

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
NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

ADDRESS (number and street) 1100 New York Avenue NW
Suite 750 West
 Check if different than previously reported. (ACC)
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00219444
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2009 through 12 31 2009

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 Eric Vaughn
Signature of Treasurer Electronically Filed by Eric Vaughn Date 02 08 2011

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		52878.76
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	49433.87									
(c) Total Receipts (from Line 19)	18190.51	64870.59								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	67624.38	117749.35								
7. Total Disbursements (from Line 31)	15257.24	65382.21								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	52367.14	52367.14								
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

NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	15148.81	59331.00
(ii) Unitemized	541.70	2041.26
(iii) TOTAL (add Lines 11(a)(i) and (ii)	15690.51	61372.26
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1500.00	1500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	17190.51	62872.26
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	498.24
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	500.09
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))	18190.51	64870.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18190.51	64870.59

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.....	423.91	1696.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	423.91	1696.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	12000.00	57000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	2833.33	5458.33
(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))	2833.33	5458.33
29. Other Disbursements.....	0.00	1227.00
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))..	15257.24	65382.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15257.24	65382.21

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)	17190.51	62872.26
34. Total Contribution Refunds (from Line 28(d))	2833.33	5458.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14357.18	57413.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	423.91	1696.88
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	498.24
38. Net Operating Expenditures (subtract Line 37 from Line 36)	423.91	1198.64

**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 6 / 28
	<input checked="" 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)
NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A.	Full Name (Last, First, Middle Initial) Mr. Douglas Brand		Date of Receipt																					
	Mailing Address 351 Paseo Nuevo		<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>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	5		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		1	5		2	0	0	9														
	City State Zip Code Santa Barbara CA 93101		Transaction ID: SA11AI.5737																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00																						
Name of Employer Occupation Platinum Ins. Marketing Senior Vice President		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		Aggregate Year-to-Date ▼ 1000.00																						

B.	Full Name (Last, First, Middle Initial) Richard M. Buice		Date of Receipt																					
	Mailing Address 300 South Raymond Avenue Suite 23		<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>0</td><td>7</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	9		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		0	9		2	0	0	9														
	City State Zip Code Pasadena CA 91105		Transaction ID: SA11AI.5739																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Occupation SFA Structure Broker		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) Richard M. Buice		Date of Receipt																					
	Mailing Address 300 South Raymond Avenue Suite 23		<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>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		0	8		2	0	0	9														
	City State Zip Code Pasadena CA 91105		Transaction ID: SA11AI.5740																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Occupation SFA Structure Broker		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		Aggregate Year-to-Date ▼ 500.00																						

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 7 / 28
(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)
NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A.

Full Name (Last, First, Middle Initial) Bradford W. Cantwell		Date of Receipt MM / DD / YYYY 08 / 27 / 2009
Mailing Address 575 West Madison Street, Tower II,		Transaction ID: SA11AI.5741
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 318.22
Name of Employer EPS Settlement Group, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 590.98	

B.

Full Name (Last, First, Middle Initial) Bradford W. Cantwell		Date of Receipt MM / DD / YYYY 11 / 19 / 2009
Mailing Address 575 West Madison Street, Tower II,		Transaction ID: SA11AI.5742
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 227.30
Name of Employer EPS Settlement Group, Inc.	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 818.28	

C.

Full Name (Last, First, Middle Initial) Richard Carroll		Date of Receipt MM / DD / YYYY 07 / 08 / 2009
Mailing Address PO Box 26747, One Embarcadero Ctr		Transaction ID: SA11AI.5744
City San Francisco	State CA	Zip Code 94126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer EPS Settlements Group	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.32	

SUBTOTAL of Receipts This Page (optional)	628.85
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 28
	<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)
NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A.	Full Name (Last, First, Middle Initial) Richard Carroll		Date of Receipt
	Mailing Address PO Box 26747, One Embarcadero Ctr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	San Francisco	CA	94126
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.5745
Name of Employer EPS Settlements Group		Occupation Broker	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"/> 83.33
		<input type="text"/> 416.65	

B.	Full Name (Last, First, Middle Initial) Richard Carroll		Date of Receipt
	Mailing Address PO Box 26747, One Embarcadero Ctr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	San Francisco	CA	94126
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.5746
Name of Employer EPS Settlements Group		Occupation Broker	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"/> 83.33
		<input type="text"/> 416.65	

C.	Full Name (Last, First, Middle Initial) Richard Carroll		Date of Receipt
	Mailing Address PO Box 26747, One Embarcadero Ctr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	San Francisco	CA	94126
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.5747
Name of Employer EPS Settlements Group		Occupation Broker	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"/> 83.33
		<input type="text"/> 499.98	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 249.99
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 9 / 28
(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)
NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A.

