

**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

WESTERN REPRESENTATION PAC

ADDRESS (number and street)

5549 KNOLL VIEW WAY

☐Check if different
than previously
reported. (ACC)

SPARKS

NV

89436

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00461772

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

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

09

01

2010

through

09

30

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

Roger Stockton

Signature of Treasurer

Electronically Filed by Roger Stockton

Date

01

28

2011

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

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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 90

Write or Type Committee Name

WESTERN REPRESENTATION PAC

Report Covering the Period:

From:

M M
0 9D D
0 1Y Y Y Y
2 0 1 0

To:

M M
0 9D D
3 0Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		1317.58
(b) Cash on Hand at Beginning of Reporting Period	60330.15	
(c) Total Receipts (from Line 19)	132561.86	235236.60
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	192892.01	236554.18
7. Total Disbursements (from Line 31)	110514.49	154176.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	82377.52	82377.52
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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

WESTERN REPRESENTATION PAC

Report Covering the Period:

From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	9

D	D
3	0

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)	33665.00	50285.00
(ii) Unitemized	98896.86	184916.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)	132561.86	235201.20
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	132561.86	235201.20
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	35.40
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))	132561.86	235236.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	132561.86	235236.60

DETAILED SUMMARY PAGE

of Disbursements

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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.....	28533.29	51793.61	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	28533.29	51793.61	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	13100.00	
24. Independent Expenditure (use Schedule E)	74481.20	89283.05	
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))..	110514.49	154176.66	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	110514.49	154176.66	

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	132561.86	235201.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	132561.86	235201.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	28533.29	51793.61
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	35.40
38. Net Operating Expenditures (subtract Line 37 from Line 36)	28533.29	51758.21

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

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

FOR LINE NUMBER: PAGE 6 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Allyn Ayotte

Mailing Address 1800 Winners Cup Drive

City

Las Vegas

State

NV

Zip Code

89117

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.12831

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Allyn Ayotte

Mailing Address 1800 Winners Cup Drive

City

Las Vegas

State

NV

Zip Code

89117

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.12629

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

William Becker

Mailing Address 96 George K Dr.

City

Sand Lake

State

MI

Zip Code

49343

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bill Becker Corp

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.12919

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

400.00

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 / 90

(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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

William Becker

Mailing Address 96 George K Dr.

City

Sand Lake

State

MI

Zip Code

49343

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bill Becker CorpOccupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Transaction ID: SA11AI.12235

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Barbara Biber

Mailing Address 12 Coulthard Farms Rd

City

Scarborough

State

ME

Zip Code

04074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spectrum Medical GroupOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	0

Transaction ID: SA11AI.11936

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

TOM BIRDNOW

Mailing Address 17024 ORCHARD AVE

City

OMAHA

State

NE

Zip Code

68135

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROFESSIONAL LABEL COOccupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	0

Transaction ID: SA11AI.13502

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Loren Booth

Mailing Address 30004 E American Ave

City

Orange Cove

State

CA

Zip Code

93646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bootyh Ranches

Occupation
rancher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.11891

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jan Bryan

Mailing Address 35 Monroe street

City

Shrewsbury

State

MA

Zip Code

01545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bryan Dental

Occupation
Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.14230

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Joel Buttenhoff

Mailing Address 102 Jonathan Blvd N #200

City

Chaska

State

MN

Zip Code

55318

FEC ID number of contributing
federal political committee.

C

Name of Employer
Owner

Occupation
Cornerstone Investors, LLC.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.15884

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 90

(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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

christopher carver

Mailing Address 691 s green bay rd

City

neenah

State

WI

Zip Code

54956

FEC ID number of contributing
federal political committee.

C

Name of Employer
retOccupation
ret

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	0

Transaction ID: SA11AI.15517

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

christopher carver

Mailing Address 691 s green bay rd

City

neenah

State

WI

Zip Code

54956

FEC ID number of contributing
federal political committee.

C

Name of Employer
retOccupation
ret

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	0

Transaction ID: SA11AI.15360

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

christopher carver

Mailing Address 691 s green bay rd

City

neenah

State

WI

Zip Code

54956

FEC ID number of contributing
federal political committee.

C

Name of Employer
retOccupation
ret

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: SA11AI.14224

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

175.00

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 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

christopher carver

Mailing Address 691 s green bay rd

City

neenah

State

WI

Zip Code

54956

FEC ID number of contributing
federal political committee.

C

Name of Employer
ret

Occupation
ret

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.12630

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Arno Chauvel

Mailing Address 444 Alta Vista way

City

Laguna Beach

State

CA

Zip Code

92651

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.15258

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Ralph Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.14909

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

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 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Ralph Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.14568

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Ralph Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.14068

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Ralph Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13924

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

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 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Ralph Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

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
0 9 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.13193

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Ralph Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.12887

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ralph Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.12647

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

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 13 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Ralph Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.12435

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Ralph Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.11919

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Kim Conant

Mailing Address 14735 Poway Mesa Dr.

City

Poway

State

CA

Zip Code

92064

FEC ID number of contributing
federal political committee.

C

Name of Employer
PUSD

Occupation
Ret. Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.11793

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

150.00

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 / 90

(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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

steve coogler

Mailing Address 104 lady banks lane

City

greer

State

SC

Zip Code

29650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Makers Financial GroupOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	1	0

Transaction ID: SA11AI.16312

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

lud corrao

Mailing Address PO#12907

City

Reno

State

NV

Zip Code

89510

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	0

Transaction ID: SA11AI.15877

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Sharon Cumming

Mailing Address 6001 Palm Trace Landings Dr.

City

Davie

State

FL

Zip Code

33314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Acccountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	0

Transaction ID: SA11AI.14705

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

450.00

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 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Mark Curtin

Mailing Address 2146 W. Isabella #154

City

Mesa

State

AZ

Zip Code

85202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Experian

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.16183

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Christian Davis

Mailing Address 63 Hubbell Mountain

City

Sherman

State

CT

Zip Code

06784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Foot & Ankle Specialists
of Ct

Occupation

Podiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.13387

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

michael Davis

Mailing Address 3219 Stratford Hills Ln

City

Austin

State

TX

Zip Code

78746

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.11826

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

365.00

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 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Steven DeCasperis

Mailing Address 99 Garyrock Road

City

Clinton

State

NJ

Zip Code

08809

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13986

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Edward Dempsey

Mailing Address 130 Glenwood Ave. Apt 32

City

Yonkers

State

NY

Zip Code

10703

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.15422

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Edward Dempsey

Mailing Address 130 Glenwood Ave. Apt 32

City

Yonkers

State

NY

Zip Code

10703

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13753

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Edward Dempsey

Mailing Address 130 Glenwood Ave. Apt 32

City

Yonkers

State

NY

Zip Code

10703

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.12920

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Joseph DePaepe

Mailing Address 2578 Forest City Drive

City

Henderson

State

NV

Zip Code

89052

FEC ID number of contributing
federal political committee.

