

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 C00461772 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 10 14 2010 through 11 22 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 12 02 2010

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

Office Use Only table with 7 columns and 1 row. FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
WESTERN REPRESENTATION PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		1317.58
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	99764.36									
(c) Total Receipts (from Line 19)	79409.07	397374.43								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	179173.43	398692.01								
7. Total Disbursements (from Line 31)	142272.75	361791.33								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	36900.68	36900.68								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
WESTERN REPRESENTATION PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

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)	28904.25	103651.25
(ii) Unitemized	50504.82	293687.78
(iii) TOTAL (add Lines 11(a)(i) and (ii)	79409.07	397339.03
(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)	79409.07	397339.03
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))	79409.07	397374.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	79409.07	397374.43

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	59690.12	119037.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	59690.12	119037.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	25100.00
24. Independent Expenditure (use Schedule E)	72082.63	214153.46
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	3500.00	3500.00
(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))	3500.00	3500.00
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))..	142272.75	361791.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	142272.75	361791.33

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	79409.07	397339.03
34. Total Contribution Refunds (from Line 28(d))	3500.00	3500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	75909.07	393839.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	59690.12	119037.87
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	35.40
38. Net Operating Expenditures (subtract Line 37 from Line 36)	59690.12	119002.47

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Michael Adler	Date of Receipt MM / DD / YYYY 10 / 31 / 2010
	Mailing Address 26565 Agoura Road	Transaction ID: SA11AI.19440
	City State Zip Code Calabasas CA 91302	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Informa Research Services Occupation Lawyer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

B.	Full Name (Last, First, Middle Initial) Stephanie Arcudi	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 390 So Main st	Transaction ID: SA11AI.21640
	City State Zip Code Hopedale MA 01747	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NA Occupation NA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 300.00	

C.	Full Name (Last, First, Middle Initial) charles baca	Date of Receipt MM / DD / YYYY 10 / 19 / 2010
	Mailing Address 755 galaxy heights drive	Transaction ID: SA11AI.20638
	City State Zip Code la canada CA 91011	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self Occupation retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) maryanne Bell		Date of Receipt
	Mailing Address 53 Grey Wing Pointe		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Naples	FL	34113
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer retired		Occupation n a	Transaction ID: SA11AI.20285
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) Steve Berry		Date of Receipt
	Mailing Address 15600 SW Redstone Dr		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Beaverton	OR	97007
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Berry Consulting LLC		Occupation Mechanical Engineer	Transaction ID: SA11AI.19986
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

C.	Full Name (Last, First, Middle Initial) TOM BIRDNOW		Date of Receipt
	Mailing Address 17024 ORCHARD AVE		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	OMAHA	NE	68135
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer PROFESSIONAL LABEL CO		Occupation EXECUTIVE	Transaction ID: SA11AI.20406
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="425.00"/>	<input type="text" value="50.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="800.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 93
(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 Blanchard

Mailing Address 1613 Chelsea Rd

City State Zip Code
San Marino CA 91108

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
JBC President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
10 / 16 / 2010

Transaction ID: SA11AI.20985

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Roger Blauwkamp

Mailing Address 494 E 64th St

City State Zip Code
Holland MI 49423

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
STM Mfg Inc President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
10 / 17 / 2010

Transaction ID: SA11AI.20955

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Randall Bock

Mailing Address 372 Broadway

City State Zip Code
Revere MA 02151

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
self physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
10 / 21 / 2010

Transaction ID: SA11AI.20531

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 9 / 93
(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)
Pamela Boker

Mailing Address 719 Bedford Road

City Bedford Corners State NY Zip Code 10549

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation psychologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt M M / D D / Y Y Y Y
10 / 20 / 2010

Transaction ID: SA11AI.20609

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Pamela Boker

Mailing Address 719 Bedford Road

City Bedford Corners State NY Zip Code 10549

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation psychologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt M M / D D / Y Y Y Y
10 / 27 / 2010

Transaction ID: SA11AI.19897

Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Pamela Boker

Mailing Address 719 Bedford Road

City Bedford Corners State NY Zip Code 10549

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation psychologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
10 / 28 / 2010

Transaction ID: SA11AI.19719

Amount of Each Receipt this Period 100.00

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 10 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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) Dan Boyd		Date of Receipt
	Mailing Address 1400 West Third Ave		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Denver	CO	80223
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer BOYD INVESTMENT CO		Occupation Owner	Transaction ID: SA11AI.21506
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="350.00"/>	<input type="text" value="100.00"/>

B.	Full Name (Last, First, Middle Initial) Dan Boyd		Date of Receipt
	Mailing Address 1400 West Third Ave		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Denver	CO	80223
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer BOYD INVESTMENT CO		Occupation Owner	Transaction ID: SA11AI.21432
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="450.00"/>	<input type="text" value="100.00"/>

C.	Full Name (Last, First, Middle Initial) Dan Boyd		Date of Receipt
	Mailing Address 1400 West Third Ave		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Denver	CO	80223
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer BOYD INVESTMENT CO		Occupation Owner	Transaction ID: SA11AI.21393
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="550.00"/>	<input type="text" value="100.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 93
	<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) W Chris Brancato		Date of Receipt	
	Mailing Address P O Box 436		M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.20516
	east moriches	NY	11940	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		200.00	
Name of Employer stifel nicolaus		Occupation financial advisor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

B.	Full Name (Last, First, Middle Initial) Carol Bremer		Date of Receipt	
	Mailing Address Box 110718		M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.19967
	Big Bear Lake	CA	92315	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		600.00	
Name of Employer None		Occupation Retired Educator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00		

C.	Full Name (Last, First, Middle Initial) John Burns		Date of Receipt	
	Mailing Address 10 WEst Stillforest		M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.20746
	Houston	TX	77024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer self		Occupation retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
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 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) Jack Buzbee		Date of Receipt
	Mailing Address 200 E Douglas St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 27 / 2010
	City	State	Zip Code
	De Soto	IL	62924
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.19883
Name of Employer none		Occupation retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 540.00	

B.	Full Name (Last, First, Middle Initial) Carolina Casperson		Date of Receipt
	Mailing Address 522 North State Rd. suite 102		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 19 / 2010
	City	State	Zip Code
	Briarcliff Manor	NY	10510
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.20786
Name of Employer self		Occupation singer songwriter	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) Carolina Casperson		Date of Receipt
	Mailing Address 522 North State Rd. suite 102		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 19 / 2010
	City	State	Zip Code
	Briarcliff Manor	NY	10510
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.20822
Name of Employer self		Occupation singer songwriter	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 300.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 13 / 93
(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)
Carolina Casperson

Mailing Address 522 North State Rd. suite 102

City Briarcliff Manor State NY Zip Code 10510

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

Name of Employer self Occupation singer songwriter

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 20 / 2010
Transaction ID: SA11AI.20587
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
Carolina Casperson

Mailing Address 522 North State Rd. suite 102

City Briarcliff Manor State NY Zip Code 10510

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

Name of Employer self Occupation singer songwriter

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 22 / 2010
Transaction ID: SA11AI.20453
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Carolina Casperson

Mailing Address 522 North State Rd. suite 102

City Briarcliff Manor State NY Zip Code 10510

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

Name of Employer self Occupation singer songwriter

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 26 / 2010
Transaction ID: SA11AI.20340
Amount of Each Receipt this Period 100.00

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: (check only one)	PAGE 14 / 93
	<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) John Chilton		Date of Receipt
	Mailing Address 14804 Lake Forest Dr.		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Dallas	TX	75254
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.21281
Name of Employer Self		Occupation Rancher	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) randall clark		Date of Receipt
	Mailing Address 12519 sandstone run		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	carmel	IN	46033
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.20845
Name of Employer Windsor Group LTD		Occupation CFP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Greg Clements		Date of Receipt
	Mailing Address 507 W Dalton Dr		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Round Lake	IL	60073
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.20133
Name of Employer Grainger		Occupation Program Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 100.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 600.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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) Ralph Clinard	Date of Receipt MM / DD / YYYY 10 / 14 / 2010
	Mailing Address 3306Chartreuse Way	Transaction ID: SA11AI.21288
	City State Zip Code Houston TX 77082	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	