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

Mailing Address PO Box 26747, One Embarcadero Ctr

City State Zip Code
San Francisco CA 94126

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

Name of Employer
EPS Settlements Group

Occupation
Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.31

Date of Receipt
MM / DD / YYYY
11 / 09 / 2009

Transaction ID: SA11AI.5748

Amount of Each Receipt this Period
83.33

B.

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

Mailing Address PO Box 26747, One Embarcadero Ctr

City State Zip Code
San Francisco CA 94126

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

Name of Employer
EPS Settlements Group

Occupation
Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.64

Date of Receipt
MM / DD / YYYY
12 / 04 / 2009

Transaction ID: SA11AI.5749

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)
Ms Lynn DeMauro Clark

Mailing Address 100 Roscommon Drive, Suite 300

City State Zip Code
Middletown CT 06457

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

Name of Employer
EPS Settlements Group

Occupation
Settlement Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3250.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2009

Transaction ID: SA11AI.5897

Amount of Each Receipt this Period
1750.00

SUBTOTAL of Receipts This Page (optional) ► **1916.66**

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 / 28

(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)
NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A.

Full Name (Last, First, Middle Initial)
Monique Dean

Mailing Address 520 Iris Suite B

City State Zip Code
Corona Del Mar CA 92625

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

Name of Employer Occupation
EPS Settlements Group, In- Consultant
c.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 248.67

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.5750

Amount of Each Receipt this Period
95.48

B.

Full Name (Last, First, Middle Initial)
Monique Dean

Mailing Address 520 Iris Suite B

City State Zip Code
Corona Del Mar CA 92625

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

Name of Employer Occupation
EPS Settlements Group, In- Consultant
c.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 316.87

Date of Receipt

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

Transaction ID: SA11AI.5751

Amount of Each Receipt this Period
68.20

C.

Full Name (Last, First, Middle Initial)
Thomas J. Dolny

Mailing Address 10201 Fairfax Boulevard Ste 590

City State Zip Code
Fairfax VA 22030

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

Name of Employer Occupation
EPS Settlements Group, In- Broker
c.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 876.68

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.5752

Amount of Each Receipt this Period
318.22

SUBTOTAL of Receipts This Page (optional) ▶

481.90

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 28
(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)
NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

<p>A. Full Name (Last, First, Middle Initial) Thomas J. Dolny</p> <p>Mailing Address 10201 Fairfax Boulevard Ste 590</p> <hr/> <p>City State Zip Code Fairfax VA 22030</p> <hr/> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <p>Name of Employer EPS Settlements Group, Inc.</p> <p>Occupation Broker</p> <hr/> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1103.98</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 9</p> <p>Transaction ID: SA11AI.5753</p> <hr/> <p>Amount of Each Receipt this Period 227.30</p>
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<p>B. Full Name (Last, First, Middle Initial) Melissa Evola, CSSC</p> <p>Mailing Address 24220 Jefferson Ave Ste B</p> <hr/> <p>City State Zip Code Saint Clair Shores MI 48080-1588</p> <hr/> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <p>Name of Employer Structured Financial Associate</p> <p>Occupation Vice President</p> <hr/> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 9</p> <p>Transaction ID: SA11AI.5754</p> <hr/> <p>Amount of Each Receipt this Period 250.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Melissa Evola, CSSC</p> <p>Mailing Address 24220 Jefferson Ave Ste B</p> <hr/> <p>City State Zip Code Saint Clair Shores MI 48080-1588</p> <hr/> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <p>Name of Employer Structured Financial Associate</p> <p>Occupation Vice President</p> <hr/> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 9</p> <p>Transaction ID: SA11AI.5755</p> <hr/> <p>Amount of Each Receipt this Period 500.00</p>
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SUBTOTAL of Receipts This Page (optional)	977.30
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 / 28

(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)
NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A.

Full Name (Last, First, Middle Initial)

Justin P. Giorgetti

Mailing Address 80 Burton Lane

City State Zip Code
Commack NY 11725

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

Name of Employer Structured Financial Associate
Occupation Structured Settlement 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
07 / 08 / 2009

Transaction ID: SA11AI.5757

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Jayne A. Gurley, CSSC

Mailing Address 14925 SE Allen Road
Suite 202B

City State Zip Code
Bellevue WA 98006

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

Name of Employer Consultant
Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 366.84

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 27 / 2009

Transaction ID: SA11AI.5758

Amount of Each Receipt this Period
159.11

C.