C

Name of Employer
na

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.15155

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

JOHN DeWOLFE

Mailing Address 12 Kenney Road

City

Medfield

State

MA

Zip Code

02052

FEC ID number of contributing
federal political committee.

C

Name of Employer
na

Occupation
na

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.15446

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1200.00

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 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

JOHN DeWOLFE

Mailing Address 12 Kenney Road

City

Medfield

State

MA

Zip Code

02052

FEC ID number of contributing
federal political committee.

C

Name of Employer
na

Occupation
na

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.14021

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

JOHN DeWOLFE

Mailing Address 12 Kenney Road

City

Medfield

State

MA

Zip Code

02052

FEC ID number of contributing
federal political committee.

C

Name of Employer
na

Occupation
na

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.15861

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

James Edwards

Mailing Address 801 South Garner Street

City

State College

State

PA

Zip Code

16801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clearfield Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.15538

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

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 / 90

(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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

James Edwards

Mailing Address 801 South Garner Street

City

State College

State

PA

Zip Code

16801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clearfield HospitalOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	5	/	2	0	1	0

Transaction ID: SA11AI.15108

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

arthur evans

Mailing Address 6314 e co rd 100 n.

City

coatesville

State

IN

Zip Code

46121

FEC ID number of contributing
federal political committee.

C

Name of Employer
magic circle corpOccupation
ceo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	1	0

Transaction ID: SA11AI.14023

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Vaida Falconbridge

Mailing Address 118 Cinnabar Way

City

Hercules

State

CA

Zip Code

94547

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employedOccupation
music teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	9	/	2	0	1	0

Transaction ID: SA11AI.11884

Amount of Each Receipt this Period

250.00

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 20 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Paul Flowers

Mailing Address 53 Foxchase Drive

City

Dothan

State

AL

Zip Code

36305

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.12900

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jane Fore

Mailing Address 2941 Dove Place

City

Clarkston

State

WA

Zip Code

99403

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13784

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Richard Foster

Mailing Address 4020 Kinross Lakes Parkway

City

Richfield

State

OH

Zip Code

44286

FEC ID number of contributing
federal political committee.

C

Name of Employer
GIE Media, Inc.

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.14959

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

525.00

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 21 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Daniel Frost

Mailing Address PO Box 271

City

Mexia

State

TX

Zip Code

76667

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frost Crushed Stone

Occupation

Rock Crushing

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.15851

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

norman gavin

Mailing Address 173 church st.

City

wallingford

State

CT

Zip Code

06492

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.12956

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

norman gavin

Mailing Address 173 church st.

City

wallingford

State

CT

Zip Code

06492

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
0 9 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.15619

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

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 22 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Gloria Gill

Mailing Address 767 Rocky Branch Lane

City

Evans

State

GA

Zip Code

30809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Club Car

Occupation
Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.15391

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Gloria Gill

Mailing Address 767 Rocky Branch Lane

City

Evans

State

GA

Zip Code

30809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Club Car

Occupation
Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.14964

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Gloria Gill

Mailing Address 767 Rocky Branch Lane

City

Evans

State

GA

Zip Code

30809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Club Car

Occupation
Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.14769

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

175.00

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 23 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Gloria Gill

Mailing Address 767 Rocky Branch Lane

City

Evans

State

GA

Zip Code

30809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Club Car

Occupation
Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.11875

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Richard Graf

Mailing Address 17 Bromley Tr

City

Flemington

State

NJ

Zip Code

08822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coldwell Banker

Occupation
Realtor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.12731

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Brent Harris

Mailing Address 5804 N 160th Ave

City

Omaha

State

NE

Zip Code

68116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Acorn Plumbing

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.16042

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

thomas harris

Mailing Address 1528 long pond drive

City

valrico

State

FL

Zip Code

33594

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation

Retired USN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.11879

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Stephen Hart

Mailing Address 200 Sunset Ter

City

Cedar Park

State

TX

Zip Code

78613

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Texas

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.12784

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Eugene Haupt

Mailing Address 2251 Wynnewood Circle

City

Louisville

State

KY

Zip Code

40222

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.13639

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

400.00

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 25 / 90

(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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Ronald Hawley

Mailing Address 6301 Stevenson Ave
#1313City State Zip Code
Alexandria VA 22304FEC ID number of contributing
federal political committee.

C

Name of Employer
NAOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	1	0

Transaction ID: SA11AI.15090

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Ronald Hawley

Mailing Address 6301 Stevenson Ave
#1313City State Zip Code
Alexandria VA 22304FEC ID number of contributing
federal political committee.

C

Name of Employer
NAOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	1	0

Transaction ID: SA11AI.14965

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Ronald Hawley

Mailing Address 6301 Stevenson Ave
#1313City State Zip Code
Alexandria VA 22304FEC ID number of contributing
federal political committee.

C

Name of Employer
NAOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	0

Transaction ID: SA11AI.12743

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

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 26 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

steven herrick

Mailing Address 12760 dianne drive

City

los altos hills

State

CA

Zip Code

94022

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.16340

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

steven herrick

Mailing Address 12760 dianne drive

City

los altos hills

State

CA

Zip Code

94022

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
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.16055

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

steven herrick

Mailing Address 12760 dianne drive

City

los altos hills

State

CA

Zip Code

94022

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.11802

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

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 27 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Lee Holmes

Mailing Address 530 W. O'Brien Dr.

City

Hagatna

State

GU

Zip Code

96910

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHERN MEDIA, INC.

Occupation
manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.16412

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Lee Holmes

Mailing Address 530 W. O'Brien Dr.

City

Hagatna

State

GU

Zip Code

96910

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHERN MEDIA, INC.

Occupation
manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.16720

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Lee Holmes

Mailing Address 530 W. O'Brien Dr.

City

Hagatna

State

GU

Zip Code

96910

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHERN MEDIA, INC.

