

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Financial Service Centers of America, Inc.

ADDRESS (number and street) Court Plaza South 21 Main St,
Suite 101
 Check if different than previously reported. (ACC)
Hackensack NJ 07602

2. **FEC IDENTIFICATION NUMBER** C00232843
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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

5. Covering Period 01 01 2009 through 06 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Henry F. Shyne

Signature of Treasurer Electronically Filed by Henry F. Shyne Date 07 01 2009

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Financial Service Centers of America, Inc.

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		40472.50
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	40472.50									
(c) Total Receipts (from Line 19)	31250.00	31250.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	71722.50	71722.50								
7. Total Disbursements (from Line 31)	35121.36	35121.36								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	36601.14	36601.14								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Financial Service Centers of America, Inc.

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	23250.00	23250.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	23250.00	23250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	8000.00	8000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	31250.00	31250.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	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))	31250.00	31250.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31250.00	31250.00

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.....	621.36	621.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	621.36	621.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32000.00	32000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	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.....	2500.00	2500.00
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))..	35121.36	35121.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35121.36	35121.36

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	31250.00	31250.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31250.00	31250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	621.36	621.36
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	621.36	621.36

**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 6 / 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Financial Service Centers of America, Inc.

A.	Full Name (Last, First, Middle Initial) Mr. Richard Barr		Date of Receipt
	Mailing Address 425 Huehl Road #3		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Northbrook	IL	60062
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5724
Name of Employer CFSC		Occupation Partner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1500.00"/>
			Contribution

B.	Full Name (Last, First, Middle Initial) Alex Carballo		Date of Receipt
	Mailing Address 4186 Broadway		<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	New York	NY	10033
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5705
Name of Employer Castle Financial Services		Occupation Owner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
			Contribution

C.	Full Name (Last, First, Middle Initial) George Carballo		Date of Receipt
	Mailing Address 100 Winston Drive		<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Cliffside Park	NJ	07010
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5707
Name of Employer Castle Financial Services		Occupation Owner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2500.00"/>
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 7 / 17
(check only one)	
<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Financial Service Centers of America, Inc.

A.	Full Name (Last, First, Middle Initial) Jason Carballo		Date of Receipt MM / DD / YYYY 03 / 04 / 2009		
	Mailing Address 22 Woodland		Transaction ID: SA11AI.5699		
	City Montvale	State NJ	Zip Code 07645	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Castle Financial Services	Occupation Owner			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Neil Goldstein		Date of Receipt MM / DD / YYYY 05 / 28 / 2009		
	Mailing Address 10 West 22nd Street		Transaction ID: SA11AI.5728		
	City Baltimore	State MD	Zip Code 21218	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Gold's Check Cashing	Occupation Owner			
	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) Abby L Hans		Date of Receipt MM / DD / YYYY 04 / 06 / 2009		
	Mailing Address 20518 N Milwaukee Ave		Transaction ID: SA11AI.5725		
	City Deerfield	State IL	Zip Code 60015	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Hans Management Inc.	Occupation Owner			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
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 8 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Financial Service Centers of America, Inc.

<p>A. Full Name (Last, First, Middle Initial) Mr. Ira Krell</p> <p>Mailing Address 3015 Third Avenue</p> <p>City State Zip Code Bronx NY 10455</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation David's Financial Corp. Owner</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2500.00</p>	<p>Date of Receipt 03 / 19 / 2009</p> <p>Transaction ID: SA11AI.5722</p> <p>Amount of Each Receipt this Period 2500.00</p> <p>Contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) Mr. Richard D. Lake</p> <p>Mailing Address 1956 Webster Street Suite 200</p> <p>City State Zip Code Oakland CA 94612</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation California Check Cashing Store Executive</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt 03 / 16 / 2009</p> <p>Transaction ID: SA11AI.5708</p> <p>Amount of Each Receipt this Period 5000.00</p> <p>Contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Emanuel Levy</p> <p>Mailing Address 163 Bayside Drive</p> <p>City State Zip Code Atlantic Beach NY 11509</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation NYC Check Express Owner</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 750.00</p>	<p>Date of Receipt 06 / 15 / 2009</p> <p>Transaction ID: SA11AI.5751</p> <p>Amount of Each Receipt this Period 750.00</p> <p>Contribution</p>
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SUBTOTAL of Receipts This Page (optional)	8250.00
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 / 17
	<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)
Financial Service Centers of America, Inc.

A.	Full Name (Last, First, Middle Initial) Mr. Gene Modell	Date of Receipt MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 3212 Washington Blvd	Transaction ID: SA11AI.5700
	City State Zip Code Baltimore MD 21230	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Southwest Liquors Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 2000.00	

B.	Full Name (Last, First, Middle Initial) Mr. R. Craig Schafer	Date of Receipt MM / DD / YYYY 03 / 17 / 2009
	Mailing Address 4-901G Kuhio Hwy	Transaction ID: SA11AI.5721
	City State Zip Code Kapaa HI 96746	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	Contributions
	Name of Employer Money Service Ctrs of Hawaii Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 600.00	

C.	Full Name (Last, First, Middle Initial) William J Shaffer	Date of Receipt MM / DD / YYYY 03 / 12 / 2009
	Mailing Address 879 Mason Avenue	Transaction ID: SA11AI.5703
	City State Zip Code Daytona Beach FL 32117	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Check On Hold Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional)	3600.00
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 10 / 17		
	<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

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NAME OF COMMITTEE (In Full)
Financial Service Centers of America, Inc.

