

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
SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND

ADDRESS (number and street) 2155 HIGHWAY 42 SOUTH
 Check if different than previously reported. (ACC)
MCDONOUGH GA 30252

2. **FEC IDENTIFICATION NUMBER** C00265546
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 12 02 2008 in the State of _____

5. Covering Period 10 16 2008 through 11 24 2008

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

Signature of Treasurer Electronically Filed by DIANA RENEE DIXON Date 01 29 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
SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		1952.68
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	63578.36									
(c) Total Receipts (from Line 19)	25559.48	188164.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	89137.84	190117.18								
7. Total Disbursements (from Line 31)	66781.95	167761.29								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22355.89	22355.89								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	25559.48	187805.23
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	25559.48	187805.23
(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)	25559.48	187805.23
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	359.27
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))	25559.48	188164.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25559.48	188164.50

DETAILED SUMMARY PAGE

of Disbursements

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.....	65169.35	119244.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	65169.35	119244.03
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)	0.00	800.00
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.....	1612.60	47717.26
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))..	66781.95	167761.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66781.95	167761.29

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	25559.48	187805.23
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25559.48	187805.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	65169.35	119244.03
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	359.27
38. Net Operating Expenditures (subtract Line 37 from Line 36)	65169.35	118884.76

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

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

FOR LINE NUMBER: PAGE 6 / 44
(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)
SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND

A. Full Name (Last, First, Middle Initial)
SOUTHERN STATES P.B.A., INC.
 Mailing Address 2155 HIGHWAY 42 SOUTH
 City State Zip Code
 MCDONOUGH GA 30252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 83212.67
 Date of Receipt M M / D D / Y Y Y Y Y
 1 0 / 2 9 / 2 0 0 8
Transaction ID: SA11AI.12090
 Amount of Each Receipt this Period 16759.69
 *\$.50 PER MEMBER PER MONTH

B. Full Name (Last, First, Middle Initial)
SOUTHERN STATES P.B.A., INC.
 Mailing Address 2155 HIGHWAY 42 SOUTH
 City State Zip Code
 MCDONOUGH GA 30252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 92012.46
 Date of Receipt M M / D D / Y Y Y Y Y
 1 1 / 2 4 / 2 0 0 8
Transaction ID: SA11AI.12091
 Amount of Each Receipt this Period 8799.79
 .50 PER MEMBER PER MONTH

SUBTOTAL of Receipts This Page (optional)	25559.48
TOTAL This Period (last page this line number only)	25559.48

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 / 44

<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)
SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND

A.

Full Name (Last, First, Middle Initial)
SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND

Transaction ID: SB21B.12094

Date of Disbursement

Mailing Address 2155 HIGHWAY 42 SOUTH

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

City State Zip Code
MCDONOUGH GA 30252

Amount of Each Disbursement this Period

65169.35

Purpose of Disbursement
REIMBURSEMENT FOR LOBBYIST SALARIES

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

65169.35

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

65169.35

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input 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)
SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND

A.	Full Name (Last, First, Middle Initial) FEDERAL EXPRESS	Transaction ID: SB29.11972 Date of Disbursement
	Mailing Address P.O. BOX 1140	<input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="2008"/>
	City MEMPHIS State TN Zip Code 38101	Amount of Each Disbursement this Period
	Purpose of Disbursement POSTAGE Candidate Name	<input type="text" value="1299.10"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) CHRIS GIBSON	Transaction ID: SB29.12174 Date of Disbursement
	Mailing Address 4700 WINGED FOOT LN	<input type="text" value="10"/> <input type="text" value="21"/> / <input type="text" value="2008"/>
	City JONESBORO State AR Zip Code 72401	Amount of Each Disbursement this Period
	Purpose of Disbursement POL WK-FLYERS (FOR NON-FED CANDIDATE) Candidate Name	<input type="text" value="3.78"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) MITCH JOHNSON	Transaction ID: SB29.12175 Date of Disbursement
	Mailing Address 3716 PARTRIDGE CR	<input type="text" value="10"/> <input type="text" value="21"/> / <input type="text" value="2008"/>
	City JONESBORO State AR Zip Code 72401	Amount of Each Disbursement this Period
	Purpose of Disbursement POL WK-FLYERS (FOR NON-FED CANDIDATE) Candidate Name	<input type="text" value="3.78"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1299.10"/>
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 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)
SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND

