

**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

Business-Industry Political Action Committee

ADDRESS (number and street)

888 16th Street, NW

Check if different
than previously
reported. (ACC)

Washington

DC

20006

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00001727

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 (12G)

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

1 1

2 5

2 0 0 8

through

1 2

3 1

2 0 0 8

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

Mr. Mark Archuleta

Signature of Treasurer

Electronically Filed by Mr. Mark Archuleta

Date

0 1

3 0

2 0 0 9

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)

Page 2

Write or Type Committee Name
Business-Industry Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		190427.08
(b) Cash on Hand at Beginning of Reporting Period	132064.23	
(c) Total Receipts (from Line 19)	333.71	91201.67
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	132397.94	281628.75
7. Total Disbursements (from Line 31)	6746.12	155976.93
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	125651.82	125651.82
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Business-Industry Political Action Committee

Report Covering the Period:

From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	150.00	36950.00
(i) Itemized (use Schedule A)	0.00	6030.00
(ii) Unitemized	150.00	42980.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	46500.00
(c) Other Political Committees (such as PACs)	0.00	89480.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	150.00	89480.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	183.71	1721.67
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))	333.71	91201.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	333.71	91201.67

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	6746.12	60952.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	6746.12	60952.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	70296.01
24. Independent Expenditure (use Schedule E)	0.00	4728.92
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	20000.00
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))..	6746.12	155976.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6746.12	155976.93

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	150.00	89480.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	150.00	89480.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6746.12	60952.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6746.12	60952.00

**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
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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)

Business-Industry Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Stuart M. Irby

Mailing Address 3940 Stuart Place

City

Jackson

State

MS

Zip Code

39211-6752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stuart C. Irby Company

Occupation

President

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.10601

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

150.00

**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)

<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

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NAME OF COMMITTEE (In Full)

Business-Industry Political Action Committee

A.

Full Name (Last, First, Middle Initial)

PNC Bank

Mailing Address 1503 Pennsylvania Avenue, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1632.70

Date of Receipt

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

Transaction ID: SA17.10602

Amount of Each Receipt this Period

94.74

B.

Full Name (Last, First, Middle Initial)

PNC Bank

Mailing Address 1503 Pennsylvania Avenue, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1721.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

Transaction ID: SA17.10603

Amount of Each Receipt this Period

88.97

SUBTOTAL of Receipts This Page (optional)

183.71

TOTAL This Period (last page this line number only)

183.71

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 8 / 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)

Business-Industry Political Action Committee

A.

Full Name (Last, First, Middle Initial)

1600 Eye Street Corporation

Mailing Address 888 16th Street, NW

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement
Office Rent & Utilities

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10629

Date of Disbursement

12 / 11 / 2008

Amount of Each Disbursement this Period

610.68

B.

Full Name (Last, First, Middle Initial)

AT&T Mobility

Mailing Address P.O. Box 6463

City
Carol Stream

State
IL

Zip Code
60197-6463

Purpose of Disbursement
Cellular Telephone Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10631

Date of Disbursement

12 / 22 / 2008

Amount of Each Disbursement this Period

42.17

C.

Full Name (Last, First, Middle Initial)

BIPAC - Analysis Fund

Mailing Address 888 16th Street, NW

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement
State & Federal Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10616

Date of Disbursement

11 / 30 / 2008

Amount of Each Disbursement this Period

1571.47

SUBTOTAL of Disbursements This Page (optional)

2224.32

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 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)

Business-Industry Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BIPAC - Analysis Fund

Mailing Address 888 16th Street, NW

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement
Federal & State Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10659

Date of Disbursement

12 / 29 / 2008

Amount of Each Disbursement this Period

1178.96

B.

Full Name (Last, First, Middle Initial)

BIPAC - Payroll Account

Mailing Address 888 16th Street, NW

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement
Employee Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10618

Date of Disbursement

11 / 30 / 2008

Amount of Each Disbursement this Period

908.64

C.

Full Name (Last, First, Middle Initial)

BIPAC - Payroll Account

Mailing Address 888 16th Street, NW

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement
Employee Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10660

Date of Disbursement

12 / 15 / 2008

Amount of Each Disbursement this Period

463.78

SUBTOTAL of Disbursements This Page (optional)

2551.38

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)

Business-Industry Political Action Committee

A. Full Name (Last, First, Middle Initial) BIPAC - Payroll Account	Transaction ID: SB21B.10661 Date of Disbursement																				
Mailing Address 888 16th Street, NW	<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>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	8												
City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period																				
Purpose of Disbursement Employee Payroll Candidate Name	<table border="1"> <tr> <td colspan="10">463.78</td> </tr> </table>	463.78																			
463.78																					
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) David M. Syrett, FSA, EA	Transaction ID: SB21B.10626 Date of Disbursement																				
Mailing Address 9 Blacksmythe Lane	<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>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	4		2	0	0	8												
City Newport News State VA Zip Code 23602	Amount of Each Disbursement this Period																				
Purpose of Disbursement Pension Plan Actuary Candidate Name	<table border="1"> <tr> <td colspan="10">61.64</td> </tr> </table>	61.64																			
61.64																					
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) David M. Syrett, FSA, EA	Transaction ID: SB21B.10658 Date of Disbursement																				
Mailing Address 9 Blacksmythe Lane	<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>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	8												
City Newport News State VA Zip Code 23602	Amount of Each Disbursement this Period																				
Purpose of Disbursement Pension Plan Actuary Candidate Name	<table border="1"> <tr> <td colspan="10">12.35</td> </tr> </table>	12.35																			
12.35																					
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)

537.77

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)

Business-Industry Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lanigan, Ryan, Malcolm & Doyle, PC

Mailing Address 555 Quince Orchard Road

City Gaithersburg State MD Zip Code 20878-1426

Purpose of Disbursement
Accounting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.10639

Date of Disbursement

12 / 29 / 2008

Amount of Each Disbursement this Period

66.27

B.

