

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Americans for New Leadership

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		0.00
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	201169.85									
(c) Total Receipts (from Line 19)	37111.65	1197619.65								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	238281.50	1197619.65								
7. Total Disbursements (from Line 31)	153764.25	1113102.40								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	84517.25	84517.25								
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
Americans for New Leadership

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	11775.00	443587.00
(ii) Unitemized	25336.65	754032.65
(iii) TOTAL (add Lines 11(a)(i) and (ii)	37111.65	1197619.65
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	37111.65	1197619.65
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.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	37111.65	1197619.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	37111.65	1197619.65

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.....	149062.25	914101.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	149062.25	914101.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	4702.00	199000.53
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	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	153764.25	1113102.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	153764.25	1113102.40

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	37111.65	1197619.65
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37111.65	1197619.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	149062.25	914101.87
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	149062.25	914101.87

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

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

FOR LINE NUMBER: PAGE 6 / 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial)
MICHAEL BARNES

Mailing Address P.O. BOX 163557
P.O. BOX 163557

City State Zip Code
FORT WORTH TX 76161-3557

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

Name of Employer Occupation
DYNCORP INTN'L CONTRACT CONSULTANT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11.21167

Amount of Each Receipt this Period
50.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KLAUS BECKMANN

Mailing Address P.O. BOX 167
P.O. BOX 167

City State Zip Code
AMSTERDAM NY 12010-0167

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

Name of Employer Occupation
SELF SELF

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11.21214

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
VIRGINIA BEST

Mailing Address 14130 EAST PALOMINO DRIVE
14130 EAST PALOMINO DRIVE

City State Zip Code
SOUTHWEST RANCHES FL 33330-2212

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

Name of Employer Occupation
LOPEZ & BEST ATTORNEY

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

Transaction ID: SA11.21072

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **250.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial)
MIKE BINDER

Mailing Address 11812 SAN VICENTE
11812 SAN VICENTE

City State Zip Code
LOS ANGELES CA 90049-5022

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

Name of Employer Occupation
SELF WRITER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: SA11.21132

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARY BLUE

Mailing Address 3924 CHARING CROSS CT
3924 CHARING CROSS CT

City State Zip Code
NORMAN OK 73072-3201

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

Name of Employer Occupation
RETIRED PHYSICIAN

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

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

Transaction ID: SA11.21069

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DALLAS CAUDELL

Mailing Address 3734 MARKHAM WAY

City State Zip Code
ATLANTA GA 30339-4254

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

Name of Employer Occupation
SELF HOMEMAKER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11.21163

Amount of Each Receipt this Period
50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

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

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

FOR LINE NUMBER: PAGE 8 / 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial)
DAVID CRIPPEN

Mailing Address 2831 SOUTHFIELD DRIVE
2831 SOUTHFIELD DRIVE

City State Zip Code
BEAVERCREEK OH 45434-5717

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

Name of Employer Occupation
GREENTREE GROUP MANAGER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11.21014

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MONTY DAVIS

Mailing Address 19827 CYPRESS CHURCH RD
19827 CYPRESS CHURCH RD

City State Zip Code
CYPRESS TX 77433-1479

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

Name of Employer Occupation
CORE LAB LP EXECUTIVE

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11.20985

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TIMOTHY ERNEST DOCTER

Mailing Address 7778 BOCA RATON DR

City State Zip Code
LAS VEGAS NV 89113-1313

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

Name of Employer Occupation
RETIRED CIVIL ENGINEER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

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

Transaction ID: SA11.21264

Amount of Each Receipt this Period
50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 46
	<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)
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) EDIE DOWDLE	Date of Receipt MM / DD / YYYY 10 / 05 / 2010
	Mailing Address 219 HUCKLEBERRY HILLS RD	Transaction ID: SA11.21266
	City State Zip Code COLUMBUS MS 39705-1619	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) NANCY H. ESHELMAN	Date of Receipt MM / DD / YYYY 10 / 11 / 2010
	Mailing Address 2119 SARAH STREET 2119 SARAH STREET	Transaction ID: SA11.20956
	City State Zip Code PITTSBURGH PA 15203-2031	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation STO ROX SCHOOL DISTRICT TEACHER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) CATHERINE C. GREENLAW	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 904 E SOUTH ST 904 E SOUTH ST	Transaction ID: SA11.20965
	City State Zip Code LINDALE TX 75771-3388	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SELF R.N.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 46
(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)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial) ROBERT HANLEY		Date of Receipt MM / DD / YYYY 10 / 11 / 2010
Mailing Address 6819 MONERO DR 6819 MONERO DR		Transaction ID: SA11.20825
City RANCHO PALOS VERDE	State CA	Zip Code 90275-3103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer L.A. COUNTY SHERIFFS' DEPT.	Occupation RET. SERGEANT	CONTRIBUTION
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) CRAIG HOLLENBECK		Date of Receipt MM / DD / YYYY 10 / 11 / 2010
Mailing Address 14251 209TH AVE. NE		Transaction ID: SA11.21185
City WOODINVILLE	State WA	Zip Code 98077-5664
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.