A.	Full Name (Last, First, Middle Initial) HAROLD PERRIN	Transaction ID: SB29.12259 Date of Disbursement 10 / 21 / 2008
	Mailing Address 1002 LAKESHORE DR	Amount of Each Disbursement this Period 3.76
	City JONESBORO State AR Zip Code 72401	
	Purpose of Disbursement POL WK-FLYERS (FOR NON-FED CANDIDATE) Candidate Name	006 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) ROBERT SAPIRO	Transaction ID: SB29.12176 Date of Disbursement 10 / 21 / 2008
	Mailing Address 3905 COVINGTON DR	Amount of Each Disbursement this Period 3.78
	City JONESBORO State AR Zip Code 72401	
	Purpose of Disbursement POL WK-FLYERS (FOR NON-FED CANDIDATE) Candidate Name	006 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) WINCHESTER STAR	Transaction ID: SB29.11966 Date of Disbursement 10 / 27 / 2008
	Mailing Address 2 NORTH KENT ST	Amount of Each Disbursement this Period 156.75
	City WINCHESTER State VA Zip Code 22601	
	Purpose of Disbursement AD FOR NON FEDERAL CANDIDATE Candidate Name TIMOTHY COYNE	004 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	156.75
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)

PAGE 10 / 44

<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)
SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND

A.	Full Name (Last, First, Middle Initial) WINCHESTER STAR	Transaction ID: SB29.11969
	Mailing Address 2 NORTH KENT ST	Date of Disbursement 10 / 27 / 2008
	City WINCHESTER State VA Zip Code 22601	Amount of Each Disbursement this Period 156.75
	Purpose of Disbursement AD FOR NON FEDERAL CANDIDATE	004 Category/ Type
	Candidate Name PATRICK FARRIS	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	156.75
TOTAL This Period (last page this line number only)	1612.60

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
ALMA ADAMS

Mailing Address
2 MANDELA COURT

City GREENSBORO	State NC	Zip Code 27401
--------------------	-------------	-------------------

Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
---	----------------------

Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12402

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

Full Name (Last, First, Middle, Initial) of Payee
JOHN ARROWOOD

Mailing Address
P O BOX 1628

City RALEIGH	State NC	Zip Code 27602
-----------------	-------------	-------------------

Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
---	----------------------

Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12345

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
MARILYN AVILA

Mailing Address
11312 DERBY LANE

City RALEIGH	State NC	Zip Code 27613
-----------------	-------------	-------------------

Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
---	----------------------

Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12380

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

Full Name (Last, First, Middle, Initial) of Payee
CHERI BEASLEY

Mailing Address
317 SHWACROFT RD

City FAYETTEVILLE	State NC	Zip Code 28311
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
---	----------------------

Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12346

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
DOUG BERGER

Mailing Address
P.O. BOX 1101

City YOUNGSVILLE	State NC	Zip Code 27596
---------------------	-------------	-------------------

Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/ Type 001
---	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12352

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

Full Name (Last, First, Middle, Initial) of Payee
JULIA BOSEMAN

Mailing Address
1526 PORTSMOUTH PLACE

City WILMINGTON	State NC	Zip Code 28405
--------------------	-------------	-------------------

Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/ Type 001
---	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12353

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
ANGELA BRYANT

Mailing Address
717 WEST END ST

City ROCKY MOUNT	State NC	Zip Code 27803
---------------------	-------------	-------------------

Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
---	----------------------

Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12367

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

Full Name (Last, First, Middle, Initial) of Payee
WALTER CHURCH

Mailing Address
P O BOX 760

City VALDESE	State NC	Zip Code 28690
-----------------	-------------	-------------------

Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
---	----------------------

Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12407

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
MIKE COGNAC

Mailing Address
9209 BELMONT LN

City WAXHW	State NC	Zip Code 28173
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12405

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Calendar Year-To-Date Per Election for Office Sought
0.00

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
LINDA COLEMAN

Mailing Address
P.O. BOX 27502

City RALEIGH	State NC	Zip Code 27611
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12379

