

**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

REPUBLICAN MAJORITY CAMPAIGN

ADDRESS (number and street)

13421 MALENA DR

☐Check if different  
than previously  
reported. (ACC)

SANTA ANA

CA

92705

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00442319

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

1 1

0 2

2 0 1 0

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the  
State of☐

5. Covering Period

1 0

0 1

2 0 1 0

through

1 0

1 3

2 0 1 0

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

Randy Goodwin

Signature of Treasurer

Electronically Filed by Randy Goodwin

Date

1 0

1 3

2 0 1 0

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

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

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 16

Write or Type Committee Name  
 REPUBLICAN MAJORITY CAMPAIGN

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	245475.23
(b) Cash on Hand at Beginning of Reporting Period .....	86094.20	
(c) Total Receipts (from Line 19) .....	70172.30	1573833.67
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	156266.50	1819308.90
7. Total Disbursements (from Line 31) .....	77805.81	1740848.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	78460.69	78460.69
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) .....	4714.15	

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

REPUBLICAN MAJORITY CAMPAIGN

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	7250.00	43687.76
(ii) Unitemized .....	62922.30	1525145.91
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	70172.30	1568833.67
(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) .....	70172.30	1568833.67
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	5000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	70172.30	1573833.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	70172.30	1573833.67

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	73488.69	1634860.92	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	73488.69	1634860.92	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	11000.00	
24. Independent Expenditure (use Schedule E) .....	2317.12	94487.29	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	500.00	
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))..	77805.81	1740848.21	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	77805.81	1740848.21	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	70172.30	1568833.67
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	70172.30	1568833.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	73488.69	1634860.92
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	5000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	73488.69	1629860.92

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

FOR LINE NUMBER: PAGE 6 / 16

(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)

REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial)

Robert R. Cleveland

Mailing Address PO Box 681400

City

Kansas City

State

MO

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Video MastersOccupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.6100

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Robert R. Cleveland

Mailing Address PO Box 681400

City

Kansas City

State

MO

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Video MastersOccupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.6096

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Richard Griffith

Mailing Address 3417 Milam St

City

Houston

State

TX

Zip Code

77002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: SA11AI.6107

Amount of Each Receipt this Period

250.00

Contribution

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

2250.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 16

(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial)

Wayne Holman

Mailing Address 615 Riford Rd

City

Glen Ellyn

State

IL

Zip Code

60137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.6098

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Dave Meekhof

Mailing Address 5428 Hanover Dr

City

Cypress

State

CA

Zip Code

90630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.6101

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Ms Corinne Spence

Mailing Address 1165 Investment Blvd

City

El Dorado Hills

State

CA

Zip Code

95762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spence Enterprises

Occupation  
Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2932.00

Date of Receipt

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

Transaction ID: SA11AI.6095

Amount of Each Receipt this Period

2500.00

Contribution

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

4000.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 16

(check only one)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial)

P.J. Tracy

Mailing Address 722 Dublin Dr

City

Mishawaka

State

IN

Zip Code

46545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.6103

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Anthony E Weynand

Mailing Address 18835 Campbell Rd

City

Dallas

State

TX

Zip Code

75252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Weynand Enterprises

Occupation  
President

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 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.6105

Amount of Each Receipt this Period

500.00

Contribution

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

1000.00

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

7250.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 16

<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)  
 REPUBLICAN MAJORITY CAMPAIGN

<b>A.</b> Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 78225	<b>Transaction ID:</b> SB21B.6066 <b>Date of Disbursement</b> <div> <div>10</div> <div>06</div> <div>2010</div> </div>
City Phoenix State AZ Zip Code 85062 Purpose of Disbursement Phone 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) ▼	<b>Amount of Each Disbursement this Period</b> <div>240.38</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Card Service International Mailing Address PO Box 5180 City Simi Valley State CA Zip Code 93062 Purpose of Disbursement Credit Card Discount Fees 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) ▼	<b>Transaction ID:</b> SB21B.6080 <b>Date of Disbursement</b> <div> <div>10</div> <div>13</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>576.55</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Crown SEO Mailing Address PO Box 2806 City Rancho Cucamonga State CA Zip Code 91729 Purpose of Disbursement Website/internet development 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) ▼	<b>Transaction ID:</b> SB21B.6094 <b>Date of Disbursement</b> <div> <div>10</div> <div>13</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>3250.00</div>

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

**4066.93**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 16

<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)  
 REPUBLICAN MAJORITY CAMPAIGN

<b>A.</b> Full Name (Last, First, Middle Initial) FNMS	<b>Transaction ID:</b> SB21B.6083 <b>Date of Disbursement</b>																				
Mailing Address 1620 Dodge St	<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>0</td><td>1</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		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	1	0												
City Omaha State NE Zip Code 68197	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Credit Card Processing Candidate Name	<table border="1"> <tr> <td colspan="10">87.50</td> </tr> </table>	87.50																			
87.50																					
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) ▼																				
Full Name (Last, First, Middle Initial) FNMS	<b>Transaction ID:</b> SB21B.6085 <b>Date of Disbursement</b>																				
Mailing Address 1620 Dodge St	<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>0</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		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	4		2	0	1	0												
City Omaha State NE Zip Code 68197	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Credit Card Processing Candidate Name	<table border="1"> <tr> <td colspan="10">1333.29</td> </tr> </table>	1333.29																			
1333.29																					
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) ▼																				
Full Name (Last, First, Middle Initial) Grassroots	<b>Transaction ID:</b> SB21B.6093 <b>Date of Disbursement</b>																				
Mailing Address PO Box 2806	<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>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		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	1	0												
City Rancho Cucamonga State CA Zip Code 91729	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution test refund Candidate Name	<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	10.00																			
10.00																					
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) .....