Full Name (Last, First, Middle Initial) SCOTT JARRETT		Date of Receipt MM / DD / YYYY 10 / 11 / 2010
Mailing Address 9456 DOUBLE R BLVD SUITE A SUITE A		Transaction ID: SA11.21186
City RENO	State NV	Zip Code 89521-4822
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SIERRA ENDODONTICS	Occupation ENDODONTIST	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
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 11 / 46
(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)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
HARRISON JOHNSTON

Mailing Address 11309 EMPIRE LAKES DRIVE

City State Zip Code
RALEIGH NC 27617-8626

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: SA11.21285

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
LUETTA JOHNSTON

Mailing Address 11309 EMPIRE LAKES DR

City State Zip Code
RALEIGH NC 27617-8626

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

Name of Employer Occupation
SELF HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: SA11.21284

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
GLEN KELLEY

Mailing Address P.O. BOX 218350
P.O. BOX 218350

City State Zip Code
HOUSTON TX 77218-8350

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

Name of Employer Occupation
ATWOOD OCEANICS VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: SA11.21171

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 46
(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)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
JAMES KEYES

Mailing Address 243 MARION COUNTY 7013
243 MARION 7013

City State Zip Code
FLIPPIN AR 72634

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

Name of Employer Occupation
RETIRED NAVAL OFFICER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

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

Transaction ID: SA11.22176

Amount of Each Receipt this Period
30.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
HENRY W.E. KLOPPING

Mailing Address 1411 WASHO DRIVE
1411 WASHO DRIVE

City State Zip Code
FREMONT CA 94539-6658

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

Name of Employer Occupation
STATE OF CALIFORNIA SCHOOL SUPERINTENDENT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

Transaction ID: SA11.21223

Amount of Each Receipt this Period
25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
STUART LERWICK

Mailing Address 518 UPLAND ROAD
518 UPLAND ROAD

City State Zip Code
MEDINA WA 98039-5319

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

Name of Employer Occupation
RETIRED ACTUARY

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11.20716

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1055.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 46
	<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)
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) WILLIAM LOAN	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 9542 WINSOME LANE 9542 WINSOME LANE	Transaction ID: SA11.21131
	City HOUSTON State TX Zip Code 77063-3830	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer MICHELIN NORTH AMERICA Occupation SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) GARY LOCKE	Date of Receipt MM / DD / YYYY 10 / 05 / 2010
	Mailing Address 2602 BOOGER HILL ROAD	Transaction ID: SA11.21298
	City DANIELSVILLE State GA Zip Code 30633-6102	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer USN/STATE OF GEORGIA Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) JOHN MCCLURE	Date of Receipt MM / DD / YYYY 10 / 05 / 2010
	Mailing Address 101 SHAN HILL LANE	Transaction ID: SA11.21302
	City BOYCE State VA Zip Code 22620-2436	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer RETIRED Occupation GEOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 310.00	

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 14 / 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial)
TOM MCCLURE

Mailing Address 3415 BRIDGE MILL CT

City NORCROSS State GA Zip Code 30092-7600

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

Name of Employer TOM MCCLURE OPTICAL SALES Occupation MANUFACTURERS REP.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2010
Transaction ID: SA11.21303
Amount of Each Receipt this Period 100.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
EDWARD MELENDEZ

Mailing Address 8800 SOMERSET BLVD
8800 SOMERSET BLVD

City PARAMOUNT State CA Zip Code 90723-4659

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

Name of Employer EHAFM INC Occupation MGR ENG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 08 / 2010
Transaction ID: SA11.21237
Amount of Each Receipt this Period 100.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JAMES MIDGLEY

Mailing Address 2608 STONE CREEK
2608 STONE CREEK

City PLANO State TX Zip Code 75075-2910

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

Name of Employer UTD Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 10 / 2010
Transaction ID: SA11.20715
Amount of Each Receipt this Period 500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 700.00

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 15 / 46
(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)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
TILLMAN MAEION MARION MOORE

Mailing Address 909 MARINE DR
104 104

City BELLINGHAM State WA Zip Code 98225-8461

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

Name of Employer PACIFIC COAST TISSUE BANK Occupation PEER EDUCATION AND PR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 10 / 2010
Transaction ID: SA11.21009
Amount of Each Receipt this Period: 100.00
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
PAUL MURPHY