Full Name (Last, First, Middle Initial)

Jayne A. Gurley, CSSC

Mailing Address 14925 SE Allen Road
Suite 202B

City State Zip Code
Bellevue WA 98006

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

Name of Employer Consultant
Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.49

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 19 / 2009

Transaction ID: SA11AI.5759

Amount of Each Receipt this Period
113.65

SUBTOTAL of Receipts This Page (optional)

522.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 28
(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)
NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A.

Full Name (Last, First, Middle Initial)
Harold Kaufman

Mailing Address 24325 Armada Drive
Suite 200

City Dana Point State CA Zip Code 92629

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

Name of Employer EPS Settlements Group, Inc. Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1625.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.5760

Amount of Each Receipt this Period
875.00

B.

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

Mailing Address 5310 DTC Parkway
Suite B

City Greenwood Village State CO Zip Code 80111

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

Name of Employer SFA Colorado Occupation Sales

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 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.5903

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Christopher E. Larned, CSSC

Mailing Address 690 Warren Ave.

City East Providence State RI Zip Code 02914

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

Name of Employer EPS Settlements Group, Inc. Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.5764

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **1475.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 28

(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)
NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A.	Full Name (Last, First, Middle Initial) Christopher E. Larned, CSSC		Date of Receipt MM / DD / YYYY 11 / 19 / 2009		
	Mailing Address 690 Warren Ave.		Transaction ID: SA11AI.5765		
	City East Providence	State RI	Zip Code 02914	Amount of Each Receipt this Period 450.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 800.00		
Name of Employer EPS Settlements Group, Inc.		Occupation Consultant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Jeffrey C. Low		Date of Receipt MM / DD / YYYY 08 / 27 / 2009		
	Mailing Address 73 Fortuna Ave		Transaction ID: SA11AI.5766		
	City San Francisco	State CA	Zip Code 94115-3862	Amount of Each Receipt this Period 238.63	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 657.37		
Name of Employer EPS Settlements Group		Occupation Settlement Consultant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Jeffrey C. Low		Date of Receipt MM / DD / YYYY 11 / 19 / 2009		
	Mailing Address 73 Fortuna Ave		Transaction ID: SA11AI.5767		
	City San Francisco	State CA	Zip Code 94115-3862	Amount of Each Receipt this Period 170.45	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 827.82		
Name of Employer EPS Settlements Group		Occupation Settlement Consultant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)

859.08

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 28

(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)
NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A.

Full Name (Last, First, Middle Initial)
Greg S. Lukens, MBA, CPCU

Mailing Address 3109 Hennepin Ave South

City State Zip Code
Minneapolis MN 55408-2620

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

Name of Employer Information Requested Occupation
Consultant

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 635.70

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.5768

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)
Greg S. Lukens, MBA, CPCU

Mailing Address 3109 Hennepin Ave South

City State Zip Code
Minneapolis MN 55408-2620

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

Name of Employer Information Requested Occupation
Consultant

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1085.70

Date of Receipt

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

Transaction ID: SA11AI.5769

Amount of Each Receipt this Period

450.00

C.

Full Name (Last, First, Middle Initial)
Stephen Marcom

Mailing Address 19623 Desert Ivy Dr

City State Zip Code
Houston TX 77094-2629

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

Name of Employer EPS Settlements Group, Inc. Occupation
Consultant

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 202.30

Date of Receipt

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

Transaction ID: SA11AI.5771

Amount of Each Receipt this Period

47.60

SUBTOTAL of Receipts This Page (optional) ▶

847.60

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 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial)
Edward McAndrews, CSSC

Mailing Address 18 Benjamin West Ave

City Swarthmore State PA Zip Code 19081-1419

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

Name of Employer Consultant Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 272.76

Date of Receipt 11 / 19 / 2009
Transaction ID: SA11AI.5774
 Amount of Each Receipt this Period 113.65

B. Full Name (Last, First, Middle Initial)
Timothy McAndrews

Mailing Address 18 Benjamin West Avenue

City Swarthmore State PA Zip Code 19081

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

Name of Employer EPS Settlements Group, Inc. Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.48

Date of Receipt 11 / 19 / 2009
Transaction ID: SA11AI.5776
 Amount of Each Receipt this Period 56.80

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

Mailing Address 7903 Hickory Hill Ln

City Cincinnati State OH Zip Code 45241-1363

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

Name of Employer Little, Meyers, Garretson & As Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2009
Transaction ID: SA11AI.5902
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► **670.45**

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 / 28

(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)
NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A.