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Calendar Year-To-Date Per Election for Office Sought
0.00

[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
ROY COOPER

Mailing Address
308 GRAVELY DR

City State Zip Code
ROCKY MOUNTAIN NC 27804

Purpose of Expenditure Category/Type
POL WK-FLYERS (FOR NON-FED CANDIDATE) 001

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 0.00

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

Amount
23.71

Transaction ID: SE.12334

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008 **[MEMO ITEM]**

Full Name (Last, First, Middle, Initial) of Payee
PATRICIA ANN COTHAM

Mailing Address
9104 C NOLLEY COURT

City State Zip Code
CHARLOTTE NC 28270

Purpose of Expenditure Category/Type
POL WK-FLYERS (FOR NON-FED CANDIDATE) 001

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 0.00

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

Amount
23.71

Transaction ID: SE.12413

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008 **[MEMO ITEM]**

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
JANET COWELL

Mailing Address
P.O. BOX 10333

City RALEIGH	State NC	Zip Code 27605
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12339

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

Full Name (Last, First, Middle, Initial) of Payee
WALTER DALTON

Mailing Address
560 NORTH MAIN ST

City RUTHERFORDTON	State NC	Zip Code 28139
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12390

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
MARGARET DICKSON

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

Mailing Address
501 VALLEY RD

Amount
23.71

City State Zip Code
FAYETTEVILLE NC 28305

Transaction ID: SE.12382

Purpose of Expenditure
POL WK-FLYERS (FOR NON-FED CANDIDATE)

Category/Type
001

Office Sought: House State: _____
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
0.00

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
NELSON DOLLAR

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

Mailing Address
P.O. BOX 1369

Amount
23.71

City State Zip Code
CARY NC 27512

Transaction ID: SE.12377

Purpose of Expenditure
POL WK-FLYERS (FOR NON-FED CANDIDATE)

Category/Type
001

Office Sought: House State: _____
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
0.00

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
MARY DONNAN

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

Mailing Address
P O BOX 20302

Amount
23.71

City State Zip Code
WINSTON-SALEM NC 27120

Transaction ID: SE.12391
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
POL WK-FLYERS (FOR NON-FED CANDIDATE)
Category/Type 001

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 0.00

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
ROBERT EDMUNDS

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

Mailing Address
504 COUNTRY CLUB DRIVE

Amount
23.71

City State Zip Code
GREENSBORO NC 27408

Transaction ID: SE.12344
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
POL WK-FLYERS (FOR NON-FED CANDIDATE)
Category/Type 001

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 0.00

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
SAMUEL JAMES ERVIN, IV

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

Mailing Address
517 LENOIR ST

Amount
23.71

City State Zip Code
MORGANTON NC 28655

Transaction ID: SE.12349

Purpose of Expenditure
POL WK-FLYERS (FOR NON-FED CANDIDATE)

Category/Type
001

Office Sought: House State: _____
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
0.00

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
PEARL FLOYD

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

Mailing Address
518 E MAIN ST

Amount
23.71

City State Zip Code
DALLAS NC 28034

Transaction ID: SE.12414

Purpose of Expenditure
POL WK-FLYERS (FOR NON-FED CANDIDATE)

Category/Type
001

Office Sought: House State: _____
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
0.00

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
RONALD FRANKLIN

Mailing Address
P O BOX 246

City State Zip Code
CANDOR NC 27229

Purpose of Expenditure Category/Type
POL WK-FLYERS (FOR NON-FED CANDIDATE) 001

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 0.00

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

Amount
23.71

Transaction ID: SE.12362

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008 **[MEMO ITEM]**

Full Name (Last, First, Middle, Initial) of Payee
ED GAMBILL

Mailing Address
1654 MOUNTAIN VIEW ROAD

City State Zip Code
KING NC 27021

Purpose of Expenditure Category/Type
POL WK-FLYERS (FOR NON-FED CANDIDATE) 001

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 0.00

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

Amount
23.71

Transaction ID: SE.12410

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008 **[MEMO ITEM]**

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
JIMMY GARNER

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

Mailing Address
P O BOX 825

Amount
23.71

City State Zip Code
PINE LEVEL NC 27568

Transaction ID: SE.12374

Purpose of Expenditure
POL WK-FLYERS (FOR NON-FED CANDIDATE)
Category/Type 001

Office Sought: House State: _____
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 0.00

