

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2008 OCT 29 AM 10:39  
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

ASIS INTERNATIONAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

1625 PRINCE STREET

Check if different than previously reported. (ACC)

ALEXANDRIA

VA

22314-2882

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00396408

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

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Oct 20 (M10)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - 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

10 / 01 / 2008

through

10 / 15 / 2008

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 JAMES B. EVANS

Signature of Treasurer

*James B. Evans*

Date

10 / 16 / 2008

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

**ASIS INTERNATIONAL POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:

**10 ' 01 ' 2008**

To:

**10 ' 15 ' 2008**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>2008</b>		118,500.00
(b) Cash on Hand at Beginning of Reporting Period .....	18,200.00	
(c) Total Receipts (from Line 19) .....	150.00	65,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	18,350.00	18,350.00
7. Total Disbursements (from Line 31) .....	000,000.00	000,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	18,350.00	18,350.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	000,000.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	000,000.00	

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

*ASIS INTERNATIONAL POLITICAL ACTION COMMITTEE*

Report Covering the Period: From: **10** / **01** / **2008** To: **10** / **15** / **2008**

**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).....	150.00	6500.00
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	150.00	6500.00
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	150.00	6500.00
2. Transfers From Affiliated/Other Party Committees.....		
3. All Loans Received.....		
4. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..	000,000.00	000,000.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	150.00	6500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	150.00	6500.00

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**DETAILED SUMMARY PAGE**  
of Disbursements

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

<p>21. Operating Expenditures:</p> <p>(a) Allocated Federal/Non-Federal Activity (from Schedule H4)</p> <p>(i) Federal Share .....</p> <p>(ii) Non-Federal Share .....</p> <p>(b) Other Federal Operating Expenditures .....</p> <p>(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....</p> <p>22. Transfers to Affiliated/Other Party Committees .....</p> <p>23. Contributions to Federal Candidates/Committees and Other Political Committees .....</p> <p>24. Independent Expenditures (use Schedule E) .....</p> <p>25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....</p> <p>26. Loan Repayments Made .....</p> <p>27. Loans Made .....</p> <p>28. Refunds of Contributions To:</p> <p>(a) Individuals/Persons Other Than Political Committees .....</p> <p>(b) Political Party Committees .....</p> <p>(c) Other Political Committees (such as PACs) .....</p> <p>(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....</p> <p>29. Other Disbursements .....</p> <p>30. Federal Election Activity (2 U.S.C. §431(20))</p> <p>(a) Allocated Federal Election Activity (from Schedule H6)</p> <p>(i) Federal Share .....</p> <p>(ii) "Levin" Share .....</p> <p>(b) Federal Election Activity Paid Entirely With Federal Funds .....</p> <p>(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ...</p> <p>31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..</p> <p>32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....</p>	<p>[Grid for Column A: Total This Period]</p>	<p>[Grid for Column B: Calendar Year-to-Date]</p>
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**DETAILED SUMMARY PAGE**  
of Disbursements

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	6500.00
34. Total Contribution Refunds (from Line 28(d)) .....	000.000.000.00	000.000.000.00
35. Net Contributions (other than loans) (subtract Line 33 from Line 32) .....	150.00	6500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	000.000.000.00	000.000.000.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	000.000.000.00	000.000.000.00
38. Net Operating Expenditures (subtract Line 36 from Line 35) .....	150.00	6500.00

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

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

FOR LINE NUMBER:		PAGE	OF
(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 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)

**ASIS INTERNATIONAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Sorensen, Severin**

Mailing Address

**P.O. Box 3310**

City

**Gaithersburg**

State

**MD**

Zip Code

**20885**

FEC ID number of contributing federal political committee.

**C**

Date of Receipt

**10 / 07 / 2008**

Amount of Each Receipt this Period

**150.00**

Name of Employer

**Sikyur, LLC**

Occupation

**President**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**150.00**

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

**C**

Date of Receipt

**/  /**

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

**C**

Date of Receipt

**/  /**

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

**150.00**

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

**150.00**

28039903843

**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	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29
					<input type="checkbox"/> 26
					<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)  
**ASIS INTERNATIONAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

\_\_\_\_\_

Category/Type

\_\_\_\_\_

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

\_\_\_\_\_

Category/Type

\_\_\_\_\_

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

\_\_\_\_\_

Category/Type

\_\_\_\_\_

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

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

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**SCHEDULE C (FEC Form 3X)**

**LOANS**

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

PAGE OF

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

*ASIS INTERNATIONAL POLITICAL ACTION COMMITTEE*

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

--	--	--

TERMS

/  /     
  /  /     
  % (apr)    
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

<p>1. Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State ZIP Code</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Amount Guaranteed Outstanding: <input type="text"/></p>
<p>2. Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State ZIP Code</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Amount Guaranteed Outstanding: <input type="text"/></p>
<p>3. Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State ZIP Code</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Amount Guaranteed Outstanding: <input type="text"/></p>
<p>4. Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State ZIP Code</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Amount Guaranteed Outstanding: <input type="text"/></p>

<p><b>SUBTOTALS</b> This Period This Page (optional) .....</p>	<p><input type="text"/></p>
<p><b>TOTALS</b> This Period (last page in this line only) .....</p>	<p><input type="text"/></p>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

28039903845

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)

*ASIS INTERNATIONAL POLITICAL ACTION COMMITTEE*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional) .....	
2) TOTALS This Period (last page this line number only) .....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

28039903846

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

NAME OF COMMITTEE (In Full)  
**ASIS INTERNATIONAL POLITICAL ACTION COMMITTEE**

FEC IDENTIFICATION NUMBER  
**C00396408**

Check if  24-hour notice  48-hour notice

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

Mailing Address

City State Zip Code

Purpose of Expenditure Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election for Office Sought

Office Sought:  House  Senate  President State: \_\_\_\_\_ District: \_\_\_\_\_

Check One:  Support  Oppose

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

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

Mailing Address

City State Zip Code

Purpose of Expenditure Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election for Office Sought

Office Sought:  House  Senate  President State: \_\_\_\_\_ District: \_\_\_\_\_

Check One:  Support  Oppose

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures ..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_ Date

28039903847

**SCHEDULE F (FEC Form 3X)**

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE OF  
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>ASIS INTERNATIONAL POLITICAL ACTION COMMITTEE</i>	<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee
If YES, name the designating committee:	Mailing Address
	City State ZIP Code

28039903843

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		<input type="checkbox"/> Category/ Type
Mailing Address				Date		
City		State		Zip Code		
Name of Federal Candidate Supported	Office Sought:	House	State: _____	Amount		
		Senate	District: _____			
		Presidential				
Aggregate General Election Expenditure for this Candidate ▶				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		<input type="checkbox"/> Category/ Type
Mailing Address				Date		
City		State		Zip Code		
Name of Federal Candidate Supported	Office Sought:	House	State: _____	Amount		
		Senate	District: _____			
		Presidential				
Aggregate General Election Expenditure for this Candidate ▶				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		<input type="checkbox"/> Category/ Type
Mailing Address				Date		
City		State		Zip Code		
Name of Federal Candidate Supported	Office Sought:	House	State: _____	Amount		
		Senate	District: _____			
		Presidential				
Aggregate General Election Expenditure for this Candidate ▶				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)		

SUBTOTAL of Expenditures This Page (optional) ..... ▶	<input type="checkbox"/>
TOTAL This Period (last page this line number only) ..... ▶	<input type="checkbox"/>

**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

28039903849

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>10/17/08</i>
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>Jm D</i> PREPARER	<i>10/25/08</i> DATE PREPARED