Full Name (Last, First, Middle Initial)
Daniel C. Miller

Mailing Address 7100 E Belleview Ave
Ste 300

City State Zip Code
Greenwood Village CO 80111-1636

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

Name of Employer Settlement Consultant Occupation Broker

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 876.55

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.5779

Amount of Each Receipt this Period
318.15

B.

Full Name (Last, First, Middle Initial)
Daniel C. Miller

Mailing Address 7100 E Belleview Ave
Ste 300

City State Zip Code
Greenwood Village CO 80111-1636

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

Name of Employer Settlement Consultant Occupation Broker

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1103.80

Date of Receipt

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

Transaction ID: SA11AI.5780

Amount of Each Receipt this Period
227.25

C.

Full Name (Last, First, Middle Initial)
Joseph M. O'Reilly, CSSC

Mailing Address PO Box 81074

City State Zip Code
Warwick RI 02888-0074

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

Name of Employer EPS Settlements Group, Inc. Occupation Consultant

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 904.76

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.5781

Amount of Each Receipt this Period
333.34

SUBTOTAL of Receipts This Page (optional) ▶

878.74

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 28
(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)
NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial)
Joseph M. O'Reilly, CSSC

Mailing Address PO Box 81074

City State Zip Code
Warwick RI 02888-0074

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

Name of Employer Occupation
EPS Settlements Group, Inc. Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1095.24**

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: SA11AI.5782

Amount of Each Receipt this Period
190.48

B. Full Name (Last, First, Middle Initial)
Christine D. Phillips, CSSC

Mailing Address 2051 Killebrew Drive Suite 640

City State Zip Code
Bloomington MN 55425

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

Name of Employer Occupation
Capital Planning, Inc. Structured Settlement Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
MM / DD / YYYY
11 / 23 / 2009

Transaction ID: SA11AI.5784

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Kimberlee J. Smith, CSSC

Mailing Address 9841 Airport Boulevard, Suite 1040

City State Zip Code
Los Angeles CA 90045

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

Name of Employer Occupation
EPS Settlements Group, Inc. Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
MM / DD / YYYY
08 / 27 / 2009

Transaction ID: SA11AI.5788

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **1540.48**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 28
(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)
NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial)
Thomas J. Stanley, CSSC

Mailing Address P.O. Box 97656

City State Zip Code
Las Vegas NV 89193

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

Name of Employer Summit Settlement Services Occupation Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **10 / 29 / 2009**

Transaction ID: SA11AI.5790

Amount of Each Receipt this Period **1000.00**

B. Full Name (Last, First, Middle Initial)
Stanley Insurance Agency, Inc.

Mailing Address PO Box 97656

City State Zip Code
Las Vegas NV 89193

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **09 / 20 / 2009**

Transaction ID: SA11AI.5899

Amount of Each Receipt this Period **1000.00**

Impermissible corporate contribution, refunded 10-/14 (See Sch. B)

C. Full Name (Last, First, Middle Initial)
Toni Warbington

Mailing Address 7100 E. Belleview Ave. Suite 300

City State Zip Code
Greenwood Village CO 80111

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

Name of Employer EPS Settlements Group, Inc. Occupation Director, Systems, Research & Training

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **805.70**

Date of Receipt **08 / 27 / 2009**

Transaction ID: SA11AI.5791

Amount of Each Receipt this Period **280.00**

SUBTOTAL of Receipts This Page (optional) **2280.00**

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 / 28
(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)
NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A.

Full Name (Last, First, Middle Initial) Toni Warbington		Date of Receipt	
Mailing Address 7100 E. Belleview Ave. Suite 300		M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 9	
City	State	Zip Code	Transaction ID: SA11AI.5792
Greenwood Village	CO	80111	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		320.00	
Name of Employer EPS Settlements Group, Inc.		Occupation Director, Systems, Research & Training	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1125.70	

SUBTOTAL of Receipts This Page (optional)	▶	320.00
TOTAL This Period (last page this line number only)	▶	15148.81

**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 21 / 28
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A.	Full Name (Last, First, Middle Initial) LIBERTY MUTUAL INSURANCE COMPANY - PAC		Date of Receipt <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>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	1	/	1	0	/	2	0	0	9													
	Mailing Address 175 Berkeley Street		Transaction ID: SA11C.5793																				
	City State Zip Code Boston MA 02117	Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																			
1000.00																							
FEC ID number of contributing federal political committee. C C00171843																							
Name of Employer	Occupation																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																				
1000.00																							

B.	Full Name (Last, First, Middle Initial) WESTFIELD EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE OF OHIO FARMERS INSURANCE COMPANY		Date of Receipt <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>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	3	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	0	/	2	3	/	2	0	0	9													
	Mailing Address One Park Circle P.O. Box 5001		Transaction ID: SA11C.5795																				
	City State Zip Code Westfield Center OH 44251	Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table>		500.00																			
500.00																							
FEC ID number of contributing federal political committee. C C00376863																							
Name of Employer	Occupation																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table>		500.00																				
500.00																							

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 28
(check only one)

<input 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 checked="" type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A.