Mailing Address 10706 BIRCH BLUFF AVE
10706 BIRCH BLUFF AVE

City SAN DIEGO State CA Zip Code 92131-2276

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

Name of Employer SELF Occupation MEDICAL DOCTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 10 / 08 / 2010
Transaction ID: SA11.21182
Amount of Each Receipt this Period: 100.00
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
LORNA CHRISTINE PANELLI

Mailing Address 14656 STONERIDGE DRIVE
14656 STONERIDGE DRIVE

City SARATOGA State CA Zip Code 95070-5743

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

Name of Employer NONE Occupation NONE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 08 / 2010
Transaction ID: SA11.21232
Amount of Each Receipt this Period: 50.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial)
SANFORD PASSER

Mailing Address 1001 W 13 MILE RD

City MADISON HEIGHTS State MI Zip Code 48071-1602

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

Name of Employer SELF Occupation ATTORNEY/INVESTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 05 / 2010
Transaction ID: SA11.21313
Amount of Each Receipt this Period: 25.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DAVID QUINLAN

Mailing Address N4404 LAKESHORE DR
N4404 LAKESHORE DR

City KEWAUNEE State WI Zip Code 54216-9726

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

Name of Employer NONE Occupation NONE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 11 / 2010
Transaction ID: SA11.21062
Amount of Each Receipt this Period: 50.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GERALD RAMSEY

Mailing Address 6300 RICHMOND PLACE
6300 RICHMOND PLACE

City NORFOLK State VA Zip Code 23508-1128

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

Name of Employer INSTANT SYSTEMS Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 08 / 2010
Transaction ID: SA11.20969
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 325.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial)
WILLIAM L. RITCHIE

Mailing Address 5302 BROOKWAY DR

City State Zip Code
BETHESDA MD 20816-1308

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11.21319

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GRANT SAVIERS

Mailing Address 1920 4TH AVE
#2703 #2703

City State Zip Code
SEATTLE WA 98101-5127

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11.21242

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MICHAEL SCHAFFER

Mailing Address 3200 E LONGVIEW AVE
APT 4 APT 4

City State Zip Code
BLOOMINGTON IN 47408-4357

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

Name of Employer Occupation
THE CAMPAIGN CENTER PROFESSIONAL FUNDRAISER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

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

Transaction ID: SA11.20970

Amount of Each Receipt this Period
30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1130.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 46
	<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)
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) MICHAEL SCHAFER	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 3200 E LONGVIEW AVE APT 4 APT 4	Transaction ID: SA11.21116
	City BLOOMINGTON State IN Zip Code 47408-4357	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer THE CAMPAIGN CENTER Occupation PROFESSIONAL FUNDRAISER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 285.00	

B.	Full Name (Last, First, Middle Initial) TIM SHANLEY	Date of Receipt MM / DD / YYYY 10 / 11 / 2010
	Mailing Address 740 SOUTH PINE CREEK ROAD 740 SOUTH PINE CREEK ROAD	Transaction ID: SA11.20824
	City FAIRFIELD State CT Zip Code 06824-6327	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer FOCUS BRANDS Occupation EXECUTIVE 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) STUART SIMON-ROSENTHAL	Date of Receipt MM / DD / YYYY 10 / 09 / 2010
	Mailing Address 2600 NE 14TH STREET CAUSEWAY 2600 NE 14TH STREET CAUSEWAY	Transaction ID: SA11.20744
	City POMPANO BEACH State FL Zip Code 33062-8224	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer STUART S ROSENTHAL, P.A. Occupation ATTORNEY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 400.00	

SUBTOTAL of Receipts This Page (optional)	390.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 46
	<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)
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) LINDON L. SMITH	Date of Receipt MM / DD / YYYY 10 / 08 / 2010
	Mailing Address 28406 QUADRILLE LANE 28406 QUADRILLE LANE	Transaction ID: SA11.21183
	City BOERNE State TX Zip Code 78015-4632	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer SELF Occupation ENERGY INDUSTRY CONSULTANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) MICHAEL DAVID SMITH	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 3400 BENEVA RD APT 121 APT 121	Transaction ID: SA11.21203
	City SARASOTA State FL Zip Code 34232-4603	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) JAMES SPEIGHTS	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 7940 FLOYD CURL SUITE 820 SUITE 820	Transaction ID: SA11.21127
	City SAN ANTONIO State TX Zip Code 78229-3906	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer SELF Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 46
	<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)
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) AVIS SPIES		Date of Receipt
	Mailing Address 60 HEYBURN RD 60 HEYBURN RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 10 / 11 / 2010
	City	State	Zip Code
	CHADDS FORD	PA	19317-9707
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.20886
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 575.00	<input type="text"/> 25.00
			CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) WILLIAM SQUIRE		Date of Receipt
	Mailing Address 39523 VIA MONTALVO 39523 VIA MONTALVO		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 10 / 01 / 2010
	City	State	Zip Code
	MURRIETA	CA	92563-5527
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.21133
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	<input type="text"/> 500.00
			CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) CHERYL STUTZMAN		Date of Receipt
	Mailing Address 9 SUMMER HILL DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 10 / 05 / 2010
	City	State	Zip Code
	SINKING SPRING	PA	19608-9671
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.21330
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 50.00
			CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 575.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 21 / 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial)
MARLIN SUMMERS