1430.79

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 16

<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)  
 REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial)

James R Whelan Agency

Mailing Address 444 Bunker Rd

City  
 West Palm Beach

State  
 FL

Zip Code  
 33405

Purpose of Disbursement

Agency fee

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.6091

Date of Disbursement

/   /

Amount of Each Disbursement this Period

550.00

**B.**

Full Name (Last, First, Middle Initial)

Gary Kreep

Mailing Address 932 D Street

City  
 Ramona

State  
 CA

Zip Code  
 92065

Purpose of Disbursement

Rent

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.6069

Date of Disbursement

/   /

Amount of Each Disbursement this Period

950.00

**C.**

Full Name (Last, First, Middle Initial)

Gary Kreep

Mailing Address 932 D Street

City  
 Ramona

State  
 CA

Zip Code  
 92065

Purpose of Disbursement

Legal Fee

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.6070

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4000.00

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

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 16

<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)  
 REPUBLICAN MAJORITY CAMPAIGN

<b>A.</b> Full Name (Last, First, Middle Initial) Gary Kleep	<b>Transaction ID:</b> SB21B.6071 <b>Date of Disbursement</b>																				
Mailing Address 932 D Street	<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>0</td><td>1</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		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	1	0												
City Ramona State CA Zip Code 92065	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Legal Fee	<table border="1"> <tr> <td colspan="10">1048.10</td> </tr> </table>	1048.10																			
1048.10																					
Candidate Name	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>B.</b> Full Name (Last, First, Middle Initial) Gary Kleep	<b>Transaction ID:</b> SB21B.6072 <b>Date of Disbursement</b>																				
Mailing Address 932 D Street	<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>0</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		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Ramona State CA Zip Code 92065	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Legal Fee	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name	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>C.</b> Full Name (Last, First, Middle Initial) Paypal	<b>Transaction ID:</b> SB21B.6084 <b>Date of Disbursement</b>																				
Mailing Address 2211 N 1st St	<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>0</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		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	2		2	0	1	0												
City San Jose State CA Zip Code 95131	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Account Fee	<table border="1"> <tr> <td colspan="10">90.00</td> </tr> </table>	90.00																			
90.00																					
Candidate Name	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) .....

**3138.10**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 16

<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)  
**REPUBLICAN MAJORITY CAMPAIGN**

<b>A.</b> Full Name (Last, First, Middle Initial) Political Advertising	<b>Transaction ID:</b> SB21B.6078 <b>Date of Disbursement</b>																				
Mailing Address 1201 S Alma School 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>0</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		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	4		2	0	1	0												
City Mesa State AZ Zip Code 85210	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phone/mail communication Candidate Name	<table border="1"> <tr> <td colspan="10">27669.97</td> </tr> </table>	27669.97																			
27669.97																					
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>B.</b> Full Name (Last, First, Middle Initial) Political Advertising	<b>Transaction ID:</b> SB21B.6079 <b>Date of Disbursement</b>																				
Mailing Address 1201 S Alma School 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>1</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	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	1		2	0	1	0												
City Mesa State AZ Zip Code 85210	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phone/mail communication Candidate Name	<table border="1"> <tr> <td colspan="10">31474.20</td> </tr> </table>	31474.20																			
31474.20																					
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>C.</b> Full Name (Last, First, Middle Initial) Verizon	<b>Transaction ID:</b> SB21B.6068 <b>Date of Disbursement</b>																				
Mailing Address 272 E Via Rancho Parkway	<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>0</td><td>1</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		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	1	0												
City Escondido State CA Zip Code 92025	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phone Candidate Name	<table border="1"> <tr> <td colspan="10">136.70</td> </tr> </table>	136.70																			
136.70																					
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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td>59280.87</td> </tr> </table>	59280.87																			
59280.87																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td>73416.69</td> </tr> </table>	73416.69																			
73416.69																					

# **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)

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN MAJORITY CAMPAIGN

**A.** Full Name (Last, First, Middle Initial)  
Combat Veterans for Congress PAC

Mailing Address 1425 Century Park East

City Los Angeles State CA Zip Code 90067

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB23.6074

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
JOSEPH W MILLER

Mailing Address PO BOX 72838

City FAIRBANKS State AK Zip Code 99707

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: AK District: 00

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

Transaction ID: SB23.6076

Date of Disbursement

10 / 09 / 2010

Amount of Each Disbursement this Period

1000.00

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

2000.00

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

2000.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 15 / 16

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Response EnterprisesNature of Debt (Purpose):  
Credit Card Processing

Mailing Address 284 Shalom Rd

City State ZIP Code  
Waynesboro VA 22980

Outstanding Balance Beginning This Period

3620.05

Transaction ID: SD10.5563

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3620.05

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Response EnterprisesNature of Debt (Purpose):  
Credit Card Processing

Mailing Address 284 Shalom Rd

City State ZIP Code  
Waynesboro VA 22980

Outstanding Balance Beginning This Period

1094.10

Transaction ID: SD10.5564

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1094.10

1) **SUBTOTALS** This Period This Page (optional).....

4714.15

2) **TOTALS** This Period (last page this line number only).....

4714.15

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

4714.15

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

PAGE 16 / 16

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN			<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00442319</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee Daniel Paul Diaz			Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 0 4</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 709 Garden Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2317.12</div>	
City Pompano Beach		State FL	Zip Code 34243	
Purpose of Expenditure Consulting fee		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; text-align: center;">001</div>		
Name of Federal Candidate supported or Opposed by expenditure: MARCO RUBIO			<b>Transaction ID:</b> SE.6082 Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 200px; text-align: right;">13187.15</div>				

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2317.12</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2317.12</div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Randy Goodwin _____ Signature	Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 3</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>