Occupation
manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.16722

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

4000.00

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 28 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Lee Holmes

Mailing Address 530 W. O'Brien Dr.

City

Hagatna

State

GU

Zip Code

96910

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHERN MEDIA, INC.

Occupation
manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.16723

Amount of Each Receipt this Period

1000.00

Reattribution Requested

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Jane Honett

Mailing Address 345 Adams Way

City

Pleasanton

State

CA

Zip Code

94566

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valleycare Hospital

Occupation
personal trainer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.15266

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Heidi Hurst

Mailing Address 701 W Jackson #503

City

Chicago

State

IL

Zip Code

60661

FEC ID number of contributing
federal political committee.

C

Name of Employer
BP

Occupation
Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.12364

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.16723**

Reattribution letter sent 9/26

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 90

(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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Heidi Hurst

Mailing Address 701 W Jackson #503

City

Chicago

State

IL

Zip Code

60661

FEC ID number of contributing
federal political committee.

C

Name of Employer
BP

Occupation

Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	0

Transaction ID: SA11AI.12367

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

R. MICHAEL JACKSON

Mailing Address 241 WESTERN HILLS DR.

City

PLEASANT HILL

State

CA

Zip Code

94523

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	0

Transaction ID: SA11AI.15282

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Joel Johnston

Mailing Address 6543

City

Zionsville

State

IN

Zip Code

46077

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Carpenter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	0

Transaction ID: SA11AI.15543

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

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 31 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Christopher Jones

Mailing Address 411 W. Wellons St.

City

Smithfield

State

NC

Zip Code

27577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stallings Insurance

Occupation
insurance agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.12476

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

James Kilpatrick

Mailing Address 3801 Manchaca # 56

City

Austin

State

TX

Zip Code

78704

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.12100

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

tom lammers

Mailing Address 76312 hammerly

City

houston

State

TX

Zip Code

77055

FEC ID number of contributing
federal political committee.

C

Name of Employer
noneoftheirbusiness

Occupation
contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.15328

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

325.00

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 32 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Mariette Landwehr

Mailing Address 201 W. Lakeshore Dr.

City

State

Zip Code

Carriere

MS

39426

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13878

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mariette Landwehr

Mailing Address 201 W. Lakeshore Dr.

City

State

Zip Code

Carriere

MS

39426

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.13135

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Joe LaPilusa

Mailing Address P.O.Box 2046

City

State

Zip Code

Grapevine

TX

76099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayer Healthcare

Occupation
Regional Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.14575

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

150.00

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 33 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Joe LaPilusa

Mailing Address P.O.Box 2046

City

Grapevine

State

TX

Zip Code

76099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayer Healthcare

Occupation

Regional Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.13513

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Joe LaPilusa

Mailing Address P.O.Box 2046

City

Grapevine

State

TX

Zip Code

76099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayer Healthcare

Occupation

Regional Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.13134

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Wayne Lindholm

Mailing Address 25 Vista Montemar

City

Laguna Niguel

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
na

Occupation

na

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.16261

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

450.00

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 34 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Roberta Long

Mailing Address 505 Blue Spruce Road

City

Reno

State

NV

Zip Code

89511

FEC ID number of contributing
federal political committee.

C

Name of Employer
WCSD

Occupation
Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.12396

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Joyce Luchtman

Mailing Address 3754 Kentford Road

City

Fort Collins

State

CO

Zip Code

80525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maarsingh intervivos trusts

Occupation
Trustee Maarsingh Trusts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.15298

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Keith MacKenzie

Mailing Address 6153 Ceres St.

City

Englewood

State

FL

Zip Code

34224

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.12700

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Mary Matthews

Mailing Address 4876 Patrick Rd

City

Winnsboro

State

SC

Zip Code

29180

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montgomery & Yarbrough,
CPA's

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.15433

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mary Matthews

Mailing Address 4876 Patrick Rd

City

Winnsboro

State

SC

Zip Code

29180

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montgomery & Yarbrough,
CPA's

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.14708

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mary Matthews

Mailing Address 4876 Patrick Rd

City

Winnsboro

State

SC

Zip Code

29180

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montgomery & Yarbrough,
CPA's

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.16234

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

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 36 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Mary Matthews

Mailing Address 4876 Patrick Rd

City

Winnsboro

State

SC

Zip Code

29180

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montgomery & Yarbrough,
CPA's

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.14599

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mary Matthews

Mailing Address 4876 Patrick Rd

City

Winnsboro

State

SC

Zip Code

29180

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montgomery & Yarbrough,
CPA's

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.14092

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mary Matthews

Mailing Address 4876 Patrick Rd

City

Winnsboro

State

SC

Zip Code

29180

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montgomery & Yarbrough,
CPA's

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.13617

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Mary Matthews

Mailing Address 4876 Patrick Rd

City

Winnsboro

State

SC

Zip Code

29180

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montgomery & Yarbrough,
CPA's

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.13331

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

robert mayfield

Mailing Address 11309 pickfair

City

austin

State

TX

Zip Code

78750

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
DQ

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.15515

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

robert mayfield

Mailing Address 11309 pickfair

City

austin

State

TX

Zip Code

78750

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
DQ

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.15057

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

robert mayfield

Mailing Address 11309 pickfair

City

austin

State

TX

Zip Code

78750

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
DQ

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.14415

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

William McDowell

Mailing Address 23 Burton St

City

Cazenovia

State

NY

Zip Code

13035

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.14825

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

David McMahan

Mailing Address 500 west putnam ave

City

Greenwich

State

NY

Zip Code

06830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.12458

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

John McNiff

Mailing Address 11642 Lost Tree Way

City State Zip Code
 North Palm Beach FL 33408

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.15579

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Joseph Melillo

Mailing Address 1 Ringos Mill Drive

City State Zip Code
 Hopewell NJ 08525

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation
businessman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13965

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

judith mershon

Mailing Address 2821 Colorado #6

City State Zip Code
 Santa Monica CA 90404

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
medical transcriptionist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.15130

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Jon Messinger

Mailing Address 216 Rolling Meadows Blvd N

City

Ocean

State

NJ

Zip Code

07712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Messinger Trucking & Ware-
house

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.11947

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Radu Mihail

Mailing Address 166 Barger St

City

Putnam Valley

State

NY

Zip Code

10579

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Hudson Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.13322

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Radu Mihail

Mailing Address 166 Barger St

City

Putnam Valley

State

NY

Zip Code

10579

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Hudson Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.13356

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Albert Minoofer

Mailing Address 8 Carmel Woods

City

Laguna Niguel

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
na

Occupation
na

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.16398

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

vincent mogas

Mailing Address 27 Knipp Road

City

Houston

State

TX

Zip Code

77024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mogas Industries, Inc.