Full Name (Last, First, Middle Initial)

Optimum Choice, Inc.

Mailing Address P.O. Box 75051

City Baltimore State MD Zip Code 21275-5051

Purpose of Disbursement
Employee Health & Dental Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.10623

Date of Disbursement

12 / 04 / 2008

Amount of Each Disbursement this Period

199.30

C.

Full Name (Last, First, Middle Initial)

Optimum Choice, Inc.

Mailing Address P.O. Box 75051

City Baltimore State MD Zip Code 21275-5051

Purpose of Disbursement
Employee Health & Dental Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.10656

Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

63.21

SUBTOTAL of Disbursements This Page (optional)

328.78

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)

Business-Industry Political Action Committee

A.

Full Name (Last, First, Middle Initial)

PAETEC

Mailing Address P.O. Box 601310

City
Charlotte

State
NC

Zip Code
28260-1310

Purpose of Disbursement
Telephone Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10645

Date of Disbursement

12 / 29 / 2008

Amount of Each Disbursement this Period

20.48

B.

Full Name (Last, First, Middle Initial)

PNC Bank

Mailing Address 1503 Pennsylvania Avenue, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Bank Service Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10604

Date of Disbursement

12 / 01 / 2008

Amount of Each Disbursement this Period

39.99

C.

Full Name (Last, First, Middle Initial)

PNC Bank

Mailing Address 1503 Pennsylvania Avenue, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Bank Service Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10605

Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

39.99

SUBTOTAL of Disbursements This Page (optional)

100.46

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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)

Business-Industry Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Standard Insurance Company

Mailing Address P.O. Box 5980

City
Portland

State
OR

Zip Code
97228-5980

Purpose of Disbursement
Employee Life Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.10621

Date of Disbursement

/ /

Amount of Each Disbursement this Period

33.90

B.

Full Name (Last, First, Middle Initial)

Standard Insurance Company

Mailing Address P.O. Box 5980

City
Portland

State
OR

Zip Code
97228-5980

Purpose of Disbursement
Employee Life Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.10653

Date of Disbursement

/ /

Amount of Each Disbursement this Period

17.50

C.

Full Name (Last, First, Middle Initial)

The Travelers

Mailing Address P.O. Box 42527

City
Philadelphia

State
PA

Zip Code
19101-2527

Purpose of Disbursement
General Office Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.10613

Date of Disbursement

/ /

Amount of Each Disbursement this Period

125.66

SUBTOTAL of Disbursements This Page (optional)

177.06

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 14 / 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)

Business-Industry Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Wells Fargo Financial Leasing

Mailing Address P.O. Box 10336

City
Des Moines

State
IA

Zip Code
50306-0336

Purpose of Disbursement
Copier Lease

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10650

Date of Disbursement

12 / 29 / 2008

Amount of Each Disbursement this Period

7.87

B.

Full Name (Last, First, Middle Initial)

Wiley, Rein, LLP

Mailing Address 1776 K Street, NW

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement
Legal Counsel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10634

Date of Disbursement

12 / 22 / 2008

Amount of Each Disbursement this Period

104.66

C.

Full Name (Last, First, Middle Initial)

Wiley, Rein, LLP

Mailing Address 1776 K Street, NW

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement
Legal Counsel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.10651

Date of Disbursement

12 / 29 / 2008

Amount of Each Disbursement this Period

82.42

SUBTOTAL of Disbursements This Page (optional)

194.95

TOTAL This Period (last page this line number only)

6114.72

Image# 29990884848

Form/Schedule: **SB21B**

Transaction ID: **SB21B.10618**

Payroll for the following employees: Mark Archuleta \$182.44; Mary Bogert \$161.00; Mary Brady \$83.68; Bernadette Budde \$46.40; Greg Casey \$298.72; Caitlin Donahue \$34.56; Meagan Griles \$61.73 and Jeanne Payne \$40.11.

Form/Schedule: **SB21B**

Transaction ID: **SB21B.10660**

Payroll for the following employees: Mark Archuleta \$155.00, Mary Bogert \$72.87, Bernadette Budde \$47.61, Greg Casey \$66.86 and Jeanne Payne \$121.44.

Image# 29990884849

Form/Schedule: **SB21B**

Transaction ID: **SB21B.10661**

Payroll for the following employees: Mark Archuleta \$155.00, Mary Bogert \$72.87, Bernadette Budde \$47.61, Greg Casey \$66.86 and Jeanne Payne \$121.44.