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
BARBARA GARRITY-BLAKE

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

Mailing Address
P O BOX 91

Amount
23.71

City State Zip Code
GLOUCESTOR NC 28582

Transaction ID: SE.12371

Purpose of Expenditure
POL WK-FLYERS (FOR NON-FED CANDIDATE)
Category/Type 001

Office Sought: House State: _____
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 0.00

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
WAYNE GOODWIN

Mailing Address
528 ANSON AVE

City ROCKINGHAM	State NC	Zip Code 28379
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12392

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

Full Name (Last, First, Middle, Initial) of Payee
RALPH GRIFFIN

Mailing Address
602 DEER ACRES DR

City GOLDSBORO	State NC	Zip Code 27530
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12370

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
DAVID GUICE

Mailing Address
297 CARDINAL DR

City BREVARD	State NC	Zip Code 28712
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12415

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

Full Name (Last, First, Middle, Initial) of Payee
KAY HAGAN

Mailing Address
P O BOX 29103

City GREENSBORO	State NC	Zip Code 27429
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Purpose of Expenditure POL WK-FLYERS (FOR FEDERAL CANDIDATE)	Category/Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12340

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
JAMES HARRELL

Mailing Address
P.O. BOX 626

City ELKIN	State NC	Zip Code 28621
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12409

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

Full Name (Last, First, Middle, Initial) of Payee
TY HARRELL

Mailing Address
6929 THREE BRIDGES RD

City RALEIGH	State NC	Zip Code 27613
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12381

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
ROBIN HAYES

Mailing Address
P.O. BOX 2000

City CONCORD	State NC	Zip Code 28026
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Purpose of Expenditure POL WK-FLYERS (FOR FEDERAL CANDIDATE)	Category/ Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12342

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Calendar Year-To-Date Per Election
for Office Sought
0.00

Full Name (Last, First, Middle, Initial) of Payee
MARK HOLLO

Mailing Address
432 WESTWOOD LANE

City TAYLORSVILLE	State NC	Zip Code 28681
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/ Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12408

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Calendar Year-To-Date Per Election
for Office Sought
0.00

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
SANDRA HUGHES

Mailing Address
P O BOX 302

City WILMINGTON	State NC	Zip Code 28402
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12372

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

Full Name (Last, First, Middle, Initial) of Payee
MAGGIE JEFFUS

Mailing Address
1801 ROLLING ROAD

City GREENSBORO	State NC	Zip Code 27403
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12403

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
WALTER JONES

Mailing Address
P.O. BOX 99667

City State Zip Code
RALEIGH NC 27624

Purpose of Expenditure Category/Type
POL WK-FLYERS (FOR FEDERAL CANDIDATE) 001

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 0.00

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

Amount
23.71

Transaction ID: SE.12394

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008 **[MEMO ITEM]**

Full Name (Last, First, Middle, Initial) of Payee
ELLIE KINNAIRD

Mailing Address
207 W POPLAR AVE

City State Zip Code
CARRBORO NC 27510

Purpose of Expenditure Category/Type
POL WK-FLYERS (FOR NON-FED CANDIDATE) 001

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 0.00

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

Amount
23.71

Transaction ID: SE.12359

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008 **[MEMO ITEM]**

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
STEPHEN LAROQUE

Mailing Address
P O BOX 1034

City State Zip Code
KINSTON NC 28503

Purpose of Expenditure Category/Type
POL WK-FLYERS (FOR NON-FED CANDIDATE) 001

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 0.00

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

Amount
23.71

Transaction ID: SE.12369

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008 **[MEMO ITEM]**

Full Name (Last, First, Middle, Initial) of Payee
DAVID LEWIS

Mailing Address
P O BOX 1826

City State Zip Code
DUNN NC 28335

Purpose of Expenditure Category/Type
POL WK-FLYERS (FOR NON-FED CANDIDATE) 001

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 0.00

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

Amount
23.71

Transaction ID: SE.12401

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008 **[MEMO ITEM]**

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER ▼ C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
VERNON MALONE