Mailing Address P.O. BOX 12296
P.O. BOX 12296

City LA CRESCENTA State CA Zip Code 91224-0996

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 01 / 2010
Transaction ID: SA11.20837
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BROOKE SUTTON

Mailing Address 320 CHRISTINA DR
320 CHRISTINA DR

City LANDER State WY Zip Code 82520-2908

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

Name of Employer MOUNTAIN DENTAL PC Occupation FINANCIAL MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 10 / 05 / 2010
Transaction ID: SA11.20742
Amount of Each Receipt this Period: 100.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BARBARA TALBOTT

Mailing Address 5701 MERRYWING CIRCLE
5701 MERRYWING CIRCLE

City AUSTIN State TX Zip Code 78730-1411

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

Name of Employer NONE Occupation NONE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 10 / 2010
Transaction ID: SA11.20714
Amount of Each Receipt this Period: 300.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 46
	<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)
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) A.R. TANDY	Date of Receipt MM / DD / YYYY 10 / 04 / 2010
	Mailing Address 3346 E 109 ST 3346 E 109 ST	Transaction ID: SA11.21147
	City State Zip Code TULSA OK 74137-6605	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) VINCENT TESTACCIO	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 325 DEMOREST AVE 325 DEMOREST AVE	Transaction ID: SA11.21172
	City State Zip Code STATEN ISLAND NY 10314-2161	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation NYC HOUSING AUTHORITY CARPENTER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) ROD TRUMAN	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 2124 WATERBURY LANE 2124 WATERBURY LANE	Transaction ID: SA11.21168
	City State Zip Code LAS VEGAS NV 89134-0387	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation TRULINE CORPORATION H.R. MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 46
(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
							17

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial) KAREN WESTOVER		Date of Receipt MM / DD / YYYY 10 / 10 / 2010
Mailing Address 250 SOUTH DIANTHUS 250 SOUTH DIANTHUS		Transaction ID: SA11.21013
City MANHATTAN BEACH	State CA	Zip Code 90266-6725
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.

Full Name (Last, First, Middle Initial) JAMES WHITE		Date of Receipt MM / DD / YYYY 10 / 04 / 2010
Mailing Address 654 S. OAKTREE DR.		Transaction ID: SA11.22152
City COVINA	State CA	Zip Code 91723
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.

Full Name (Last, First, Middle Initial) JAMES WOODY		Date of Receipt MM / DD / YYYY 10 / 07 / 2010
Mailing Address 325 SHARON PARK DR #104 #104		Transaction ID: SA11.21176
City MENLO PARK	State CA	Zip Code 94025-6805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer JNW LLC	Occupation EXECUTIVE	CONTRIBUTION
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)	600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 24 / 46	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial) GEORGE YOUNG		Date of Receipt
Mailing Address 1320 S UNIVERSITY DRIVE SUITE 400 SUITE 400		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
City	State	Zip Code
FORT WORTH	TX	76107-8060
FEC ID number of contributing federal political committee.		Transaction ID: SA11.21239
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer SELF		<input type="text" value="500.00"/>
Occupation CORP OFFICER AND INVESTOR		CONTRIBUTION
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="11775.00"/>

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)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
KELSEY CARLSON