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.15147

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

vincent mogas

Mailing Address 27 Knipp Road

City

Houston

State

TX

Zip Code

77024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mogas Industries, Inc.

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.14403

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

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 42 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
vincent mogas

Mailing Address 27 Knipp Road

City State Zip Code
Houston TX 77024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mogas Industries, Inc.

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.14081

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Bill Montagne

Mailing Address P.O. Box 2842

City State Zip Code
Palmer AK 99645

FEC ID number of contributing
federal political committee.

C

Name of Employer
na

Occupation
na

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.16347

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Charles Neumann

Mailing Address 425 Shinava Drive

City State Zip Code
Ivins UT 84738

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.14053

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

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 43 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Charles Neumann

Mailing Address 425 Shinava Drive

City

Ivins

State

UT

Zip Code

84738

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.12421

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Richard Nicolai Jr

Mailing Address 223 Beaumont Drive

City

Vista

State

CA

Zip Code

92084

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.13085

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Marilyn Nielson

Mailing Address P.O. Box 3384

City

Torrance

State

CA

Zip Code

90510

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.12512

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Jeff Olds

Mailing Address 18658 Walnut Drive

City

Flint

State

TX

Zip Code

75762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cates Control Systems

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.13391

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Walter Owen

Mailing Address 7106 Foxbernie Circle

City

Mechanicsville

State

VA

Zip Code

23111

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.12568

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Carmelo Panlasigui

Mailing Address 3135 Belvedere Drive

City

Henderson

State

NV

Zip Code

89014

FEC ID number of contributing
federal political committee.

C

Name of Employer
CBS Television Network

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.14123

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

400.00

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
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

James Perry

Mailing Address 206 SE 10th Terr

City

Ft. Lauderdale

State

FL

Zip Code

33301

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

retired neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13756

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Sandra Peterson

Mailing Address 2240 La Sierra Way

City

Claremont

State

CA

Zip Code

91711

FEC ID number of contributing
federal political committee.

C

Name of Employer
na

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.15703

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Janice Pinkston

Mailing Address 20 Tamalpais Ave

City

Belvedere

State

CA

Zip Code

94920

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.12049

Amount of Each Receipt this Period

1000.00

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
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Cynthia Potter

Mailing Address 600 S. Price Rd

City

St. Louis

State

MO

Zip Code

63124

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
MOM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.15373

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Lynda Puccinelli

Mailing Address 679 Middle rincon Rd

City

Santa Rosa

State

CA

Zip Code

95409

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13846

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Karen Riley

Mailing Address 2623 S. 96 Circle

City

Omaha

State

NE

Zip Code

68124

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.12132

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

David Rogan

Mailing Address 3202 NW 87th LN

City

Ankeny

State

IA

Zip Code

50023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center-North
Iowa

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.14898

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

John Rose

Mailing Address 7261 Gold Creek Way

City

San Jose

State

CA

Zip Code

95120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oracle

Occupation

engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13849

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Arnon Rosenthal

Mailing Address 150 Normandy lane

City

Woodside

State

CA

Zip Code

94062

FEC ID number of contributing
federal political committee.

C

Name of Employer
mazoRx

Occupation

scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13694

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Arnon Rosenthal

Mailing Address 150 Normandy lane

City

Woodside

State

CA

Zip Code

94062

FEC ID number of contributing
federal political committee.

C

Name of Employer
mazoRx

Occupation
scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.12514

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

John Ross

Mailing Address P.O. Box 18718

City

Reno

State

NV

Zip Code

89511

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.15027

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Lisa Sanzone

Mailing Address 137 Boulevard

City

Mountain Lakes

State

NJ

Zip Code

07046

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation
NA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.14619

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

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
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Geral Sartwell

Mailing Address 4313 Baywood way

City

Sacramento

State

CA

Zip Code

95864

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.12409

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Margaret Savercool

Mailing Address 6375 Pebble Creek Drive

City

Independence

State

OH

Zip Code

44131

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.12506

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Robert Schmucker

Mailing Address 116 Deer Track Court

City

Warner Robins

State

GA

Zip Code

31088

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13959

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
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Robert Schmucker

Mailing Address 116 Deer Track Court

City

Warner Robins

State

GA

Zip Code

31088

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.12925

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Frank Schnorbus

Mailing Address 1227 Melborn Way

City

Minden

State

NV

Zip Code

89423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Gas Corp

Occupation

Gas Utility specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.15235

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

gary snow

Mailing Address 35 vine st.

City

foxboro

State

MA

Zip Code

02035

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

merc hant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.12952

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Don Storment

Mailing Address 20 N Carriage Dr

City

Saint Joseph

State

MO

Zip Code

64506

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Environmental Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.11692

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Richard Sungaila

Mailing Address 1827 Port Stanhope Pl

City

Newport Beach

State

CA

Zip Code

92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Real Estate & Property Managmnt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.11974

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

edward thurman

Mailing Address 9218 Metcalf Ave.#204

City

Overland Park

State

KS

Zip Code

66212

FEC ID number of contributing
federal political committee.

C

Name of Employer
MERIT GROUP

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.14454

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Jane Till

Mailing Address 2563 Willowbrook Circle

City

Birmingham

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation
NA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.13564

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Jane Till

Mailing Address 2563 Willowbrook Circle

City

Birmingham

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation
NA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.11831

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Lucia Uihlein

Mailing Address 715 Lands End Drive

City

Longboat Key

State

FL

Zip Code

34228

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation
homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.14934

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Lucia Uihlein

Mailing Address 715 Lands End Drive

City

State

Zip Code

Longboat Key

FL

34228

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation
homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.14702

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Lucia Uihlein

Mailing Address 715 Lands End Drive

City

State

Zip Code

Longboat Key

FL

34228

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation
homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.14658

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Lucia Uihlein

Mailing Address 715 Lands End Drive

City

State

Zip Code

Longboat Key

FL

34228

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation
homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.13609

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Lucia Uihlein

Mailing Address 715 Lands End Drive

City

State

Zip Code

Longboat Key

FL

34228

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation
homemaker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.13259

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Lucia Uihlein

Mailing Address 715 Lands End Drive

City

State

Zip Code

Longboat Key

FL

34228

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation
homemaker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.12688

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Jerome Ungs

Mailing Address 685 Weathersfield Dr.