Full Name (Last, First, Middle Initial)
COMMITTEE TO RE-ELECT ARTUR DAVIS TO CONGRESS, THE

Mailing Address PO Box 1845

City State Zip Code
Birmingham AL 35201

FEC ID number of contributing federal political committee. **C** C00347872

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2009

Transaction ID: SA16.5893

Amount of Each Receipt this Period
1000.00

Returned-Running for Governor, No longer a federal candidate (See 2009MY Sch. B, 5/20)

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A.	Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address PO Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement 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.5796 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 9	Amount of Each Disbursement this Period 35.79
B.	Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address PO Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement 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.5801 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 9	Amount of Each Disbursement this Period 50.47
C.	Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address PO Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement 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.5802 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 9	Amount of Each Disbursement this Period 7.75

SUBTOTAL of Disbursements This Page (optional)	94.01
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 24 / 28

<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)
NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB21B.5797 Date of Disbursement
	Mailing Address PO Box 622227	<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="4.95"/>
	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.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB21B.5799 Date of Disbursement
	Mailing Address PO Box 622227	<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="60.79"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB21B.5798 Date of Disbursement
	Mailing Address PO Box 622227	<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2.58"/>
	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)	<input type="text" value="68.32"/>
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)
NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A.	Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address PO Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement 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.5800 Date of Disbursement 10 / 13 / 2009	Amount of Each Disbursement this Period 71.30
B.	Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address PO Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement 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.5804 Date of Disbursement 11 / 10 / 2009	Amount of Each Disbursement this Period 82.72
C.	Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address PO Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement 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.5805 Date of Disbursement 12 / 08 / 2009	Amount of Each Disbursement this Period 4.95

SUBTOTAL of Disbursements This Page (optional) ▶	158.97
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)
NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial) SunTrust Bank <hr/> Mailing Address PO Box 622227 <hr/> City Orlando State FL Zip Code 32862-2227 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5806 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 71.61
B. Full Name (Last, First, Middle Initial) SunTrust Bank <hr/> Mailing Address PO Box 622227 <hr/> City Orlando State FL Zip Code 32862-2227 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5807 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 31.00

SUBTOTAL of Disbursements This Page (optional)	▶	102.61
TOTAL This Period (last page this line number only)	▶	423.91

**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)
NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial) FRIENDS OF DAVE REICHERT <hr/> Mailing Address P. O. Box 53322 <hr/> City Bellevue State WA Zip Code 98015 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name <input type="checkbox"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5812 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/Type <input type="checkbox"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08
B. Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS <hr/> Mailing Address PO Box 5577 <hr/> City New York State NY Zip Code 10027 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name <input type="checkbox"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5809 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/Type <input type="checkbox"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
C. Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS <hr/> Mailing Address PO Box 5577 <hr/> City New York State NY Zip Code 10027 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name <input type="checkbox"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5810 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/Type <input type="checkbox"/>
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

SUBTOTAL of Disbursements This Page (optional)	▶	12000.00
TOTAL This Period (last page this line number only)	▶	12000.00

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

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

FOR LINE NUMBER: (check only one)

<input 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)
NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial) Ms Lynn DeMauro Clark <hr/> Mailing Address 100 Roscommon Drive, Suite 300 <hr/> City Middletown State CT Zip Code 06457 <hr/> Purpose of Disbursement Refund of Contribution (8/27) See Sch. A Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.5898 Date of Disbursement 10 / 12 / 2009 <hr/> Amount of Each Disbursement this Period 1750.00
	Category/Type
B. Full Name (Last, First, Middle Initial) Stanley Insurance Agency, Inc. <hr/> Mailing Address PO Box 97656 <hr/> City Las Vegas State NV Zip Code 89193 <hr/> Purpose of Disbursement Refund of Contribution 9/20, See Sch. A Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.5901 Date of Disbursement 10 / 14 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

2750.00

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

2750.00