Mailing Address
2124 LYNDHURST DRIVE

City	State	Zip Code
RALEIGH	NC	27610

Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/ Type
	001

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought	0.00
--	------

Date

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

Amount

23.71

Transaction ID: SE.12355

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008 **[MEMO ITEM]**

Full Name (Last, First, Middle, Initial) of Payee
ELAINE MARSHALL

Mailing Address
1000 KEIGH HILLS ROAD

City	State	Zip Code
LILLINGTON	NC	27546

Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/ Type
	001

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought	0.00
--	------

Date

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

Amount

23.71

Transaction ID: SE.12338

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008 **[MEMO ITEM]**

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

Date

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
GRIER MARTIN

Mailing Address
2203 BYRD ST

City State Zip Code
RALEIGH NC 27608

Purpose of Expenditure Category/Type
POL WK-FLYERS (FOR NON-FED CANDIDATE) 001

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 0.00

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

Amount
23.71

Transaction ID: SE.12375

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008 **[MEMO ITEM]**

Full Name (Last, First, Middle, Initial) of Payee
FLOYD MCKISSICK, Jr.

Mailing Address
835 N MANGUM ST

City State Zip Code
DURHAM NC 27701

Purpose of Expenditure Category/Type
POL WK-FLYERS (FOR NON-FED CANDIDATE) 001

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 0.00

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

Amount
23.71

Transaction ID: SE.12358

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008 **[MEMO ITEM]**

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
MARIAN MCLAWHORN

Mailing Address
P.O. BOX 399

City GRIFTON	State NC	Zip Code 28530
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12368

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

Full Name (Last, First, Middle, Initial) of Payee
KEITH MELTON

Mailing Address
P O BOX 122

City CAROLEEN	State NC	Zip Code 28019
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12363

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
LESLIE MERRITT

Mailing Address
P O BOX 37548

City RALEIGH	State NC	Zip Code 27627
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 0.00

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

Amount
23.71

Transaction ID: SE.12395

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
BRAD MILLER

Mailing Address
P.O. BOX 20307

City RALEIGH	State NC	Zip Code 27619
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Purpose of Expenditure POL WK-FLYERS (FOR FEDERAL CANDIDATE)	Category/Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 0.00

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

Amount
23.71

Transaction ID: SE.12343

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
CHRISTOPHER MINTZ

Mailing Address
P O BOX 10543

City RALEIGH	State NC	Zip Code 27605
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12356

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

Full Name (Last, First, Middle, Initial) of Payee
BEVERLY O'BRIEN

Mailing Address
2426 MILLBORO RD

City FRANKLINVILLE	State NC	Zip Code 27248
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12406

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
LOUIS PATE

Mailing Address
102 MEREDITH ST

City MOUNT OLIVE	State NC	Zip Code 28365
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12351

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

Full Name (Last, First, Middle, Initial) of Payee
BEVERLY PERDUE

Mailing Address
P.O. BOX 12086

City RALEIGH	State NC	Zip Code 27605
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.78

Transaction ID: SE.12396

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
JOE QUEEN

Mailing Address
71 PIGEON ST

City WAYNESVILLE	State NC	Zip Code 28786
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12364

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

Full Name (Last, First, Middle, Initial) of Payee
SHIRLEY RANDLEMAN

Mailing Address
487 TRIPLE COVE DR

City WILKESBORO	State NC	Zip Code 28697
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12412

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
ROBERT RICHARDSON

Mailing Address
118 LOGAN RD

City AHOSKIE	State NC	Zip Code 27910
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/ Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12366

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Calendar Year-To-Date Per Election for Office Sought
0.00

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
DAVID ROUZER

Mailing Address
108 PEACH ORCHARD DR

City BENSON	State NC	Zip Code 27504
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/ Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12354

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary General
 Other (specify) : _____
2008

Calendar Year-To-Date Per Election for Office Sought
0.00

[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
JOSEPH SHEARON

Mailing Address
105 FLEMINGFOREST DR

City YOUNGSVILLE	State NC	Zip Code 27596
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12398