City

State

Zip Code

Dunedin

FL

34698

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13747

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

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
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Jerome Ungs

Mailing Address 685 Weathersfield Dr.

City

Dunedin

State

FL

Zip Code

34698

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

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
0 9 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.12725

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Rebecca Voigt

Mailing Address 8203 Strathmore Lane

City

Roanoke

State

VA

Zip Code

24019

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation
NA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.13274

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Howard Weiss

Mailing Address 8355 Lakeside Dr

City

Reno

State

NV

Zip Code

89511

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.12593

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

450.00

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 56 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Clare Wentworth

Mailing Address 4113 Santa Fe Trail

City

Dryden

State

MI

Zip Code

48428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thor Industries

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.12563

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

bradley willis

Mailing Address 100 malibu canyon

City

georgetown

State

KY

Zip Code

40324

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.12475

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Carol Wilson

Mailing Address 2197 Sutter View Lane

City

Lincoln

State

CA

Zip Code

95648

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.13439

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

650.00

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 57 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

barbara Wright

Mailing Address 108 W. Ridge

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
electrician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.14095

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dean Zarras

Mailing Address 12 Old Logging Rd.

City

Bedford

State

NY

Zip Code

10506

FEC ID number of contributing
federal political committee.

C

Name of Employer
SESCO Enterprises, LLC

Occupation
CTO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.12305

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Bernard Zimmern

Mailing Address 100 Seaview Avenue

City

Norwalk

State

CT

Zip Code

06855

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation
NA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.12366

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

33665.00

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 58 / 90

<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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Blue Swarm LLC

Mailing Address 70 Broadway

City
Westford

State
MA

Zip Code
01886

Purpose of Disbursement
Web donation service

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.15588

Date of Disbursement

09 / 15 / 2010

Amount of Each Disbursement this Period

1863.84

B.

Full Name (Last, First, Middle Initial)

Blue Swarm LLC

Mailing Address 70 Broadway

City
Westford

State
MA

Zip Code
01886

Purpose of Disbursement
web donation service

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11555

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

2604.44

C.

Full Name (Last, First, Middle Initial)

Delta Airlines

Mailing Address 1030 Delta Blvd

City
Atlanta

State
GA

Zip Code
30320

Purpose of Disbursement
Airline ticket

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11484

Date of Disbursement

09 / 07 / 2010

Amount of Each Disbursement this Period

209.70

SUBTOTAL of Disbursements This Page (optional)

4677.98

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 59 / 90

<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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Facebook

Mailing Address 1601 South California Avenue

City Palo Alto State CA Zip Code 94304

Purpose of Disbursement

Facebook ad

Candidate Name

004

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11488

Date of Disbursement

09 / 07 / 2010

Amount of Each Disbursement this Period

586.81

B.

Full Name (Last, First, Middle Initial)

Facebook

Mailing Address 1601 South California Avenue

City Palo Alto State CA Zip Code 94304

Purpose of Disbursement

Facebook ad

Candidate Name

004

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11500

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

99.84

C.

Full Name (Last, First, Middle Initial)

Facebook

Mailing Address 1601 South California Avenue

City Palo Alto State CA Zip Code 94304

Purpose of Disbursement

Facebook ad

Candidate Name

004

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11508

Date of Disbursement

09 / 21 / 2010

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

936.65

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 60 / 90

<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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Facebook

Mailing Address 1601 South California Avenue

City Palo Alto State CA Zip Code 94304

Purpose of Disbursement

Facebook ad

Candidate Name

004
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11512

Date of Disbursement

09 / 22 / 2010

Amount of Each Disbursement this Period

234.58

B.

Full Name (Last, First, Middle Initial)

Innovative Networks Inc

Mailing Address 1811 Newman Pl

City Carson City State NV Zip Code 89703

Purpose of Disbursement

Computer workstation and software

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11498

Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

1724.00

C.

Full Name (Last, First, Middle Initial)

PayPal

Mailing Address 2211 N. First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement

Web donation service

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.15589

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

755.16

SUBTOTAL of Disbursements This Page (optional)

2713.74

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 61 / 90

<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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Priceline.com

Mailing Address 800 Connecticut Avenue

City
Norwalk

State
CT

Zip Code
06854

Purpose of Disbursement
Hotel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11486

Date of Disbursement

09 / 07 / 2010

Amount of Each Disbursement this Period

349.04

B.

Full Name (Last, First, Middle Initial)

Sheraton Hotels

Mailing Address 1111 Westchester Avenue

City
White Plains

State
NY

Zip Code
10604

Purpose of Disbursement
Hotel room

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11491

Date of Disbursement

09 / 13 / 2010

Amount of Each Disbursement this Period

323.68

C.

Full Name (Last, First, Middle Initial)

Sheraton Hotels

Mailing Address 1111 Westchester Avenue

City
White Plains

State
NY

Zip Code
10604

Purpose of Disbursement
Hotel room

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11493

Date of Disbursement

09 / 13 / 2010

Amount of Each Disbursement this Period

323.68

SUBTOTAL of Disbursements This Page (optional)

996.40

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 62 / 90

<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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City State Zip Code
Dallas TX 75235

Purpose of Disbursement

Airline ticket

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11475

Date of Disbursement

09 / 02 / 2010

Amount of Each Disbursement this Period

353.40

B.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City State Zip Code
Dallas TX 75235

Purpose of Disbursement

Airline ticket

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11496

Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

176.70

C.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City State Zip Code
Dallas TX 75235

Purpose of Disbursement

Airline ticket

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11503

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

279.70

SUBTOTAL of Disbursements This Page (optional)

809.80

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 63 / 90

<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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City State Zip Code
Dallas TX 75235

Purpose of Disbursement

Airline ticket

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11504

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

286.70

B.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City State Zip Code
Dallas TX 75235

Purpose of Disbursement

Airline ticket

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11509

Date of Disbursement

09 / 21 / 2010

Amount of Each Disbursement this Period

556.80

C.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City State Zip Code
Dallas TX 75235

Purpose of Disbursement

Airline ticket

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11517

Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

225.40

SUBTOTAL of Disbursements This Page (optional)

1068.90

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 PageFOR LINE NUMBER:
(check only one)

PAGE 64 / 90

<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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City State Zip Code
Dallas TX 75235

Purpose of Disbursement

Airline ticket

Candidate Name

003

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11525

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Amount of Each Disbursement this Period

176.70

B.