B.	Full Name (Last, First, Middle Initial) Ralph Clinard	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 3306Chartreuse Way	Transaction ID: SA11AI.21158
	City State Zip Code Houston TX 77082	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00	

C.	Full Name (Last, First, Middle Initial) Ralph Clinard	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 3306Chartreuse Way	Transaction ID: SA11AI.21179
	City State Zip Code Houston TX 77082	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 875.00	

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 16 / 93
(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)
Ralph Clinard

Mailing Address 3306Chartreuse Way

City State Zip Code
Houston TX 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 ▼ 900.00

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

Transaction ID: SA11AI.20562

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Ralph Clinard

Mailing Address 3306Chartreuse Way

City State Zip Code
Houston TX 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 ▼ 950.00

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

Transaction ID: SA11AI.20502

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Ralph Clinard

Mailing Address 3306Chartreuse Way

City State Zip Code
Houston TX 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 ▼ 975.00

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

Transaction ID: SA11AI.20445

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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 / 93
(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)
Ralph Clinard

Mailing Address 3306Chartreuse Way

City State Zip Code
Houston TX 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 ▼
1025.00

Date of Receipt
MM / DD / YYYY
10 / 26 / 2010

Transaction ID: SA11AI.20149

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Kim Conant

Mailing Address 14735 Poway Mesa Dr.

City State Zip Code
Poway CA 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 ▼
800.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2010

Transaction ID: SA11AI.21395

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Kim Conant

Mailing Address 14735 Poway Mesa Dr.

City State Zip Code
Poway CA 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 ▼
900.00

Date of Receipt
MM / DD / YYYY
10 / 26 / 2010

Transaction ID: SA11AI.19991

Amount of Each Receipt this Period
100.00

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: (check only one)	PAGE 18 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Patrick Davis		Date of Receipt
	Mailing Address 2419 b fisk lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 7 / 2 0 1 0
	City	State	Zip Code
	Redondo Beach	CA	90278
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.19813
Name of Employer Patrick C. Davis, CLU		Occupation Insurance Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) Richard Davis		Date of Receipt
	Mailing Address 10213 Wendover Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 8 / 2 0 1 0
	City	State	Zip Code
	Vienna	VA	22181
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.21441
Name of Employer NA		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 300.00

C.	Full Name (Last, First, Middle Initial) salvatore de Maria		Date of Receipt
	Mailing Address 1713 West Vista Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	City	State	Zip Code
	vista	CA	92083
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.21104
Name of Employer self		Occupation self	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 100.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 450.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 19 / 93
(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)
Ermilo Dilley

Mailing Address 5404 Hidden Oaks Lane

City State Zip Code
Arlington TX 76017

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

Name of Employer Occupation
TPCCC Physican

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.21181

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Peter Durfee

Mailing Address 45 Deerfield Drive

City State Zip Code
Scituate RI 02857

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

Name of Employer Occupation
The Beacon Mutual Insurance Company Accountant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.19901

Amount of Each Receipt this Period
250.00

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

Mailing Address 801 South Garner Street

City State Zip Code
State College PA 16801

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

Name of Employer Occupation
Clearfield Hospital Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.20846

Amount of Each Receipt this Period
100.00

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 20 / 93
(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)
Nancy Engle

Mailing Address 408 Kelly Plantation Rd

City State Zip Code
Destin FL 32541

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

Name of Employer commercial real estate Occupation self

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

Transaction ID: SA11AI.21276

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Herb Fair

Mailing Address 7816 E. San Miguel Ave

City State Zip Code
Scottsdale AZ 85250

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

Name of Employer Restaurant Profit Management Services Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.20625

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Marilyn Faust

Mailing Address 123 Montclair

City State Zip Code
Beaumont TX 77707

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

Name of Employer substitute Occupation teacher

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.25

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

Transaction ID: SA11AI.20177

Amount of Each Receipt this Period
30.25

SUBTOTAL of Receipts This Page (optional) ▶ **530.25**

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 / 93
(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)
Mary Lee Fleischer

Date of Receipt
MM / DD / YYYY
10 / 26 / 2010

Mailing Address 501 Herondo Street

Transaction ID: SA11AI.19978

City Hermosa Beach State CA Zip Code 90254

Amount of Each Receipt this Period
250.00

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

Name of Employer Self-Advocate Legal Search Occupation Legal Recruiter

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

B.

Full Name (Last, First, Middle Initial)
Richard Frachtman

Date of Receipt
MM / DD / YYYY
11 / 02 / 2010

Mailing Address 11530 Raintree Cir

Transaction ID: SA11AI.21614

City Houston State TX Zip Code 77024

Amount of Each Receipt this Period
100.00

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

Name of Employer Self Occupation MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

C.

Full Name (Last, First, Middle Initial)
Donald Frye

Date of Receipt
MM / DD / YYYY
10 / 25 / 2010

Mailing Address 12 Gage Ct.

Transaction ID: SA11AI.20369

City Houston State TX Zip Code 77024

Amount of Each Receipt this Period
100.00

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

Name of Employer Self Occupation Geophysicist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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 22 / 93
(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)
Linda Gilchrist

Mailing Address 190 W Continental Rd

City State Zip Code
Green Valley AZ 85622

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 ▼ 225.00

Date of Receipt: 10 / 16 / 2010
Transaction ID: SA11AI.21008
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
LEYLA GILES

Mailing Address 4142 W 175 ST

City State Zip Code
TORRANCE CA 90504

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 ▼ 250.00

Date of Receipt: 10 / 19 / 2010
Transaction ID: SA11AI.20627
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Gloria Gill

Mailing Address 767 Rocky Branch Lane

City State Zip Code
Evans GA 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 ▼ 700.00

Date of Receipt: 10 / 20 / 2010
Transaction ID: SA11AI.20598
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 375.00

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 / 93
(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 State Zip Code
Evans GA 30809

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

Name of Employer Occupation
Club Car Editor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: SA11AI.19739

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
arthur girton

Mailing Address 407 avenue of the states

City State Zip Code
chester PA 19013

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

Name of Employer Occupation
self attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.20332

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Karen Glasscock

Mailing Address 1913 Yellowstone Dr

City State Zip Code
Lampasas TX 76550

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

Name of Employer Occupation
State Comptroller's Office Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.21045

Amount of Each Receipt this Period
500.00

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 24 / 93
(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)
Ralph Goehring

Mailing Address 10900 Rockridge Way

City Bakersfield State CA Zip Code 93311

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

Name of Employer Self-employed Occupation Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2010

Transaction ID: SA11AI.20048

Amount of Each Receipt this Period 250.00

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 ▼ 350.00

Date of Receipt 10 / 28 / 2010

Transaction ID: SA11AI.19734

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Teresa Graham

Mailing Address 5143 NE Laurelcres Lane

City Seattle State WA Zip Code 98105

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

Name of Employer Self Occupation Business owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2010

Transaction ID: SA11AI.20629

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) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 93		
	<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

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Michael Gully		Date of Receipt	
	Mailing Address 1406 North 54th Street		M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.20399
	Quincy	IL	62305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Gully Transportation		Occupation Vice-President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) John Haesler		Date of Receipt	
	Mailing Address 24 San Ramon		M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.20917
	Irvine	CA	92612	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer CoreLink		Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

C.	Full Name (Last, First, Middle Initial) Hal Haltom		Date of Receipt	
	Mailing Address 1510 Harness Oaks		M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.19871
	Houston	TX	77077	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer none		Occupation retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 93
(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

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)
Edward Harhager

Mailing Address 15485 Wooster St. N.W.

City North Lawrence State OH Zip Code 44666

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

Name of Employer Sonoco Packaging Co. Occupation Manufacturing Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 20 / 2010
Transaction ID: SA11AI.20610
 Amount of Each Receipt this Period: 100.00

B.

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 ▼ 600.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.19514
 Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
Carol Harris

Mailing Address 2046 Brookhaven Ave

City Placenta State CA Zip Code 92870

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

Name of Employer RLH Industries, Inc. Occupation Credit Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.19504
 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 27 / 93
(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)
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 10 / 19 / 2010
Transaction ID: SA11AI.20615
Amount of Each Receipt this Period 1000.00

B.