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

Full Name (Last, First, Middle, Initial) of Payee
LINDA SHOOK

Mailing Address
7524 VILLANOW DR

City SANFORD	State NC	Zip Code 27332
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12400

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
JOHN SNOW

Mailing Address
105 VAN HORN ST

City MURPHY	State NC	Zip Code 28906
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12365

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

Full Name (Last, First, Middle, Initial) of Payee
DANIEL SOUCEK

Mailing Address
251 WILLIAMS RIDGE RD

City BOONE	State NC	Zip Code 28607
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

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

Amount
23.71

Transaction ID: SE.12411

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Calendar Year-To-Date Per Election for Office Sought
0.00

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
PAUL STAM

Mailing Address
P.O. BOX 1600

City State Zip Code
APEX NC 27502

Purpose of Expenditure
POL WK-FLYERS (FOR NON-FED CANDIDATE)

Category/Type **001**

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought **0.00**

Date
M M / D D / Y Y Y Y
10 / 21 / 2008

Amount
23.71

Transaction ID: SE.12378

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
JOSHUA STEIN

Mailing Address
216 EAST PARK DR

City State Zip Code
RALEIGH NC 27605

Purpose of Expenditure
POL WK-FLYERS (FOR NON-FED CANDIDATE)

Category/Type **001**

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought **0.00**

Date
M M / D D / Y Y Y Y
10 / 21 / 2008

Amount
23.71

Transaction ID: SE.12357

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

Date M M / D D / Y Y Y Y
01 / 29 / 2009

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER ▼ C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
LINDA STEVENS

Mailing Address
5524 NORTH HILLS DR

City	State	Zip Code
RALEIGH	NC	27612

Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/ Type
	001

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought	0.00
--	------

Date

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

Amount

23.71

Transaction ID: SE.12347

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008 **[MEMO ITEM]**

Full Name (Last, First, Middle, Initial) of Payee
RANDY STEWART

Mailing Address
P O BOX 7594

City	State	Zip Code
ROCKY MOUNT	NC	27804

Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/ Type
	001

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought	0.00
--	------

Date

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

Amount

23.71

Transaction ID: SE.12373

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008 **[MEMO ITEM]**

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

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

DIANA RENEE DIXON
Signature

Date

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
DONALD VAUGHAN

Mailing Address
902 SUNSETDR

City State Zip Code
GREENSBORO NC 27408

Purpose of Expenditure Category/Type
POL WK-FLYERS (FOR NON-FED CANDIDATE) 001

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 0.00

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

Amount
23.71

Transaction ID: SE.12361

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008 **[MEMO ITEM]**

Full Name (Last, First, Middle, Initial) of Payee
JENNIFER WEISS

Mailing Address
303 TIBBETTS ROCK DRIVE

City State Zip Code
CARY NC 27513

Purpose of Expenditure Category/Type
POL WK-FLYERS (FOR NON-FED CANDIDATE) 001

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 0.00

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

Amount
23.71

Transaction ID: SE.12376

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008 **[MEMO ITEM]**

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND	FEC IDENTIFICATION NUMBER C C00265546
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
JANE WHILDEN

Mailing Address
8 BUSBEE RD

City ASHEVILLE	State NC	Zip Code 28803
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 0.00

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

Amount
23.71

Transaction ID: SE.12416

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
LAURA WILEY

Mailing Address
4018 QUARTERGATE DR

City HIGH POINT	State NC	Zip Code 27265
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Purpose of Expenditure POL WK-FLYERS (FOR NON-FED CANDIDATE)	Category/Type 001
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Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 0.00

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

Amount
23.71

Transaction ID: SE.12404

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

DIANA RENEE DIXON
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND

FEC IDENTIFICATION NUMBER
C C00265546

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee
JAMES ANDREW WYNN

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

Mailing Address
P.O. BOX 1091

Amount
23.71

City State Zip Code
RALEIGH NC 27602

Transaction ID: SE.12350

Purpose of Expenditure
POL WK-FLYERS (FOR NON-FED CANDIDATE)
Category/Type 001

Office Sought: House State: _____
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 0.00

Disbursement For: Primary General
 Other (specify) : _____
2008
[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	0.00

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.

DIANA RENEE DIXON
Signature

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