A.	Full Name (Last, First, Middle Initial) Jay B. Shipowitz		Date of Receipt	
	Mailing Address 1231 Greenway Drive		M M / D D / Y Y Y Y Y 06 / 03 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.5729
	Irving	TX	75038	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1500.00	
Name of Employer ACE Cash Express, Inc.		Occupation Principal		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00		

B.	Full Name (Last, First, Middle Initial) Bill Smith		Date of Receipt	
	Mailing Address 300 Devon Drive		M M / D D / Y Y Y Y Y 05 / 27 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.5734
	Homewood	AZ	35209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		2400.00	
Name of Employer Easy Money		Occupation Owner		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2400.00		

C.	Full Name (Last, First, Middle Initial) Jerry Stogner		Date of Receipt	
	Mailing Address PO Box 1683		M M / D D / Y Y Y Y Y 06 / 01 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.5731
	McComb	MS	39649	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1500.00	
Name of Employer East McComb Check Cash, Inc.		Occupation Owner		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00		

SUBTOTAL of Receipts This Page (optional)	▶	5400.00
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 11 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Financial Service Centers of America, Inc.

A. Full Name (Last, First, Middle Initial)
Mr. Robert M. Wolfberg

Mailing Address 300 North Elizabeth
#4E

City State Zip Code
Chicago IL 60607

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

Name of Employer Occupation
PLS Financial Executive

Receipt For:
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	2	/	2	0	0	9

Transaction ID: SA11AI.5727

Amount of Each Receipt this Period

1500.00

Contribution

1500.00

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	23250.00

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
Financial Service Centers of America, Inc.

A. Full Name (Last, First, Middle Initial)
CHECKSMART FINANCIAL LLC PAC

Mailing Address 7001 POST ROAD

City State Zip Code
DUBLIN OH 43016

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 6 / 2 0 0 9

Transaction ID: SA11C.5753

Amount of Each Receipt this Period
5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHB

Mailing Address 300 NORTH ELIZABETH STREET STE 4E

City State Zip Code
CHICAGO IL 60607

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 2 / 2 0 0 9

Transaction ID: SA11C.5755

Amount of Each Receipt this Period
1500.00

Contribution

C. Full Name (Last, First, Middle Initial)
PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHB

Mailing Address 300 NORTH ELIZABETH STREET STE 4E

City State Zip Code
CHICAGO IL 60607

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 2 / 2 0 0 9

Transaction ID: SA11C.5757

Amount of Each Receipt this Period
1500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **8000.00**

TOTAL This Period (last page this line number only) ► **8000.00**

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)
Financial Service Centers of America, Inc.

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement American Express Fee</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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5742</p> <p>Date of Disbursement 04 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 221.25</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement American Express Fee</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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5743</p> <p>Date of Disbursement 04 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 4.95</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Merchant Service</p> <p>Mailing Address 7300 Chapman Highway</p> <p>City Knoxville State TN Zip Code 37920</p> <p>Purpose of Disbursement Merchant Fee</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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5739</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 103.00</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

329.20

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)
Financial Service Centers of America, Inc.

A.	Full Name (Last, First, Middle Initial) Merchant Service	Transaction ID: SB21B.5740 Date of Disbursement
	Mailing Address 7300 Chapman Highway	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fee	<input type="text" value="33.50"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Merchant Service	Transaction ID: SB21B.5741 Date of Disbursement
	Mailing Address 7300 Chapman Highway	<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fee	<input type="text" value="96.86"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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)

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

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NAME OF COMMITTEE (In Full)
Financial Service Centers of America, Inc.

A.	Full Name (Last, First, Middle Initial) CITIZENS FOR RUSH	Transaction ID: SB23.5726 Date of Disbursement 04 / 13 / 2009
	Mailing Address P. O. Box 7292	Amount of Each Disbursement this Period 1000.00
	City CHICAGO State IL Zip Code 60680	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 01	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE	Transaction ID: SB23.5717 Date of Disbursement 03 / 12 / 2009
	Mailing Address 430 South Capitol Street, SE 2nd Floor	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRITCHEY FOR US	Transaction ID: SB23.5709 Date of Disbursement 02 / 02 / 2009
	Mailing Address PO Box 578336	Amount of Each Disbursement this Period 1000.00
	City Chicago State IL Zip Code 60657	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	17000.00
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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Financial Service Centers of America, Inc.

A.

Full Name (Last, First, Middle Initial)
KENDRICK MEEK FOR FLORIDA

Transaction ID: SB29.5715

Date of Disbursement

Mailing Address 111 NW 183RD STREET SUITE 325

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	8		2	0	0	9

City State Zip Code
MIAMI FL 33169

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: FL District: 00

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

2500.00