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

Mailing Address 8420 Gladys court

City Fort Worth State TX Zip Code 76116

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

Name of Employer Horn ranch Occupation Self

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2010
Transaction ID: SA11AI.20446
Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Heidi Hurst-Hobbs

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 Ops Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2010
Transaction ID: SA11AI.20450
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2050.00

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 / 93
(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)
Marc Iverson

Mailing Address 6037 Sharon Rd

City State Zip Code
Charlotte NC 28210

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

Name of Employer none Occupation disabled

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.21233

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Marc Iverson

Mailing Address 6037 Sharon Rd

City State Zip Code
Charlotte NC 28210

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

Name of Employer none Occupation disabled

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

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

Transaction ID: SA11AI.20612

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Michelle Joanou

Mailing Address 5663 Bramblewood R.

City State Zip Code
La Canada CA 91011

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 ▼
350.00

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

Transaction ID: SA11AI.20918

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **2100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) brice jones		Date of Receipt
	Mailing Address po box 971		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	ross	CA	94957
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation farmer	Transaction ID: SA11AI.20906
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

B.	Full Name (Last, First, Middle Initial) brice jones		Date of Receipt
	Mailing Address po box 971		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	ross	CA	94957
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation farmer	Transaction ID: SA11AI.20912
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>	<input type="text" value="500.00"/>

C.	Full Name (Last, First, Middle Initial) Christopher Jones		Date of Receipt
	Mailing Address 411 W. Wellons St.		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Smithfield	NC	27577
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Stallings Insurance		Occupation insurance agent	Transaction ID: SA11AI.21304
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="355.00"/>	<input type="text" value="25.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1025.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 93
	<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 Jones		Date of Receipt	
	Mailing Address 411 W. Wellons St.		M M / D D / Y Y Y Y 10 / 15 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.21213
	Smithfield	NC	27577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer Stallings Insurance		Occupation insurance agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00		

B.	Full Name (Last, First, Middle Initial) Christopher Jones		Date of Receipt	
	Mailing Address 411 W. Wellons St.		M M / D D / Y Y Y Y 10 / 18 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.20875
	Smithfield	NC	27577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer Stallings Insurance		Occupation insurance agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 405.00		

C.	Full Name (Last, First, Middle Initial) Christopher Jones		Date of Receipt	
	Mailing Address 411 W. Wellons St.		M M / D D / Y Y Y Y 10 / 21 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.20520
	Smithfield	NC	27577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer Stallings Insurance		Occupation insurance agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 430.00		

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 93
	<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 Jones	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 411 W. Wellons St.	Transaction ID: SA11AI.19892
	City State Zip Code Smithfield NC 27577	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Stallings Insurance Occupation insurance agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00

B.	Full Name (Last, First, Middle Initial) Christopher Jones	Date of Receipt MM / DD / YYYY 10 / 28 / 2010
	Mailing Address 411 W. Wellons St.	Transaction ID: SA11AI.19742
	City State Zip Code Smithfield NC 27577	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Stallings Insurance Occupation insurance agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 505.00

C.	Full Name (Last, First, Middle Initial) Neil Kadisha	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 9420 Wilshire Blvd #400	Transaction ID: SA11AI.21550
	City State Zip Code Beverly Hills CA 90212	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer OMNINET CAPITAL Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional)	1075.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 93		
	<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

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Karl Kail		Date of Receipt MM / DD / YYYY 10 / 17 / 2010		
	Mailing Address 85 Eastpoint Road		Transaction ID: SA11AI.21457		
	City Montrose	State PA	Zip Code 18801	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Manager			

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00
---	------------------------------------

B.	Full Name (Last, First, Middle Initial) Karl Kail		Date of Receipt MM / DD / YYYY 10 / 26 / 2010		
	Mailing Address 85 Eastpoint Road		Transaction ID: SA11AI.20341		
	City Montrose	State PA	Zip Code 18801	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Manager			

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00
---	------------------------------------

C.	Full Name (Last, First, Middle Initial) James Kilpatrick		Date of Receipt MM / DD / YYYY 10 / 19 / 2010		
	Mailing Address 3801 Manchaca # 56		Transaction ID: SA11AI.20687		
	City Austin	State TX	Zip Code 78704	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer retired	Occupation retired			

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

SUBTOTAL of Receipts This Page (optional)	▶	225.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 93
	<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)
Thomas Lancaster

Mailing Address 605 San Elijo St.

City San Diego State CA Zip Code 92106

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 ▼ 550.00

Date of Receipt 10 / 25 / 2010

Transaction ID: SA11AI.20359

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Charles Lax

Mailing Address 909 Belvoir Circle

City Newport News State VA Zip Code 23608

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

Name of Employer Metro Machine Corp Occupation computer analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt 10 / 20 / 2010

Transaction ID: SA11AI.21403

Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Charles Lax

Mailing Address 909 Belvoir Circle

City Newport News State VA Zip Code 23608

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

Name of Employer Metro Machine Corp Occupation computer analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 26 / 2010

Transaction ID: SA11AI.20214

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 295.00

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 / 93
(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)
Charles Lax

Mailing Address 909 Belvoir Circle

City State Zip Code
Newport News VA 23608

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

Name of Employer Metro Machine Corp Occupation computer analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

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

Transaction ID: SA11AI.19758

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Dwight Lowell

Mailing Address 901 Cima del Mundo Rd.

City State Zip Code
Montecito CA 93108

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 ▼ 400.00

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

Transaction ID: SA11AI.20913

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Don MacDougall

Mailing Address 5 Beard Way

City State Zip Code
Wellesley MA 02482

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

Name of Employer Adage Occupation Equity Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.20318

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **375.00**

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 35 / 93						
	(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

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Gary McGuinness		Date of Receipt MM / DD / YYYY 10 / 28 / 2010		
	Mailing Address 21 Bayberry Road		Transaction ID: SA11AI.19787		
	City Groton	State MA	Zip Code 01450	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Textron	Occupation Engineer	Aggregate Year-to-Date 300.00		

B.	Full Name (Last, First, Middle Initial) Clifton McWilliams		Date of Receipt MM / DD / YYYY 10 / 28 / 2010		
	Mailing Address 7502 Waning Star Court		Transaction ID: SA11AI.19581		
	City Spring	State TX	Zip Code 77379	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dew Point Contol, LLC	Occupation Manager	Aggregate Year-to-Date 250.00		

C.	Full Name (Last, First, Middle Initial) Donna Moore		Date of Receipt MM / DD / YYYY 10 / 26 / 2010		
	Mailing Address 7314 Troulon Dr		Transaction ID: SA11AI.20108		
	City Houston	State TX	Zip Code 77074	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NA	Occupation Retired	Aggregate Year-to-Date 220.00		

SUBTOTAL of Receipts This Page (optional)	▶	375.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Lora Mowat		Date of Receipt
	Mailing Address PO Box 8414		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 8 / 2 0 1 0
	City	State	Zip Code
	South Lake Tahoe	CA	96158
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.20851
Name of Employer Chase Int'l South Tahoe Realty		Occupation Office Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 100.00

B.	Full Name (Last, First, Middle Initial) Carroll Mueller		Date of Receipt
	Mailing Address 2800 Mason Ave.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 4 / 2 0 1 0
	City	State	Zip Code
	Las Vegas	NV	89102
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.20387
Name of Employer retired		Occupation teacher	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	<input type="text"/> 100.00

C.	Full Name (Last, First, Middle Initial) pat murphy		Date of Receipt
	Mailing Address w267 n2899 woodland dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 6 / 2 0 1 0
	City	State	Zip Code
	pewaukee	WI	53072
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.20195
Name of Employer self		Occupation health care	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 450.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 93
(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)
pat murphy

Mailing Address w267 n2899 woodland dr.

City State Zip Code
pewaukee WI 53072

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

Name of Employer self Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: SA11AI.19625

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Thomas Murphy

Mailing Address P. O. Box 301

City State Zip Code
Boxford MA 01921

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 ▼ 398.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.21248

Amount of Each Receipt this Period
199.00

C.

