220</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1099.80"/></p>
<p>B. Full Name (Last, First, Middle Initial) Future Strategies</p> <p>Mailing Address 26 Hingham Street Suite 2</p> <p>City Cambridge State MA Zip Code 02138</p> <p>Purpose of Disbursement Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4189</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Hamilton Campaigns</p> <p>Mailing Address 1201 Connecticut Ave NW Suite 610</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Research & polling</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4187</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12475.00"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="28574.80"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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)
America's Families First Action Fund

A.	Full Name (Last, First, Middle Initial) Hotel Rouge <hr/> Mailing Address 1315 16th Street NW <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement Travel & Accommodations Candidate Name Category/Type <hr/> 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:	Transaction ID: SB21B.4221 Date of Disbursement 10 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 1193.00
B.	Full Name (Last, First, Middle Initial) IMS Inc <hr/> Mailing Address 4809 Morgan Drive <hr/> City Chevy Chase State MD Zip Code 20185 <hr/> Purpose of Disbursement Consulting Research Candidate Name Category/Type <hr/> 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:	Transaction ID: SB21B.4214 Date of Disbursement 10 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 12000.00
C.	Full Name (Last, First, Middle Initial) IMS Inc <hr/> Mailing Address 4809 Morgan Drive <hr/> City Chevy Chase State MD Zip Code 20185 <hr/> Purpose of Disbursement Consulting Research Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.4457 Date of Disbursement 10 / 13 / 2010 <hr/> Amount of Each Disbursement this Period 7500.00

SUBTOTAL of Disbursements This Page (optional) ▶	20693.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 18

<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)
America's Families First Action Fund

<p>A.</p> <p>Full Name (Last, First, Middle Initial) RMS LLC</p> <p>Mailing Address PO Box 1951</p> <p>City New Brunswick State NJ Zip Code 08903</p> <p>Purpose of Disbursement Website development</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4205</p> <p>Date of Disbursement 10 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sujata Tejwani</p> <p>Mailing Address 305 West 98th Street</p> <p>City New York State NY Zip Code 10025</p> <p>Purpose of Disbursement Consulting communications</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4456</p> <p>Date of Disbursement 10 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 6500.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Winning Over Washington</p> <p>Mailing Address 1501 Crystal Drive Suite 829</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Communications Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4215</p> <p>Date of Disbursement 10 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

14500.00

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

63941.80

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 18

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

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

NAME OF COMMITTEE (In Full)
America's Families First Action Fund

A.

Full Name (Last, First, Middle Initial)
WOMEN VOTE!

Transaction ID: SB23.4210

Date of Disbursement

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

Mailing Address 1101 Connecticut Ave NW
Suite 1100

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

20000.00

Purpose of Disbursement
Contribution

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

20000.00

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

20000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
America's Families First Action Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor IMS Inc	Nature of Debt (Purpose): Consulting Fees
Mailing Address 4809 Morgan Drive	
City State ZIP Code Chevy Chase MD 20185	

Outstanding Balance Beginning This Period 12000.00	Transaction ID: SD10.4153	
Amount Incurred This Period 0.00	Payment This Period 12000.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Project New West	Nature of Debt (Purpose): Research
Mailing Address 191 University Blvd Suite 831	
City State ZIP Code Denver CO 80206	

Outstanding Balance Beginning This Period 11835.00	Transaction ID: SD10.4154	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11835.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Winning Over Washington	Nature of Debt (Purpose): Communications Consulting
Mailing Address 1501 Crystal Drive Suite 829	
City State ZIP Code Arlington VA 22201	

Outstanding Balance Beginning This Period 5000.00	Transaction ID: SD10.4155	
Amount Incurred This Period 0.00	Payment This Period 5000.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	11835.00
2) TOTALS This Period (last page this line number only).....	11835.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	11835.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Buying Time

Mailing Address
650 Mass Ave NW #210

City Washington	State DC	Zip Code 20001
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Purpose of Expenditure Media Buy	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:
DAVID SCHWEIKERT

Calendar Year-To-Date Per Election for Office Sought	142106.00
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Date
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Amount
80000.00

Transaction ID: SE.4192

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

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Buying Time

Mailing Address
650 Mass Ave NW #210

City Washington	State DC	Zip Code 20001
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Purpose of Expenditure Media Buy Radio	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:
SCOTT R TIPTON

Calendar Year-To-Date Per Election for Office Sought	144454.00
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Date
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Amount
144454.00

Transaction ID: SE.4208

Office Sought: House State: CO
 Senate District: 03
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	224454.00
(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.

David Rudd
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Buying Time

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

Mailing Address
650 Mass Ave NW #210

Amount
35700.00

City State Zip Code
Washington DC 20001

Transaction ID: SE.4209

Purpose of Expenditure Category/Type
Media Buy Radio

Office Sought: House State: NM
 Senate District: 02
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
STEVAN E. PEARCE

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
35700.00

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Moxie Media

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

Mailing Address
PO Box 30084

Amount
62106.00

City State Zip Code
Seattle WA 98113-0084

Transaction ID: SE.4196

Purpose of Expenditure Category/Type
Mailer

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

Name of Federal Candidate supported or Opposed by expenditure:
DAVID SCHWEIKERT

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
62106.00

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	97806.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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David Rudd
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Terris Barnes Walters

Mailing Address
400 Montgomery
7th Floor

City	State	Zip Code
San Francisco	CA	94104

Purpose of Expenditure Mailer	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:
MICHAEL G FITZPATRICK

Calendar Year-To-Date Per Election for Office Sought	117261.00
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Date
M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Amount
117261.00

Transaction ID: SE.4203

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

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Terris Barnes Walters

Mailing Address
400 Montgomery
7th Floor

City	State	Zip Code
San Francisco	CA	94104

Purpose of Expenditure Direct Mail	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:
ROBERT JAMES JR DOLD

Calendar Year-To-Date Per Election for Office Sought	94071.00
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Date
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Amount
94071.00

Transaction ID: SE.4206

Office Sought: House State: IL
 Senate District: 10
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	211332.00
(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.

David Rudd
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
The New Media Fund

Mailing Address
1730 Rhode Island Ave NW

City Washington	State DC	Zip Code 20036
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Purpose of Expenditure TV Ad	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:
RANDY HULTGREN

Calendar Year-To-Date Per Election for Office Sought	199878.00
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Date
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Amount
199878.00

Transaction ID: SE.4202

Office Sought: House State: IL
 Senate District: 14
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
The New Media Fund

Mailing Address
1730 Rhode Island Ave NW

City Washington	State DC	Zip Code 20036
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Purpose of Expenditure Media Buy	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:
DAVID RIVERA

Calendar Year-To-Date Per Election for Office Sought	402062.40
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Date
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Amount
402062.40

Transaction ID: SE.4194

Office Sought: House State: FL
 Senate District: 25
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	601940.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures	1135532.40

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.

David Rudd
Signature

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