Transaction ID: SB.7
Date of Disbursement

Mailing Address 7627 RISING PORT AVENUE

/ /

City LAS VEGAS State NV Zip Code 89113

Amount of Each Disbursement this Period

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
JESSICA CYBULSKI

Transaction ID: SB.8
Date of Disbursement

Mailing Address 3311 S RAINBOW BLVD STE 139

/ /

City LAS VEGAS State NV Zip Code 89146

Amount of Each Disbursement this Period

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
RON FUTRELL

Transaction ID: SB.9
Date of Disbursement

Mailing Address 11417 PERUGINO DR

/ /

City LAS VEGAS State NV Zip Code 89138

Amount of Each Disbursement this Period

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) JENNIFER HARRINGTON	Transaction ID: SB.10 Date of Disbursement 10 / 01 / 2010
	Mailing Address 9465 W. POST ROAD #2048	Amount of Each Disbursement this Period 3500.00
	City LAS VEGAS State NV Zip Code 89148	
	Purpose of Disbursement SALARY	
	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) BRENT HUSSON	Transaction ID: SB.1 Date of Disbursement 10 / 01 / 2010
	Mailing Address 3159 TONYRAM CIRCLE	Amount of Each Disbursement this Period 10000.00
	City LAS VEGAS State NV Zip Code 89146	
	Purpose of Disbursement POLITICAL CONSULTING	
	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) DAVID JOSEPH MCGOWAN	Transaction ID: SB.48 Date of Disbursement 10 / 11 / 2010
	Mailing Address 374 TEIRRA STREET	Amount of Each Disbursement this Period 2500.00
	City HENDERSON State NV Zip Code 89014	
	Purpose of Disbursement VOLUNTEER & EVENT CONSULTING	
	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)	▶	16000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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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)
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) DAVID JOSEPH MCGOWAN	Transaction ID: SB.49 Date of Disbursement 10 / 11 / 2010	
	Mailing Address 374 TEIRRA STREET		
	City HENDERSON State NV Zip Code 89014	Amount of Each Disbursement this Period	25.43
	Purpose of Disbursement SIGN MAKING SUPPLIES - REIMBURSEMENT		
	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) 3 NUTS, INC.	Transaction ID: SB.56 Date of Disbursement 10 / 12 / 2010	
	Mailing Address 6045 HARRISON DR STE 6		
	City LAS VEGAS State NV Zip Code 89120	Amount of Each Disbursement this Period	627.20
	Purpose of Disbursement T-SHIRT PRINTING		
	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) AMERICAN VISION	Transaction ID: SB.29 Date of Disbursement 10 / 07 / 2010	
	Mailing Address 645 ALWICK AVE		
	City W ISLIP State NY Zip Code 11795	Amount of Each Disbursement this Period	153.32
	Purpose of Disbursement E-MAIL LIST RENTAL		
	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)	805.95
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)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial) AMERICAN VISION Mailing Address 645 ALWICK AVE City W ISLIP State NY Zip Code 11795 Purpose of Disbursement E-MAIL LIST RENTAL 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: SB.32 Date of Disbursement 10 / 07 / 2010
	Amount of Each Disbursement this Period 13.80

B. Full Name (Last, First, Middle Initial) BIZ-GOODS Mailing Address 6655 S. TENAYA WAY, STE 150 City LAS VEGAS State NV Zip Code 89113 Purpose of Disbursement LIBERTY SIGNAGE 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: SB.19 Date of Disbursement 10 / 05 / 2010
	Amount of Each Disbursement this Period 480.00

C. Full Name (Last, First, Middle Initial) BIZ-GOODS Mailing Address 6655 S. TENAYA WAY, STE 150 City LAS VEGAS State NV Zip Code 89113 Purpose of Disbursement FORD ESCAPE LIBERTY.COM WRAP 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: SB.52 Date of Disbursement 10 / 12 / 2010
	Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶	2493.80
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) BRENT HUSSON	Transaction ID: SB.60 Date of Disbursement
	Mailing Address 3159 TONYRAM CIRCLE	<input type="text" value="10"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City LAS VEGAS State NV Zip Code 89146	Amount of Each Disbursement this Period
	Purpose of Disbursement POLITICAL CONSULTING	<input type="text" value="3500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CAMPAIGN SOLUTIONS	Transaction ID: SB.27 Date of Disbursement
	Mailing Address 117 N SAINT ASAPH ST	<input type="text" value="10"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement ONLINE FUNDRAISING EXPENSE	<input type="text" value="684.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CAMPAIGN SOLUTIONS	Transaction ID: SB.28 Date of Disbursement
	Mailing Address 117 N SAINT ASAPH ST	<input type="text" value="10"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement ONLINE FUNDRAISING CONSULTING	<input type="text" value="2381.03"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6565.53"/>
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)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial)
CHRISTIAN WORLDVIEW COMMUNICATIONS, LLC

Mailing Address 457 NATHAN DEAL BLVD

City DALLAS State GA Zip Code 30132

Purpose of Disbursement
E-MAIL LIST RENTAL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.31

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

23.00

B. Full Name (Last, First, Middle Initial)
CHRISTIAN WORLDVIEW COMMUNICATIONS, LLC

Mailing Address 457 NATHAN DEAL BLVD

City DALLAS State GA Zip Code 30132

Purpose of Disbursement
E-MAIL LIST RENTAL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.34

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

3.07

C. Full Name (Last, First, Middle Initial)
CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
CAMPAIGN SOFTWARE SUBSCRIPTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.18