Full Name (Last, First, Middle Initial)
Al Nader

Mailing Address 3519 Rodesco Ct SE

City State Zip Code
Puyallup WA 98374

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

Name of Employer Retired Occupation None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.21122

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **549.00**

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 38 / 93
(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)
Don Naeve

Mailing Address 1230 Eastwick Circle

City State Zip Code
Murphy TX 75094

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
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.20931

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Don Naeve

Mailing Address 1230 Eastwick Circle

City State Zip Code
Murphy TX 75094

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 Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.20702

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Don Nester

Mailing Address 4803 Lindale

City State Zip Code
Wichita Falls TX 76310

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

Name of Employer ConocoPhillips Occupation Pipeline Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.20189

Amount of Each Receipt this Period
250.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) David Partain	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 1604 South Adams Avenue	Transaction ID: SA11AI.21439
	City State Zip Code Roswell NM 88203	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Eastern New Mexico University- Roswell Occupation retired military/university instructor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

B.	Full Name (Last, First, Middle Initial) Sandra Patnovic	Date of Receipt MM / DD / YYYY 10 / 14 / 2010
	Mailing Address 317 Delaware Circle	Transaction ID: SA11AI.21308
	City State Zip Code Newark DE 19711	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Summit Industrial Corporation Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

C.	Full Name (Last, First, Middle Initial) Marie Therese Pero	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 3037 122ndPI. NE	Transaction ID: SA11AI.21133
	City State Zip Code Bellevue WA 98005	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 93
(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 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 ▼ 350.00

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

Transaction ID: SA11AI.20043

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Orlin Rajala

Mailing Address 23905 Clinton Keith Rd.

City Wildomar State CA Zip Code 92595

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
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.20634

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
James Ricketts

Mailing Address 2 Little Harbor Way

City Annapolis State MD Zip Code 21403

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 ▼ 1000.00

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

Transaction ID: SA11AI.20311

Amount of Each Receipt this Period
1000.00

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 41 / 93
(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 robert

Mailing Address 535 fox hill road

City State Zip Code
bernardston MA 01337

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

Name of Employer Occupation
new chapter,inc. sales management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.20295

Amount of Each Receipt this Period
250.00

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

Mailing Address 7261 Gold Creek Way

City State Zip Code
San Jose CA 95120

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

Name of Employer Occupation
Oracle engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.19953

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Bradley Rowan

Mailing Address 1318 Morgan Circle

City State Zip Code
Canonsburg PA 15317

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

Name of Employer Occupation
Dell, Inc programmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

Transaction ID: SA11AI.21295

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ▶ **410.00**

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 / 93
(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)
Geral Sartwell

Mailing Address 4313 Baywood way

City State Zip Code
Sacramento CA 95864

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

Name of Employer Occupation
N/A Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: SA11AI.19574

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Robert Schmucker

Mailing Address 116 Deer Track Court

City State Zip Code
Warner Robins GA 31088

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

Name of Employer Occupation
n/a Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

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

Transaction ID: SA11AI.20309

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Martin Silver

Mailing Address 134 Hidden Ponds Cir

City State Zip Code
Smithtown NY 11787

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

Name of Employer Occupation
na na

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11AI.21566

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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 43 / 93
	<input checked="" 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) Emerson Snider		Date of Receipt	
	Mailing Address 4200 Mary Walk		M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.20950
	Norcross	GA	30092	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer Emerson Snider & Associates, LLC		Occupation JDE Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		295.00		

B.	Full Name (Last, First, Middle Initial) Emerson Snider		Date of Receipt	
	Mailing Address 4200 Mary Walk		M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.20528
	Norcross	GA	30092	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.00	
Name of Employer Emerson Snider & Associates, LLC		Occupation JDE Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		315.00		

C.	Full Name (Last, First, Middle Initial) Emerson Snider		Date of Receipt	
	Mailing Address 4200 Mary Walk		M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.20306
	Norcross	GA	30092	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer Emerson Snider & Associates, LLC		Occupation JDE Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		340.00		

SUBTOTAL of Receipts This Page (optional)	▶	70.00
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 44 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) Emerson Snider		Date of Receipt
Mailing Address 4200 Mary Walk		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
City	State	Zip Code
Norcross	GA	30092
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.19788
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer Emerson Snider & Associates, LLC	Occupation JDE Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="365.00"/>	

B.

Full Name (Last, First, Middle Initial) David Sondheimer		Date of Receipt
Mailing Address 28190 Hiwall Court		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
City	State	Zip Code
Csastle Rock	CO	80109
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.20926
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer Self	Occupation Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

C.

Full Name (Last, First, Middle Initial) Jeffrey Spragens		Date of Receipt
Mailing Address 7426 Fisher Island Dr.		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
City	State	Zip Code
Fisher Island	FL	33109
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.20421
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer SafeStitch Medical, Inc.	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="525.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 93
(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)
Terry Spragens

Mailing Address PO Box 03133314

City State Zip Code
Sioux Falls SD 57186

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

Name of Employer self Occupation
self businessman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 24 / 2010

Transaction ID: SA11AI.20404

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
JUANITA STEWART

Mailing Address 1390 Ranch House Dr

City State Zip Code
Fairview TX 75069

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

Name of Employer self Occupation
self retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2010

Transaction ID: SA11AI.20699

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
JUANITA STEWART

Mailing Address 1390 Ranch House Dr

City State Zip Code
Fairview TX 75069

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

Name of Employer self Occupation
self retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2010

Transaction ID: SA11AI.20749

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: (check only one)	PAGE 46 / 93
	<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) Ruth Steyn	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 3356 Whippoorwill Ln	Transaction ID: SA11AI.20201
	City State Zip Code Oxford MS 38655	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 335.00	

B.	Full Name (Last, First, Middle Initial) robert stoutenburg	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 11610 bliven rd	Transaction ID: SA11AI.19540
	City State Zip Code bancroft MI 48414	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self Occupation retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) George Strandmann	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 2402 Pemberton Pkwy	Transaction ID: SA11AI.20501
	City State Zip Code Austin TX 78703	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer none Occupation none Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

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 47 / 93
(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)
Alexander Stuckey

Mailing Address 2302 NW Harvard Walk

City Bentonville State AR Zip Code 72712

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

Name of Employer none Occupation none

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 26 / 2010
Transaction ID: SA11AI.20181
 Amount of Each Receipt this Period: 500.00

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 ▼ 300.00

Date of Receipt: 10 / 19 / 2010
Transaction ID: SA11AI.20662
 Amount of Each Receipt this Period: 50.00

C.

Full Name (Last, First, Middle Initial)
Marilyn Taylor

Mailing Address 804 Tobaccoport Road

City Bumpus Mills State TN Zip Code 37028

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: 10 / 17 / 2010
Transaction ID: SA11AI.21449
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 93
(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)
Marilyn Taylor

Mailing Address 804 Tobaccoport Road

City State Zip Code
Bumpus Mills TN 37028

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 Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.21326

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
David Ter Horst

Mailing Address 220 Raintree Drive

City State Zip Code
Zionsville IN 46077

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

Name of Employer TLF Inc 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 Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.20255

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Randy Thompson

Mailing Address 10204 Aurora Drive

City State Zip Code
Fort Worth TX 76108

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 Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.20503

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 93
(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)
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 ▼
1550.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 27 / 2010

Transaction ID: SA11AI.19917

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Bart Valls

Mailing Address 4370 E. Perry Pkwy.