Full Name (Last, First, Middle Initial)

Dustin Stockton

Mailing Address 5549 Knoll View Way

City State Zip Code
Sparks NV 89436

Purpose of Disbursement

Travel reimbursement

Candidate Name

002

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11494

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	0

Amount of Each Disbursement this Period

3167.65

C.

Full Name (Last, First, Middle Initial)

Dustin Stockton

Mailing Address 5549 Knoll View Way

City State Zip Code
Sparks NV 89436

Purpose of Disbursement

Travel Reimbursement

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11520

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

4844.35

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 65 / 90

<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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Tristate Odyssey

Mailing Address 1817 N Stewart St

City Carson City State NV Zip Code 89706

Purpose of Disbursement
staffing services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11781

Date of Disbursement

09 / 01 / 2010

Amount of Each Disbursement this Period

1164.34

B.

Full Name (Last, First, Middle Initial)

Tristate Odyssey

Mailing Address 1817 N Stewart St

City Carson City State NV Zip Code 89706

Purpose of Disbursement
Staffing services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11505

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

2910.85

C.

Full Name (Last, First, Middle Initial)

Tristate Odyssey

Mailing Address 1817 N Stewart St

City Carson City State NV Zip Code 89706

Purpose of Disbursement
Staffing services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11507

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

3493.02

SUBTOTAL of Disbursements This Page (optional)

7568.21

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Tristate Odyssey

Mailing Address 1817 N Stewart St

City Carson City State NV Zip Code 89706

Purpose of Disbursement

Staffing services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11522

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

3493.02

B.

Full Name (Last, First, Middle Initial)

United Airlines

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement

Airline ticket

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11489

Date of Disbursement

09 / 10 / 2010

Amount of Each Disbursement this Period

270.40

C.

Full Name (Last, First, Middle Initial)

United Airlines

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement

Airline ticket

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11497

Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

243.40

SUBTOTAL of Disbursements This Page (optional) ▶

4006.82

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

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

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

FOR LINE NUMBER:
(check only one)

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

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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

United States Post Office

Mailing Address 1111 So. Roop Street

City

Carson City

State

NV

Zip Code

89701

Purpose of Disbursement

mailbox rental

Candidate Name

001

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: SB21B.11495

Date of Disbursement

09 / 13 / 2010

Amount of Each Disbursement this Period

140.00

SUBTOTAL of Disbursements This Page (optional)

140.00

TOTAL This Period (last page this line number only)

27762.85

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 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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

JOHN DENNIS

Mailing Address 1592 UNION STREET

City State Zip Code
SAN FRANCISCO CA 94123

Purpose of Disbursement
Contribution

Candidate Name
JOHN DENNIS

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 08

Transaction ID: SB23.11479

Date of Disbursement

09 / 03 / 2010

Amount of Each Disbursement this Period

4500.00

B.

Full Name (Last, First, Middle Initial)

JOE HECK

Mailing Address PO BOX 750114

City State Zip Code
LAS VEGAS NV 89136

Purpose of Disbursement
contribution

Candidate Name
JOE HECK

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District: 03

Transaction ID: SB23.11528

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

MARTIN A LAMB

Mailing Address 57 WINGATE ROAD

City State Zip Code
HOLLISTON MA 01746

Purpose of Disbursement
contribution

Candidate Name
MARTIN A LAMB

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MA District: 03

Transaction ID: SB23.11527

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

7500.00

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee 99.1 FM Talk		Date M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 1 0	
Mailing Address 1960 Idaho St		Amount 2280.00	
City State Zip Code Carson City NV 89701		Transaction ID: SE.8646	
Purpose of Expenditure Support radio ad for Sharron Angle for US Senate		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 24012.00		2010	
Full Name (Last, First, Middle, Initial) of Payee 99.1 FM Talk		Date M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 1 0	
Mailing Address 1960 Idaho St		Amount 0.00	
City State Zip Code Carson City NV 89701		Transaction ID: SE.11447	
Purpose of Expenditure Radio ad		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 48801.61		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		2280.00	
(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.			
Roger Stockton Signature		Date M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 1	

B. Form/Schedule : **SE**
Transaction ID : **SE.11447**

Amount of \$1000 originally reported on Form 3X was a duplicate entry and was included in the reported expenditure of \$2280.00 on 9/7/2010 and on Form 24 filed 9/7/2010 (FEC-491724) The billing by the vendor was divided with one invoice for \$1280.00 and one invoice for \$1000.00. I inadvertently entered part of the expenditure a second time on Form 3X.

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER ▼ C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee AM 1200 WXKS		Date M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 1 0	
Mailing Address 10 Cabot Road Suite 302		Amount 475.00	
City State Zip Code Medford MA 02155		Transaction ID: SE.11410	
Purpose of Expenditure Radio ad		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MARTIN A LAMB		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
1560.00			
Full Name (Last, First, Middle, Initial) of Payee AM 580 WTAG		Date M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 1 0	
Mailing Address 96 Stereo Lane		Amount 525.00	
City State Zip Code Paxton MA 01612		Transaction ID: SE.11408	
Purpose of Expenditure Radio ad		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MARTIN A LAMB		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
1085.00			
(a) SUBTOTAL of Itemized Independent Expenditures		1000.00	
(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.			
Roger Stockton Signature		Date M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 1	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER ▼ C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee AM 830 WCRN		Date M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 1 0	
Mailing Address 82 Franklin Street		Amount 560.00	
City Worcester State MA Zip Code 01608		Transaction ID: SE.11405	
Purpose of Expenditure Radio Ad		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MARTIN A LAMB		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
560.00			
Full Name (Last, First, Middle, Initial) of Payee Anchorage Media Group		Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0	
Mailing Address 301 Arctic Slope Ave Suite 200		Amount 1683.00	
City Anchorage State AK Zip Code 99518		Transaction ID: SE.11464	
Purpose of Expenditure radio ad		Office Sought: <input type="checkbox"/> House State: AK <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOSEPH W MILLER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
4495.81			
(a) SUBTOTAL of Itemized Independent Expenditures		2243.00	
(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.			
Roger Stockton Signature		Date M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 1	

A. Form/Schedule : **SE**
Transaction ID : **SE.11405**

Incorrectly entered with a date of 5/14/2010 on original Form 3X. Reported on Form 24 on 5/13/2010 with the correct date.