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

800.00

SUBTOTAL of Disbursements This Page (optional) ▶

826.07

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) COX COMMUNICATIONS	Transaction ID: SB.44
	Mailing Address 750 N RANCHO DRIVE	Date of Disbursement 10 / 11 / 2010
	City LAS VEGAS State NV Zip Code 89106	Amount of Each Disbursement this Period 490.38
	Purpose of Disbursement CABLE & INTERNET BILL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ENTERPRISE RENT-A-CAR	Transaction ID: SB.22
	Mailing Address 600 CORPORATE PARK DRIVE	Date of Disbursement 10 / 05 / 2010
	City ST. LOUIS State MO Zip Code 63105	Amount of Each Disbursement this Period 138.80
	Purpose of Disbursement TRANSPORATION EXPENSE - DELAWARE	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) ENTERPRISE RENT-A-CAR	Transaction ID: SB.4
	Mailing Address 600 CORPORATE PARK DRIVE	Date of Disbursement 10 / 01 / 2010
	City ST. LOUIS State MO Zip Code 63105	Amount of Each Disbursement this Period 417.55
	Purpose of Disbursement TRANSPORATION EXPENSE - DELAWARE	Category/ Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	1046.73
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) EXXON MOBIL	Transaction ID: SB.13 Date of Disbursement 10 / 02 / 2010
	Mailing Address 5959 LAS COLINAS BLVD	Amount of Each Disbursement this Period 30.62
	City IRVING State TX Zip Code 75039	
	Purpose of Disbursement BUSINESS TRAVEL EXPENSE - GAS	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FACEBOOK.COM ADVERTISING	Transaction ID: SB.14 Date of Disbursement 10 / 02 / 2010
	Mailing Address 156 UNIVERSITY AVE	Amount of Each Disbursement this Period 30.00
	City PALO ALTO State CA Zip Code 94301	
	Purpose of Disbursement LIBERTY.COM PROMOTIONAL ADVERTISING	Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) FACEBOOK.COM ADVERTISING	Transaction ID: SB.23 Date of Disbursement 10 / 05 / 2010
	Mailing Address 156 UNIVERSITY AVE	Amount of Each Disbursement this Period 30.00
	City PALO ALTO State CA Zip Code 94301	
	Purpose of Disbursement LIBERTY.COM PROMOTIONAL ADVERTISING	Category/Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	90.62
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) FACEBOOK.COM ADVERTISING	Transaction ID: SB.38
	Mailing Address 156 UNIVERSITY AVE	Date of Disbursement 10 / 08 / 2010
	City PALO ALTO State CA Zip Code 94301	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement LIBERTY.COM PROMOTIONAL ADVERTISING	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) FACEBOOK.COM ADVERTISING	Transaction ID: SB.41
	Mailing Address 156 UNIVERSITY AVE	Date of Disbursement 10 / 11 / 2010
	City PALO ALTO State CA Zip Code 94301	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement LIBERTY.COM PROMOTIONAL ADVERTISING	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) FFE ADVENTAS	Transaction ID: SB.58
	Mailing Address 8945 W. RUSSELL ROAD, SUITE 310	Date of Disbursement 10 / 13 / 2010
	City LAS VEGAS State NV Zip Code 89148	Amount of Each Disbursement this Period 7000.00
	Purpose of Disbursement RADIO SPOT BUYS	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	7060.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)
Americans for New Leadership

<p>A.</p> <p>Full Name (Last, First, Middle Initial) GOPUSA</p> <p>Mailing Address 18 SANCTUARY TRAIL</p> <p>City MISSOURI CITY State TX Zip Code 77459</p> <p>Purpose of Disbursement E-MAIL LIST RENTAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.30</p> <p>Date of Disbursement 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 15.33</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) HOTELS.COM</p> <p>Mailing Address 10440 N CENTRAL EXPWY SUITE 400</p> <p>City DALLAS State TX Zip Code 75231</p> <p>Purpose of Disbursement TRAVEL/LODGING EXPENSE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.61</p> <p>Date of Disbursement 10 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 223.77</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) HOTELS.COM</p> <p>Mailing Address 10440 N CENTRAL EXPWY SUITE 400</p> <p>City DALLAS State TX Zip Code 75231</p> <p>Purpose of Disbursement TRAVEL/LODGING EXPENSE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.62</p> <p>Date of Disbursement 10 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 230.52</p>