City State Zip Code
Greenwood Village CO 80121

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

Name of Employer Self Occupation Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 19 / 2010

Transaction ID: SA11AI.20681

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Sharon Waite

Mailing Address 8301 w Business HWY 83

City State Zip Code
Mission TX 78572

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

Name of Employer Self Occupation Agriculture

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2010

Transaction ID: SA11AI.19521

Amount of Each Receipt this Period
50.00

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: (check only one)	PAGE 50 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) George Webb		Date of Receipt
	Mailing Address 129 Bell Pt.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 4 / 2 0 1 0
	City	State	Zip Code
	Sneads Ferry	NC	28460
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.21312
Name of Employer Snoopy's Hot Dogs		Occupation manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 150.00

B.	Full Name (Last, First, Middle Initial) Howard Weiss		Date of Receipt
	Mailing Address 8355 Lakeside Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 1 / 2 0 1 0
	City	State	Zip Code
	Reno	NV	89511
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.20487
Name of Employer NA		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 50.00

C.	Full Name (Last, First, Middle Initial) larry welch		Date of Receipt
	Mailing Address po box 545		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	City	State	Zip Code
	clark fork	ID	83811
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.21091
Name of Employer retired		Occupation pilot	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 475.00	<input type="text"/> 75.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 275.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) larry welch		Date of Receipt
	Mailing Address po box 545		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	clark fork	ID	83811
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer retired		Occupation pilot	Transaction ID: SA11AI.20907
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="525.00"/>	<input type="text" value="50.00"/>

B.	Full Name (Last, First, Middle Initial) larry welch		Date of Receipt
	Mailing Address po box 545		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	clark fork	ID	83811
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer retired		Occupation pilot	Transaction ID: SA11AI.20551
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="625.00"/>	<input type="text" value="100.00"/>

C.	Full Name (Last, First, Middle Initial) Clare Wentworth		Date of Receipt
	Mailing Address 4113 Santa Fe Trail		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Dryden	MI	48428
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Thor Industries		Occupation Retired	Transaction ID: SA11AI.20881
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="350.00"/>	<input type="text" value="50.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="200.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 93
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Ronald Wilfer

Mailing Address 5599 Chena Hot Springs Rd

City State Zip Code
Fairbanks AK 99712

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

Name of Employer: Burn Right Products, LLC
Occupation: Business owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 10 / 28 / 2010
Transaction ID: SA11AI.19599
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Aleta Marie Winterling

Mailing Address 5470 Robin Cir

City State Zip Code
Yorba Linda CA 92866

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 ▼
300.00

Date of Receipt: 11 / 02 / 2010
Transaction ID: SA11AI.21601
Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
Aleta Marie Winterling

Mailing Address 5470 Robin Cir

City State Zip Code
Yorba Linda CA 92866

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 ▼
400.00

Date of Receipt: 11 / 02 / 2010
Transaction ID: SA11AI.21602
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: (check only one)	PAGE 53 / 93
	<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)
Aleta Marie Winterling

Mailing Address 5470 Robin Cir

City State Zip Code
Yorba Linda CA 92866

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 ▼ 500.00

Date of Receipt: 11 / 02 / 2010
Transaction ID: SA11AI.21607
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Paul Wittke

Mailing Address 935 Highland Point Dr.

City State Zip Code
Knoxville TN 37919

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

Name of Employer Eye Care Centers, PLLC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 10 / 21 / 2010
Transaction ID: SA11AI.20519
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Andrew Woodgeard

Mailing Address 2061 E County Line Rd

City State Zip Code
Springfield OH 45502

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 ▼ 250.00

Date of Receipt: 10 / 19 / 2010
Transaction ID: SA11AI.20781
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **375.00**

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 54 / 93
(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)
David Youberg

Mailing Address 215 S. 10th st.

City State Zip Code
Sac City IA 50583

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

Name of Employer self Occupation Retired Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 14 / 2010
Transaction ID: SA11AI.21283
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Rexford Young

Mailing Address 303 Old Lakeshore Rd #H-4

City State Zip Code
Gilford NH 03249

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: 10 / 15 / 2010
Transaction ID: SA11AI.21632
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Shawn Younger

Mailing Address 1276 N. Wayne Street #200

City State Zip Code
Arlington VA 22201

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

Name of Employer Convergencz Occupation Developer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 26 / 2010
Transaction ID: SA11AI.20271
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 55 / 93	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Daniel Zucchi		Date of Receipt																					
	Mailing Address 161 Locust Rd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		1	4		2	0	1	0														
	City	State	Zip Code		Transaction ID: SA11AI.21309																			
	Briarcliff Manor	NY	10510																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer self		Occupation		<input type="text" value="100.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>																						

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="100.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="28904.25"/>

**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 56 / 93

<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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Kurt Azaroff</p> <p>Mailing Address 1288 Fairhill Ln NE</p> <p>City ATLANTA State GA Zip Code 30319</p> <p>Purpose of Disbursement Contract services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.19405</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Best Buy</p> <p>Mailing Address #1014</p> <p>City Sparks State NV Zip Code 89436</p> <p>Purpose of Disbursement Video equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.19372</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1344.38"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Blue Swarm LLC</p> <p>Mailing Address 70 Broadway</p> <p>City Westford State MA Zip Code 01886</p> <p>Purpose of Disbursement Web donation collection fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21745</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5304.53"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="8648.91"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Charity Call LLC	Transaction ID: SB21B.19350 Date of Disbursement
	Mailing Address 6204 W Utica St	<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Broken Arrow State OK Zip Code 74011	Amount of Each Disbursement this Period
	Purpose of Disbursement Web donation service Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Clifton Yin	Transaction ID: SB21B.19348 Date of Disbursement
	Mailing Address 1410 North Quinn Street, #1	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Arlington State VA Zip Code 22209	Amount of Each Disbursement this Period
	Purpose of Disbursement Contract services Candidate Name	<input type="text" value="600.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Continental Airlines	Transaction ID: SB21B.19368 Date of Disbursement
	Mailing Address P.O. Box 4607	<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City Houston State TX Zip Code 77210	Amount of Each Disbursement this Period
	Purpose of Disbursement Airline ticket Candidate Name	<input type="text" value="475.40"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="002"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2075.40"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<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) Continental Airlines Mailing Address P.O. Box 4607 City Houston State TX Zip Code 77210 Purpose of Disbursement airline ticket Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.19402 Date of Disbursement 11 / 01 / 2010 Amount of Each Disbursement this Period 525.30 002 Category/ Type
B.	Full Name (Last, First, Middle Initial) Days Inn Mailing Address 4621 Shelbyville Road City Louisville State KY Zip Code 40208 Purpose of Disbursement Hotel room Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.19355 Date of Disbursement 10 / 14 / 2010 Amount of Each Disbursement this Period 293.08 002 Category/ Type
C.	Full Name (Last, First, Middle Initial) FedEx Mailing Address 3690 Research Way City Carson City State NV Zip Code 89706 Purpose of Disbursement Banner Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.19361 Date of Disbursement 10 / 17 / 2010 Amount of Each Disbursement this Period 167.65 004 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

986.03

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)

<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) FedEx	Transaction ID: SB21B.19373 Date of Disbursement
	Mailing Address 3690 Research Way	<input type="text" value="10"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Carson City State NV Zip Code 89706	Amount of Each Disbursement this Period
	Purpose of Disbursement postage	<input type="text" value="32.35"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: SB21B.19386 Date of Disbursement
	Mailing Address 3690 Research Way	<input type="text" value="10"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Carson City State NV Zip Code 89706	Amount of Each Disbursement this Period
	Purpose of Disbursement postage	<input type="text" value="24.76"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: SB21B.19394 Date of Disbursement
	Mailing Address 3690 Research Way	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Carson City State NV Zip Code 89706	Amount of Each Disbursement this Period
	Purpose of Disbursement postage	<input type="text" value="24.76"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="81.87"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) FedEx Mailing Address 3690 Research Way City Carson City State NV Zip Code 89706 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.19395 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0	Amount of Each Disbursement this Period 25.63
B.	Full Name (Last, First, Middle Initial) FedEx Mailing Address 3690 Research Way City Carson City State NV Zip Code 89706 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.19396 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0	Amount of Each Disbursement this Period 25.63
C.	Full Name (Last, First, Middle Initial) FedEx Mailing Address 3690 Research Way City Carson City State NV Zip Code 89706 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.19397 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0	Amount of Each Disbursement this Period 28.33

SUBTOTAL of Disbursements This Page (optional)	79.59
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)

<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) FedEx	Transaction ID: SB21B.19399
	Mailing Address 3690 Research Way	Date of Disbursement MM / DD / YYYY 11 / 01 / 2010
	City Carson City State NV Zip Code 89706	Amount of Each Disbursement this Period 27.46
	Purpose of Disbursement postage Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: SB21B.19400
	Mailing Address 3690 Research Way	Date of Disbursement MM / DD / YYYY 11 / 01 / 2010
	City Carson City State NV Zip Code 89706	Amount of Each Disbursement this Period 28.33
	Purpose of Disbursement postage Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Innovative Networks Inc	Transaction ID: SB21B.19392
	Mailing Address 1811 Newman PI	Date of Disbursement MM / DD / YYYY 10 / 23 / 2010
	City Carson City State NV Zip Code 89703	Amount of Each Disbursement this Period 326.85
	Purpose of Disbursement Website hosting Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	382.64
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)