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER ▼ C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Beasley Broadcast Group		Date MM / DD / YYYY 09 / 07 / 2010	
Mailing Address 1455 East Tropicana, Suite 800		Amount 2100.00	
City State Zip Code Las Vegas NV 89119		Transaction ID: SE.8645	
Purpose of Expenditure Support radio ad for Sharron Angle for US Senate		Office Sought: <input checked="" type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 21732.00		2010	
Full Name (Last, First, Middle, Initial) of Payee CBS Radio - NEWSRADIO 840 KXNT		Date MM / DD / YYYY 09 / 02 / 2010	
Mailing Address 6655 W. Sahara Ave. Suite D-110		Amount 2000.00	
City State Zip Code Las Vegas NV 89146		Transaction ID: SE.8667	
Purpose of Expenditure Banner ad on KXNT website		Office Sought: <input checked="" type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 12975.00		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		4100.00	
(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.			
Roger Stockton Signature		Date MM / DD / YYYY 01 / 28 / 2011	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee CBS Radio - NEWSRADIO 840 KXNT		Date MM / DD / YYYY 09 / 07 / 2010	
Mailing Address 6655 W. Sahara Ave. Suite D-110		Amount 5100.00	
City State Zip Code Las Vegas NV 89146		Transaction ID: SE.8649	
Purpose of Expenditure Support radio ad for Sharron Angle for US Senate		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 29112.00		2010	
Full Name (Last, First, Middle, Initial) of Payee CBS Radio - NEWSRADIO 840 KXNT		Date MM / DD / YYYY 09 / 13 / 2010	
Mailing Address 6655 W. Sahara Ave. Suite D-110		Amount 0.00	
City State Zip Code Las Vegas NV 89146		Transaction ID: SE.11782	
Purpose of Expenditure radio ad		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 29112.00		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		5100.00	
(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.			
Roger Stockton Signature		Date MM / DD / YYYY 01 / 28 / 2011	

B. Form/Schedule : **SE**
Transaction ID : **SE.11782**

Amount of \$2600 originally reported on Form 3X was a duplicate entry and was included in the reported expenditure of \$5100.00 on 9/7/2010 and on Form 24 filed 9/7/2010 (FEC-491724) The billing by the vendor was divided with one invoice for \$2500.00 and one invoice for \$2600.00. I inadvertently entered part of the expenditure a second time on Form 3X.

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee CBS Radio - NEWSRADIO 840 KXNT		Date MM / DD / YYYY 09 / 14 / 2010	
Mailing Address 6655 W. Sahara Ave. Suite D-110		Amount 1800.00	
City State Zip Code Las Vegas NV 89146		Transaction ID: SE.11416	
Purpose of Expenditure Radio ad		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
30912.00			
Full Name (Last, First, Middle, Initial) of Payee CBS Radio - NEWSRADIO 840 KXNT		Date MM / DD / YYYY 09 / 23 / 2010	
Mailing Address 6655 W. Sahara Ave. Suite D-110		Amount 1800.00	
City State Zip Code Las Vegas NV 89146		Transaction ID: SE.11443	
Purpose of Expenditure Radio ad supporting Sharron Angle		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
46801.61			
(a) SUBTOTAL of Itemized Independent Expenditures		3600.00	
(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.			
Roger Stockton Signature		Date MM / DD / YYYY 01 / 28 / 2011	

B. Form/Schedule : **SE**
Transaction ID : **SE.11443**

The expenditure was dated 9/21/2010 on Form 3X by error. The expenditure was reported on Form 24 with a date of 9/23/2010 which was the correct date of the expenditure and filed 9/25/2010 FEC filing number FEC-495574. The error was due to receiving a pre charge notice from the vendor on 9/21/2010 and the date of the actual expenditure was recorded on Form 24 correctly as 9/23/2010.

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee CBS Radio - NEWSRADIO 840 KXNT		Date M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0	
Mailing Address 6655 W. Sahara Ave. Suite D-110		Amount 1800.00	
City State Zip Code Las Vegas NV 89146		Transaction ID: SE.11442	
Purpose of Expenditure Radio ad supporting Sharron Angle		Office Sought: <input checked="" type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 51401.61		2010	
Full Name (Last, First, Middle, Initial) of Payee Citadel Broadcasting		Date M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 1 0	
Mailing Address 595 East Plumb Lane		Amount 3865.00	
City State Zip Code Reno NV 89502		Transaction ID: SE.8643	
Purpose of Expenditure Support radio ad for Sharron Angle for US Senate		Office Sought: <input checked="" type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 17340.00		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		5665.00	
(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.			
Roger Stockton Signature		Date M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 1	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dionysus Consulting LLC		Date MM / DD / YYYY 09 / 21 / 2010	
Mailing Address 645 Alwick Ave		Amount 7000.00	
City State Zip Code West Islip NY 11795		Transaction ID: SE.11426	
Purpose of Expenditure support email, Sharron Angle		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 38912.00		2010	
Full Name (Last, First, Middle, Initial) of Payee Intermarkets Inc		Date MM / DD / YYYY 09 / 16 / 2010	
Mailing Address 11911 Freedom Dr Suite 1140		Amount 1000.00	
City State Zip Code Reston VA 20190		Transaction ID: SE.11430	
Purpose of Expenditure Banner ad, support of Sharron Angle		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 31912.00		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		8000.00	
(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.			
Roger Stockton Signature		Date MM / DD / YYYY 01 / 28 / 2011	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Intermarkets Inc		Date MM / DD / YYYY 09 / 23 / 2010	
Mailing Address 11911 Freedom Dr Suite 1140		Amount 2000.00	
City State Zip Code Reston VA 20190		Transaction ID: SE.11446	
Purpose of Expenditure Banner ad		Office Sought: <input checked="" type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
48801.61			
Full Name (Last, First, Middle, Initial) of Payee KJNO Radio		Date MM / DD / YYYY 09 / 27 / 2010	
Mailing Address 3161 Channel Dr		Amount 1614.38	
City State Zip Code Juneau AK 99801		Transaction ID: SE.11466	
Purpose of Expenditure Radio ad		Office Sought: <input checked="" type="checkbox"/> House State: AK <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOSEPH W MILLER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
2812.81			
(a) SUBTOTAL of Itemized Independent Expenditures		3614.38	
(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.			
Roger Stockton Signature		Date MM / DD / YYYY 01 / 28 / 2011	