SUBTOTAL of Disbursements This Page (optional) ▶

469.62

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) HOTELS.COM	Transaction ID: SB.63 Date of Disbursement 10 / 13 / 2010
	Mailing Address 10440 N. CENTRAL EXPWY SUITE 400	Amount of Each Disbursement this Period 266.43
	City DALLAS State TX Zip Code 75231	
	Purpose of Disbursement TRAVEL/LODGING EXPENSE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) HOTELS.COM	Transaction ID: SB.64 Date of Disbursement 10 / 13 / 2010
	Mailing Address 10440 N CENTRAL EXPWY SUITE 400	Amount of Each Disbursement this Period 282.36
	City DALLAS State TX Zip Code 75231	
	Purpose of Disbursement TRAVEL/LODGING EXPENSE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) HOTELS.COM	Transaction ID: SB.65 Date of Disbursement 10 / 13 / 2010
	Mailing Address 10440 N CENTRAL EXPWY SUITE 400	Amount of Each Disbursement this Period 313.95
	City DALLAS State TX Zip Code 75231	
	Purpose of Disbursement TRAVEL/LODGING EXPENSE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	862.74
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)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
LAS VEGAS COLOR

Mailing Address 4265 WEST SUNSET ROAD

City LAS VEGAS State NV Zip Code 89118

Purpose of Disbursement
ANL DONATION CARDS & ENVELOPES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.2

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

877.92

B.

Full Name (Last, First, Middle Initial)
NEVER LATE PRINTING, LLC

Mailing Address 3880 SCHIFF DRIVE

City LAS VEGAS State NV Zip Code 89103

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.57

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

145.94

C.

Full Name (Last, First, Middle Initial)
NEWSMAX MEDIA, INC

Mailing Address 560 VILLAGE BLVD, STE 120

City WEST PALM BEACH State FL Zip Code 33409

Purpose of Disbursement
EMAIL LIST RENTAL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.45

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

13427.10

SUBTOTAL of Disbursements This Page (optional) ▶

14450.96

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)
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SB.54 Date of Disbursement																			
	Mailing Address P.O. BOX 36647-1CR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	1	0												
	City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period																			
	Purpose of Disbursement AIRFARE	<table border="1"><tr><td>159.70</td></tr></table>	159.70																		
159.70																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SB.55 Date of Disbursement																			
	Mailing Address P.O. BOX 36647-1CR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	1	0												
	City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period																			
	Purpose of Disbursement AIRFARE	<table border="1"><tr><td>159.70</td></tr></table>	159.70																		
159.70																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) TEA PARTY HD	Transaction ID: SB.59 Date of Disbursement																			
	Mailing Address 5256 S. MISSION ROAD, SUITE 703, B	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	3		2	0	1	0												
	City BONSALL State CA Zip Code 92003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PARTICIPATION IN TEA PARTYHD NATIONWIDE	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00																		
3000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>3319.40</td></tr></table>	3319.40
3319.40		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

<p>A.</p> <p>Full Name (Last, First, Middle Initial) US AIRWAYS</p> <p>Mailing Address 4000 E. SKY HARBOR BLVD</p> <p>City PHOENIX State AZ Zip Code 85034</p> <p>Purpose of Disbursement BUSINESS TRAVEL EXPENSE - DELAWARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.12</p> <p>Date of Disbursement 10 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 150.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) US AIRWAYS</p> <p>Mailing Address 4000 E. SKY HARBOR BLVD</p> <p>City PHOENIX State AZ Zip Code 85034</p> <p>Purpose of Disbursement BUSINESS TRAVEL EXPENSE - DELAWARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.15</p> <p>Date of Disbursement 10 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 15.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) US AIRWAYS</p> <p>Mailing Address 4000 E. SKY HARBOR BLVD</p> <p>City PHOENIX State AZ Zip Code 85034</p> <p>Purpose of Disbursement BUSINESS TRAVEL EXPENSE - DELAWARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.16</p> <p>Date of Disbursement 10 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

190.00

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

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

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

FOR LINE NUMBER: (check only one)