<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) Innovative Networks Inc	Transaction ID: SB21B.19418 Date of Disbursement
	Mailing Address 1811 Newman PI	<input type="text" value="11"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Carson City State NV Zip Code 89703	Amount of Each Disbursement this Period
	Purpose of Disbursement website hosting and support Candidate Name	<input type="text" value="750.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Paul Jackson	Transaction ID: SB21B.19362 Date of Disbursement
	Mailing Address 3870 Royer ct.	<input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Reno State NV Zip Code 89509	Amount of Each Disbursement this Period
	Purpose of Disbursement Contract services Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Nick Kump	Transaction ID: SB21B.19407 Date of Disbursement
	Mailing Address 2806 Normington Drive	<input type="text" value="11"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Sacramento State CA Zip Code 95833	Amount of Each Disbursement this Period
	Purpose of Disbursement Contract services Candidate Name	<input type="text" value="450.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2200.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<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) Ace McClellan	Transaction ID: SB21B.19390 Date of Disbursement 10 / 23 / 2010
	Mailing Address 424 Sheep Camp Dr.	Amount of Each Disbursement this Period 490.00
	City Dayton State NV Zip Code 89403	
	Purpose of Disbursement Contract services Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paramount Communications Group	Transaction ID: SB21B.19389 Date of Disbursement 10 / 23 / 2010
	Mailing Address 525-K East Market St #114	Amount of Each Disbursement this Period 3082.67
	City Leesburg State VA Zip Code 20176	
	Purpose of Disbursement Email service Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paramount Communications Group	Transaction ID: SB21B.19346 Date of Disbursement 11 / 11 / 2010
	Mailing Address 525-K East Market St #114	Amount of Each Disbursement this Period 3848.79
	City Leesburg State VA Zip Code 20176	
	Purpose of Disbursement Email service Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7421.46
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) PayPal	Transaction ID: SB21B.21746 Date of Disbursement
	Mailing Address 2211 N. First Street	<input type="text" value="11"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City San Jose State CA Zip Code 95131	Amount of Each Disbursement this Period
	Purpose of Disbursement Web donation collection fees	<input type="text" value="695.52"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bryan Shroyer	Transaction ID: SB21B.19375 Date of Disbursement
	Mailing Address 2806 Normington Drive	<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City Sacramento State CA Zip Code 95833	Amount of Each Disbursement this Period
	Purpose of Disbursement per diem	<input type="text" value="600.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bryan Shroyer	Transaction ID: SB21B.19404 Date of Disbursement
	Mailing Address 2806 Normington Drive	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Sacramento State CA Zip Code 95833	Amount of Each Disbursement this Period
	Purpose of Disbursement Contract services	<input type="text" value="3500.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4795.52"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 65 / 93

<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	Transaction ID: SB21B.19370 Date of Disbursement																			
	Mailing Address P.O. Box 36647 - 1CR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	8		2	0	1	0												
	City Dallas State TX Zip Code 75235	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Airline ticket	<table border="1"><tr><td>497.10</td></tr></table>	497.10																		
497.10																					
	Candidate Name	<table border="1"><tr><td>002</td></tr></table> Category/ Type	002																		
002																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: SB21B.19388 Date of Disbursement																			
	Mailing Address P.O. Box 36647 - 1CR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	2		2	0	1	0												
	City Dallas State TX Zip Code 75235	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Airline ticket	<table border="1"><tr><td>178.70</td></tr></table>	178.70																		
178.70																					
	Candidate Name	<table border="1"><tr><td>002</td></tr></table> Category/ Type	002																		
002																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: SB21B.19398 Date of Disbursement																			
	Mailing Address P.O. Box 36647 - 1CR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	9		2	0	1	0												
	City Dallas State TX Zip Code 75235	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Airline ticket	<table border="1"><tr><td>851.10</td></tr></table>	851.10																		
851.10																					
	Candidate Name	<table border="1"><tr><td>002</td></tr></table> Category/ Type	002																		
002																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>1526.90</td></tr></table>	1526.90
1526.90		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial) Southwest Airlines Mailing Address P.O. Box 36647 - 1CR City Dallas State TX Zip Code 75235 Purpose of Disbursement airline ticket Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.19401 Date of Disbursement 11 / 01 / 2010
	Amount of Each Disbursement this Period 433.40
	002 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B. Full Name (Last, First, Middle Initial) Dustin Stockton Mailing Address 5549 Knoll View Way City Sparks State NV Zip Code 89436 Purpose of Disbursement per diem Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.19360 Date of Disbursement 10 / 15 / 2010
	Amount of Each Disbursement this Period 400.00
	002 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C. Full Name (Last, First, Middle Initial) Dustin Stockton Mailing Address 5549 Knoll View Way City Sparks State NV Zip Code 89436 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.19411 Date of Disbursement 10 / 27 / 2010
	Amount of Each Disbursement this Period 1500.00
	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2333.40
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

<p>A. Full Name (Last, First, Middle Initial) Dustin Stockton</p> <p>Mailing Address 5549 Knoll View Way</p> <p>City Sparks State NV Zip Code 89436</p> <p>Purpose of Disbursement travel expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.19409</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Dustin Stockton</p> <p>Mailing Address 5549 Knoll View Way</p> <p>City Sparks State NV Zip Code 89436</p> <p>Purpose of Disbursement travel per diem</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.19347</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Thrifty Car Rental</p> <p>Mailing Address 2805 Taylorsville Road</p> <p>City Louisville State KY Zip Code 40205</p> <p>Purpose of Disbursement Car rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.19358</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="368.12"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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)

<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

<p>A. Full Name (Last, First, Middle Initial) Tristate Odyssey</p> <p>Mailing Address 1817 N Stewart St</p> <p>City Carson City State NV Zip Code 89706</p> <p>Purpose of Disbursement Staffing service Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.19378 Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 12217.57</p> <p>001 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Tristate Odyssey</p> <p>Mailing Address 1817 N Stewart St</p> <p>City Carson City State NV Zip Code 89706</p> <p>Purpose of Disbursement staffing services Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.19414 Date of Disbursement 11 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 3481.02</p> <p>001 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Tristate Odyssey</p> <p>Mailing Address 1817 N Stewart St</p> <p>City Carson City State NV Zip Code 89706</p> <p>Purpose of Disbursement Staffing Service Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.19345 Date of Disbursement 11 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 8472.78</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

24171.37

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Trump Las Vegas	Transaction ID: SB21B.19412 Date of Disbursement 11 / 02 / 2010
	Mailing Address 2000 N Fashion Show Dr	Amount of Each Disbursement this Period 1325.08
	City Las Vegas State NV Zip Code 89109	
	Purpose of Disbursement Hotel rooms for election return function	002 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.19364 Date of Disbursement 10 / 18 / 2010
	Mailing Address 4000 E. Sky Harbor Blvd.	Amount of Each Disbursement this Period 335.40
	City Phoenix State AZ Zip Code 85034	
	Purpose of Disbursement Airline ticket	002 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.19374 Date of Disbursement 10 / 19 / 2010
	Mailing Address 4000 E. Sky Harbor Blvd.	Amount of Each Disbursement this Period 190.00
	City Phoenix State AZ Zip Code 85034	
	Purpose of Disbursement Airline ticket	002 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	1850.48
TOTAL This Period (last page this line number only)	▶	59421.69