A. Form/Schedule : **SE**
Transaction ID : **SE.11446**

Incorrectly entered with date of 9/23 on Form 3X and 9/24 on 48 hour notice. Expenditure was for ad that ran from 9/23/2010-9/24/2010

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00461772 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee KTKN Radio		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 09</div> <div style="border: 1px solid black; padding: 2px;">D 29</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 526 Stedman Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1857.60</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Ketchikan</div> <div>State AK</div> <div>Zip Code 99901</div> </div>		Transaction ID: SE.11467	
Purpose of Expenditure Radio ad		Office Sought: <input type="checkbox"/> House State: AK <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/ Type		<div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate supported or Opposed by expenditure: JOSEPH W MILLER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">6353.41</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010			
Full Name (Last, First, Middle, Initial) of Payee Paramount Communications Group		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 09</div> <div style="border: 1px solid black; padding: 2px;">D 21</div> <div style="border: 1px solid black; padding: 2px;">Y 2010</div> </div>	
Mailing Address 525-K East Market St #114		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1089.61</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Leesburg</div> <div>State VA</div> <div>Zip Code 20176</div> </div>		Transaction ID: SE.11456	
Purpose of Expenditure Support emails		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/ Type		<div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">45001.61</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2947.21</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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.			
Roger Stockton Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 01</div> <div style="border: 1px solid black; padding: 2px;">D 28</div> <div style="border: 1px solid black; padding: 2px;">Y 2011</div> </div>	

B. Form/Schedule : **SE**
Transaction ID : **SE.11456**

The expenditure was reported on Form 24 filed 9/29/2010, FEC filing number FEC-495574 dated 9/28/2010 when the expenditure was processed although it was initially entered into the system on 9/21/2010 when the invoice arrived which was the date reflected on Form 3X.

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Paramount Communications Group		Date MM / DD / YYYY 09 / 21 / 2010	
Mailing Address 525-K East Market St #114		Amount 241.18	
City State Zip Code Leesburg VA 20176		Transaction ID: SE.11458	
Purpose of Expenditure Support email		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARNEY FRANK		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee Paramount Communications Group		Date MM / DD / YYYY 09 / 21 / 2010	
Mailing Address 525-K East Market St #114		Amount 610.43	
City State Zip Code Leesburg VA 20176		Transaction ID: SE.11459	
Purpose of Expenditure Support emails		Office Sought: <input type="checkbox"/> House State: AK <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOSEPH W MILLER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		851.61	
(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.			
Roger Stockton Signature		Date MM / DD / YYYY 01 / 28 / 2011	

A. Form/Schedule : **SE**
Transaction ID : **SE.11458**

The expenditure was reported on Form 24 filed 9/29/2010, FEC filing number FEC-495574 dated 9/28/2010 when the expenditure was processed although it was initially entered into the system on 9/21/2010 when the invoice arrived which was the date reflected on Form 3X.

B. Form/Schedule : **SE**
Transaction ID : **SE.11459**

The expenditure was reported on Form 24 filed 9/29/2010, FEC filing number FEC-495574 dated 9/28/2010 when the expenditure was processed although it was initially entered into the system on 9/21/2010 when the invoice arrived which was the date reflected on Form 3X.

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Project Americans Coming Together		Date M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 1 0	
Mailing Address 4208 Kyle Dr		Amount 800.00	
City State Zip Code Wellington NV 89444		Transaction ID: SE.11460	
Purpose of Expenditure Oct 11 Carson City candidate rally		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 007		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 49601.61		2010	
Full Name (Last, First, Middle, Initial) of Payee Reno Radio Representatives LLC		Date M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 1 0	
Mailing Address 961 Matley Ln Ste. 120		Amount 2292.00	
City State Zip Code Reno NV 89502		Transaction ID: SE.8644	
Purpose of Expenditure Support radio ad for Sharron Angle for US Senate		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 19632.00		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		3092.00	
(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.			
Roger Stockton Signature		Date M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 1	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Scott Fortney, TakeMyVoice.com		Date MM / DD / YYYY 09 / 06 / 2010	
Mailing Address 6960 Huntingdon Street		Amount 500.00	
City State Zip Code Harrisburg PA 17111		Transaction ID: SE.8647	
Purpose of Expenditure Radio ad production for support ad for Sharron Angle		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: NV District: _____	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 13475.00		2010	
Full Name (Last, First, Middle, Initial) of Payee Sierra Sage Magazine		Date MM / DD / YYYY 09 / 29 / 2010	
Mailing Address 333 W. Proctor St		Amount 900.00	
City State Zip Code Carson City NV		Transaction ID: SE.11440	
Purpose of Expenditure Magazine ad support- ing Sharron Angle		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: NV District: 00	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 67301.61		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		1400.00	
(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.			
Roger Stockton Signature		Date MM / DD / YYYY 01 / 28 / 2011	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER ▼ C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Spirit of Alaska Broadcasting		Date M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 1 0	
Mailing Address 220 E. Parks Hwy		Amount 588.00	
City State Zip Code Wasilla AK 99654		Transaction ID: SE.11462	
Purpose of Expenditure Radio ad		Office Sought: <input type="checkbox"/> House State: AK <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOSEPH W MILLER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee The Political Insider		Date M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 1 0	
Mailing Address PO Box 25574		Amount 5000.00	
City State Zip Code Alexandria VA 22313		Transaction ID: SE.11428	
Purpose of Expenditure Support email, Sharr-on Angle		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		5588.00	
(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.			
Roger Stockton Signature		Date M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 1	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Townhall.com		Date M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 1 0	
Mailing Address 402 BNA Dr. Suite 400		Amount 10000.00	
City State Zip Code Nashville TN 37217		Transaction ID: SE.11435	
Purpose of Expenditure Email campaign		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARNEY FRANK		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee Townhall.com		Date M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0	
Mailing Address 402 BNA Dr. Suite 400		Amount 15000.00	
City State Zip Code Nashville TN 37217		Transaction ID: SE.11444	
Purpose of Expenditure Support email		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		25000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures		74481.20	
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.			
Roger Stockton Signature		Date M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 1	