<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)
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) VECTOR SOLUTIONS, INC.	Transaction ID: SB.35 Date of Disbursement
	Mailing Address 4132 S. RAINBOW BLVD	<input type="text" value="10"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City LAS VEGAS State NV Zip Code 89103	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL EXPENSES - CAR RENTAL, FUEL, LODG	<input type="text" value="9030.77"/>
	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) WALGREENS	Transaction ID: SB.40 Date of Disbursement
	Mailing Address 6485 S. FORT APACHE ROAD	<input type="text" value="10"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City LAS VEGAS State NV Zip Code 89148	Amount of Each Disbursement this Period
	Purpose of Disbursement FOOD & BEVERAGE COSTS FOR VOLUNTEERS	<input type="text" value="7.99"/>
	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) WALMART STORE # 5070	Transaction ID: SB.42 Date of Disbursement
	Mailing Address 5200 S. FORT APACHE ROAD	<input type="text" value="10"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City LAS VEGAS State NV Zip Code 89148	Amount of Each Disbursement this Period
	Purpose of Disbursement FOOD & BEVERAGE SUPPLIES, STAPLERS, FILE	<input type="text" value="25.92"/>
	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="9064.68"/>
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)
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) WALMART STORE # 5070	Transaction ID: SB.43 Date of Disbursement
	Mailing Address 5200 S. FORT APACHE ROAD	<input type="text" value="10"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City LAS VEGAS State NV Zip Code 89148	Amount of Each Disbursement this Period
	Purpose of Disbursement FOOD & BEVERAGE SUPPLIES, STAPLERS, FILE	<input type="text" value="3.48"/>
	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) WELLS FARGO	Transaction ID: SB.20 Date of Disbursement
	Mailing Address 4075 S. FORT APACHE	<input type="text" value="10"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City LAS VEGAS State NV Zip Code 89147	Amount of Each Disbursement this Period
	Purpose of Disbursement CHECK CARD REWARDS ORIGINAL FEE	<input type="text" value="12.50"/>
	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) WELLS FARGO	Transaction ID: SB.21 Date of Disbursement
	Mailing Address 4075 S. FORT APACHE	<input type="text" value="10"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City LAS VEGAS State NV Zip Code 89147	Amount of Each Disbursement this Period
	Purpose of Disbursement REWARDS ENROLLMENT FEE	<input type="text" value="12.50"/>
	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="28.48"/>
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)

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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)
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB.3 Date of Disbursement
	Mailing Address 4075 S. FORT APACHE	<input type="text" value="10"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City LAS VEGAS State NV Zip Code 89147	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK CHARGE	<input type="text" value="10.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB.36 Date of Disbursement
	Mailing Address 4075 S. FORT APACHE	<input type="text" value="10"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City LAS VEGAS State NV Zip Code 89147	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK FEE TO VIEW DOCUMENT DETAIL ONLINE	<input type="text" value="3.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB.37 Date of Disbursement
	Mailing Address 4075 S. FORT APACHE	<input type="text" value="10"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City LAS VEGAS State NV Zip Code 89147	Amount of Each Disbursement this Period
	Purpose of Disbursement WIRE TRANSFER FEE TO VECTOR SOLUTIONS	<input type="text" value="20.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="33.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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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)
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB.39 Date of Disbursement 10 / 08 / 2010
	Mailing Address 4075 S. FORT APACHE	Amount of Each Disbursement this Period 10.00
	City LAS VEGAS State NV Zip Code 89147	
	Purpose of Disbursement WIRE TRANSFER FEE FOR WEB SITE DEVELOPME	
	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) WELLS FARGO	Transaction ID: SB.5 Date of Disbursement 10 / 01 / 2010
	Mailing Address 4075 S. FORT APACHE	Amount of Each Disbursement this Period 103.75
	City LAS VEGAS State NV Zip Code 89147	
	Purpose of Disbursement PAYROLL PROCESSING FEE	
	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) WELLS FARGO	Transaction ID: SB.51 Date of Disbursement 10 / 12 / 2010
	Mailing Address 4075 S. FORT APACHE	Amount of Each Disbursement this Period 20.00
	City LAS VEGAS State NV Zip Code 89147	
	Purpose of Disbursement WIRE TRANSFER FEE FOR FUNDRAISING EMAIL	
	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)	▶	133.75
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

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)
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) WELLS FARGO			Transaction ID: SB.6 Date of Disbursement																					
	Mailing Address 4075 S. FORT APACHE			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y																
1	0		0	1		2	0	1	0																
	City LAS VEGAS	State NV	Zip Code 89147	Amount of Each Disbursement this Period																					
	Purpose of Disbursement EMPLOYER PAYROLL TAXES			<table border="1"> <tr> <td colspan="10">910.29</td> </tr> </table>			910.29																		
910.29																									
	Candidate Name			Category/ Type																					
	Office Sought:	Disbursement For:																							
	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

SUBTOTAL of Disbursements This Page (optional)	▶	910.29
TOTAL This Period (last page this line number only)	▶	149062.25

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Americans for New Leadership		FEC IDENTIFICATION NUMBER C C00485821	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Date M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 1 0	
Full Name (Last, First, Middle, Initial) of Payee INTREPID MEDIA		Amount 4702.00	
Mailing Address 210 MILL BRANCH RD		Transaction ID: SE.101	
City TALLAHASSEE	State FL	Zip Code 32312	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential
Purpose of Expenditure MEDIA AD PRODUCTION AND PLACEMENT		Category/Type 004	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: HARRY REID		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		239333.53	

(a) SUBTOTAL of Itemized Independent Expenditures	4702.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	4702.00
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.	
BRENT HUSSON Signature	Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0