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

<p>A. Full Name (Last, First, Middle Initial) SEAN D BIELAT</p> <p>Mailing Address 22 JAMES ST #4</p> <p>City BROOKLINE State MA Zip Code 02446</p> <p>Purpose of Disbursement contribution <input type="checkbox"/> 011 Candidate Name SEAN D BIELAT Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House Disbursement For: 2010 <input type="checkbox"/> Senate <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼</p> <p>State: MA District: 04</p>	<p>Transaction ID: SB23.19300</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) WILLIAM JOHN JR HUDAK</p> <p>Mailing Address 165 HERRICK ROAD</p> <p>City BOXFORD State MA Zip Code 01921</p> <p>Purpose of Disbursement contribution <input type="checkbox"/> Candidate Name Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House Disbursement For: 2010 <input type="checkbox"/> Senate <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼</p> <p>State: MA District: 06</p>	<p>Transaction ID: SB23.19270</p> <p>Date of Disbursement 10 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) MARTIN A LAMB</p> <p>Mailing Address 57 WINGATE ROAD</p> <p>City HOLLISTON State MA Zip Code 01746</p> <p>Purpose of Disbursement contribution <input type="checkbox"/> 011 Candidate Name Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House Disbursement For: 2010 <input type="checkbox"/> Senate <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼</p> <p>State: MA District: 03</p>	<p>Transaction ID: SB23.19269</p> <p>Date of Disbursement 10 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
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 Purpose of Disbursement Refund of excess contributions Candidate Name	Transaction ID: SB28A.19377 Date of Disbursement 10 / 19 / 2010 Amount of Each Disbursement this Period 2500.00
B. Full Name (Last, First, Middle Initial) Allen Simon Mailing Address 1383 N Criss St City Chandler State AZ Zip Code 85226 Purpose of Disbursement Refund of excess contribution Candidate Name	Transaction ID: SB28A.21744 Date of Disbursement 11 / 06 / 2010 Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	3500.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

Mailing Address
1960 Idaho St

City	State	Zip Code
Carson City	NV	89701

Purpose of Expenditure radio ad	Category/ Type	004
------------------------------------	-------------------	-----

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Calendar Year-To-Date Per Election for Office Sought	132116.85
---	-----------

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

Amount
2200.00

Transaction ID: SE.19324

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
99.1 FM Talk

Mailing Address
1960 Idaho St

City	State	Zip Code
Carson City	NV	89701

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

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Calendar Year-To-Date Per Election for Office Sought	138429.15
---	-----------

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

Amount
1075.00

Transaction ID: SE.19343

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	3275.00
(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
1 2 / 0 2 / 2 0 1 0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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 580 WTAG

Mailing Address
96 Stereo Lane

City Paxton	State MA	Zip Code 01612
Purpose of Expenditure Radio ad		Category/ Type 004

Name of Federal Candidate supported or Opposed by expenditure:
JIM MCGOVERN

Calendar Year-To-Date Per Election for Office Sought	2835.00
---	---

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

Amount
1890.00

Transaction ID: SE.16709

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

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
AM 580 WTAG

Mailing Address
96 Stereo Lane

City Paxton	State MA	Zip Code 01612
Purpose of Expenditure radio ad		Category/ Type 004

Name of Federal Candidate supported or Opposed by expenditure:
JIM MCGOVERN

Calendar Year-To-Date Per Election for Office Sought	8818.25
---	---

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

Amount
1575.00

Transaction ID: SE.19316

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

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	3465.00
(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
1 2 / 0 2 / 2 0 1 0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

Mailing Address
82 Franklin Street

City Worcester	State MA	Zip Code 01608
-------------------	-------------	-------------------

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

Name of Federal Candidate supported or Opposed by expenditure:
JIM MCGOVERN

Calendar Year-To-Date Per Election for Office Sought	945.00
---	--------

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

Amount
945.00

Transaction ID: SE.16708

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

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
AM 830 WCRN

Mailing Address
82 Franklin Street

City Worcester	State MA	Zip Code 01608
-------------------	-------------	-------------------

Purpose of Expenditure Credit for ads not run	Category/ Type 004
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
JIM MCGOVERN

Calendar Year-To-Date Per Election for Office Sought	4557.00
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Date
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Amount
-105.00

Transaction ID: SE.19381

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

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	840.00
(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
1 2 / 0 2 / 2 0 1 0

B. Form/Schedule : **SE**

Original ad buy on 10/18 for \$945.00. Due to lack of airtime, station billed \$840.00

Transaction ID : **SE.19381**

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

Mailing Address
82 Franklin Street

City Worcester	State MA	Zip Code 01608
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Purpose of Expenditure radio ad	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:
JIM MCGOVERN

Calendar Year-To-Date Per Election for Office Sought	6354.25
---	---------

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

Amount
1400.00

Transaction ID: SE.19314

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

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
CBS Radio - NEWSRADIO 840 KXNT

Mailing Address
6655 W. Sahara Ave. Suite D-110

City Las Vegas	State NV	Zip Code 89146
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Purpose of Expenditure radio as	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Calendar Year-To-Date Per Election for Office Sought	104800.60
---	-----------

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

Amount
600.00

Transaction ID: SE.15601

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	2000.00
(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
1 2 / 0 2 / 2 0 1 0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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
1 0 / 1 5 / 2 0 1 0

Mailing Address
6655 W. Sahara Ave. Suite D-110

Amount
2000.00

City State Zip Code
Las Vegas NV 89146

Transaction ID: SE.15602
Office Sought: House State: NV
 Senate District: 00
 Presidential

Purpose of Expenditure Category/Type
Web banner ad 004

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
107850.60

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

Full Name (Last, First, Middle, Initial) of Payee
CBS Radio - NEWSRADIO 840 KXNT

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

Mailing Address
6655 W. Sahara Ave. Suite D-110

Amount
2130.00

City State Zip Code
Las Vegas NV 89146

Transaction ID: SE.16441
Office Sought: House State: NV
 Senate District: 00
 Presidential

Purpose of Expenditure Category/Type
radio ad 004

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
124980.60

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

(a) SUBTOTAL of Itemized Independent Expenditures	4130.00
(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
1 2 / 0 2 / 2 0 1 0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

Mailing Address
6655 W. Sahara Ave. Suite D-110

City Las Vegas	State NV	Zip Code 89146
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Purpose of Expenditure radio ad	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Calendar Year-To-Date Per Election for Office Sought	127786.85
---	-----------

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

Amount
1800.00

Transaction ID: SE.19265

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
CBS Radio - NEWSRADIO 840 KXNT

Mailing Address
6655 W. Sahara Ave. Suite D-110

City Las Vegas	State NV	Zip Code 89146
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Purpose of Expenditure radio ad	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Calendar Year-To-Date Per Election for Office Sought	129916.85
---	-----------

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

Amount
2130.00

Transaction ID: SE.19310

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	3930.00
(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
1 2 / 0 2 / 2 0 1 0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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
1 0 / 2 9 / 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.19302
Office Sought: House State: NV
 Senate District: 00
 Presidential

Purpose of Expenditure
radio ad

Category/
Type 004

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

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

Calendar Year-To-Date Per Election
for Office Sought 133916.85

Full Name (Last, First, Middle, Initial) of Payee
CBS Radio - NEWSRADIO 840 KXNT

Date
M M / D D / Y Y Y Y
1 1 / 0 1 / 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.19339
Office Sought: House State: NV
 Senate District: 00
 Presidential

Purpose of Expenditure
radio ad

Category/
Type 004

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

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

Calendar Year-To-Date Per Election
for Office Sought 135716.85

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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
1 1 / 0 1 / 2 0 1 0

Mailing Address
6655 W. Sahara Ave. Suite D-110

Amount
1445.00

City State Zip Code
Las Vegas NV 89146

Transaction ID: SE.19353
Office Sought: House State: NV
 Senate District: 00
 Presidential

Purpose of Expenditure Category/Type
Radio ad 004

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
137161.85

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

Full Name (Last, First, Middle, Initial) of Payee
Citadel Broadcasting

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

Mailing Address
595 East Plumb Lane

Amount
1050.00

City State Zip Code
Reno NV 89502

Transaction ID: SE.15604
Office Sought: House State: NV
 Senate District: 00
 Presidential

Purpose of Expenditure Category/Type
radio ad 004

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
105850.60

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

(a) SUBTOTAL of Itemized Independent Expenditures	2495.00
(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
1 2 / 0 2 / 2 0 1 0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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
Eagle Interactive

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

Mailing Address
1 Massachusetts Ave NW

Amount
3960.00

City State Zip Code
Washington DC 20001

Transaction ID: SE.19274

Purpose of Expenditure
support email

Category/
Type 003

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

Name of Federal Candidate supported or Opposed by expenditure:
BARNEY FRANK

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 29201.18

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

Full Name (Last, First, Middle, Initial) of Payee
Facebook

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

Mailing Address
1601 South California Avenue

Amount
250.00

City State Zip Code
Palo Alto CA 94304

Transaction ID: SE.19287

Purpose of Expenditure
ad

Category/
Type 004

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

Name of Federal Candidate supported or Opposed by expenditure:
BARNEY FRANK

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 49451.18

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

(a) SUBTOTAL of Itemized Independent Expenditures	4210.00
(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
1 2 / 0 2 / 2 0 1 0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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
Facebook

Mailing Address
1601 South California Avenue

City Palo Alto	State CA	Zip Code 94304
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Purpose of Expenditure ad	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:
BARNEY FRANK

Calendar Year-To-Date Per Election for Office Sought	49701.18
---	----------

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

Amount
250.00

Transaction ID: SE.19288

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

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
Facebook

Mailing Address
1601 South California Avenue

City Palo Alto	State CA	Zip Code 94304
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Purpose of Expenditure ad	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:
BARNEY FRANK

Calendar Year-To-Date Per Election for Office Sought	50690.01
---	----------

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

Amount
988.83

Transaction ID: SE.19289

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

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	1238.83
(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
1 2 / 0 2 / 2 0 1 0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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
Facebook

Mailing Address
1601 South California Avenue

City Palo Alto	State CA	Zip Code 94304
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Purpose of Expenditure ad	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:
BARNEY FRANK

Calendar Year-To-Date Per Election for Office Sought	51190.01
---	----------

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

Amount
500.00

Transaction ID: SE.19290

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

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
Facebook

Mailing Address
1601 South California Avenue

City Palo Alto	State CA	Zip Code 94304
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Purpose of Expenditure Web ad	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Calendar Year-To-Date Per Election for Office Sought	137354.15
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Date
M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Amount
192.30

Transaction ID: SE.19354

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	692.30
(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
1 2 / 0 2 / 2 0 1 0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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
KDOX-AM

Mailing Address
150 Spectrum Blvd

City State Zip Code
Las Vegas NV 89101

Purpose of Expenditure Category/Type
Radio ad 004

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Calendar Year-To-Date Per Election for Office Sought 125986.85

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

Amount
1006.25

Transaction ID: SE.19256

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
Michael Nystrom

Mailing Address
93A Fairmont Street

City State Zip Code
Arlington MA 02474

Purpose of Expenditure Category/Type
Ad creation 004

Name of Federal Candidate supported or Opposed by expenditure:
BARNEY FRANK

Calendar Year-To-Date Per Election for Office Sought 31701.18

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

Amount
2500.00

Transaction ID: SE.19276

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

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	3506.25
(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
1 2 / 0 2 / 2 0 1 0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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
Reno Radio Representatives LLC

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

Mailing Address
961 Matley Ln Ste. 120

Amount
700.00

City State Zip Code
Reno NV 89502

Transaction ID: SE.19344

Purpose of Expenditure Category/Type
Radio ad 004

Office Sought: House State: NV
 Senate District: 00
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
139129.15

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

Full Name (Last, First, Middle, Initial) of Payee
Rush Radio 1200 (WXKS-AM)

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

Mailing Address
10 Cabot Road Suite 302

Amount
1827.00

City State Zip Code
Medford MA 02155

Transaction ID: SE.16710

Purpose of Expenditure Category/Type
Radio ad 004

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

Name of Federal Candidate supported or Opposed by expenditure:
JIM MCGOVERN

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
4662.00

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

(a) SUBTOTAL of Itemized Independent Expenditures	2527.00
(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
1 2 / 0 2 / 2 0 1 0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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
Rush Radio 1200 (WXKS-AM)

Mailing Address
10 Cabot Road Suite 302

City State Zip Code
Medford MA 02155

Purpose of Expenditure Category/Type
Radio ad 004

Name of Federal Candidate supported or Opposed by expenditure:
JIM MCGOVERN

Calendar Year-To-Date Per Election for Office Sought 4954.25

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

Amount
397.25

Transaction ID: SE.19383

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

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
Rush Radio 1200 (WXKS-AM)

Mailing Address
10 Cabot Road Suite 302

City State Zip Code
Medford MA 02155

Purpose of Expenditure Category/Type
radio ad 004

Name of Federal Candidate supported or Opposed by expenditure:
JIM MCGOVERN

Calendar Year-To-Date Per Election for Office Sought 7243.25

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

Amount
889.00

Transaction ID: SE.19315

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

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	1286.25
(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
1 2 / 0 2 / 2 0 1 0

A. Form/Schedule : **SE**
Transaction ID : **SE.19383**

Original expenditure reported on 10/18/2010 as \$1827.00. Station billed a total of \$2224.25 due to a mistake in the cut off date of the ad causing the ad to run an additional day. I was not aware of the discrepancy until seeing the actual billing statement.

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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
Rush Radio 1200 (WXKS-AM)

Mailing Address
10 Cabot Road Suite 302

City Medford	State MA	Zip Code 02155
Purpose of Expenditure radio ad		Category/ Type 004

Name of Federal Candidate supported or Opposed by expenditure:
JIM MCGOVERN

Calendar Year-To-Date Per Election for Office Sought	9427.25
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Date
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Amount
609.00

Transaction ID: SE.19319

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

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
Rush Radio 1200 (WXKS-AM)

Mailing Address
10 Cabot Road Suite 302

City Medford	State MA	Zip Code 02155
Purpose of Expenditure radio ad		Category/ Type 004

Name of Federal Candidate supported or Opposed by expenditure:
JIM MCGOVERN

Calendar Year-To-Date Per Election for Office Sought	52968.01
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Date
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Amount
1778.00

Transaction ID: SE.19297

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

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	2387.00
(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
1 2 / 0 2 / 2 0 1 0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

Mailing Address
220 E. Parks Hwy

City State Zip Code
Wasilla AK 99654

Purpose of Expenditure
radio ad

Category/Type **004**

Name of Federal Candidate supported or Opposed by expenditure:
JOSEPH W MILLER

Calendar Year-To-Date Per Election for Office Sought **3226.85**

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

Amount
0.00

Transaction ID: SE.8610

Office Sought: House State: AK
 Senate District: 00
 Presidential

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
Townhall.com

Mailing Address
402 BNA Dr. Suite 400

City State Zip Code
Nashville TN 37217

Purpose of Expenditure
support email

Category/Type **003**

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Calendar Year-To-Date Per Election for Office Sought **122850.60**

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

Amount
15000.00

Transaction ID: SE.15603

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	15000.00
(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
1 2 / 0 2 / 2 0 1 0

A. Form/Schedule : **SE**

Entry error filed on F24 which could not be deleted

Transaction ID : **SE.8610**

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

Mailing Address
402 BNA Dr. Suite 400

City	State	Zip Code
Nashville	TN	37217

Purpose of Expenditure support email	Category/ Type
	003

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Calendar Year-To-Date Per Election for Office Sought	139980.60
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Date

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

Amount

15000.00

Transaction ID: SE.19261

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
Townhall.com

Mailing Address
402 BNA Dr. Suite 400

City	State	Zip Code
Nashville	TN	37217

Purpose of Expenditure email support ad cancelled	Category/ Type
	003

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Calendar Year-To-Date Per Election for Office Sought	124980.60
---	-----------

Date

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

Amount

-15000.00

Transaction ID: SE.19337

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(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
1 2		0 2		2 0 1 0

B. Form/Schedule : **SE**

Support email cancelled due to lack of availability

Transaction ID : **SE.19337**

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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
1 0 / 2 1 / 2 0 1 0

Mailing Address
402 BNA Dr. Suite 400

Amount
15000.00

City State Zip Code
Nashville TN 37217

Transaction ID: SE.19278

Purpose of Expenditure
support email

Category/
Type 003

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

Name of Federal Candidate supported or Opposed by expenditure:
BARNEY FRANK

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 46701.18

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

Full Name (Last, First, Middle, Initial) of Payee
Trevor Lyman

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

Mailing Address
504 S Armenia Ave Unit 1335

Amount
2500.00

City State Zip Code
Tampa FL 33609

Transaction ID: SE.19279

Purpose of Expenditure
ad creation

Category/
Type 004

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

Name of Federal Candidate supported or Opposed by expenditure:
BARNEY FRANK

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 49201.18

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

(a) SUBTOTAL of Itemized Independent Expenditures	17500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	72082.63

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
1 2 / 0 2 / 2 0 1 0