

**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

REPUBLICAN MAJORITY CAMPAIGN

ADDRESS (number and street)

13421 MALENA DR

☐Check if different
than previously
reported. (ACC)

SANTA ANA

CA

92705

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00442319

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

2010

through

03

31

2010

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

Randy Goodwin

Signature of Treasurer

Electronically Filed by Randy Goodwin

Date

04

15

2010

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

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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
 REPUBLICAN MAJORITY CAMPAIGN

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	245475.23
(b) Cash on Hand at Beginning of Reporting Period	245475.23	
(c) Total Receipts (from Line 19)	619295.90	619295.90
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	864771.13	864771.13
7. Total Disbursements (from Line 31)	671376.77	671376.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	193394.36	193394.36
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)	4714.15	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

REPUBLICAN MAJORITY CAMPAIGN

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	8931.00	8931.00
(ii) Unitemized	610364.90	610364.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)	619295.90	619295.90
(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)	619295.90	619295.90
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))	619295.90	619295.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	619295.90	619295.90

DETAILED SUMMARY PAGE

of Disbursements

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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.....	638285.97	638285.97	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	638285.97	638285.97	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	7000.00	
24. Independent Expenditure (use Schedule E)	26090.80	26090.80	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	671376.77	671376.77	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	671376.77	671376.77	

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)	619295.90	619295.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	619295.90	619295.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	638285.97	638285.97
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	638285.97	638285.97

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

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

FOR LINE NUMBER: PAGE 6 / 54

(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)

REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)

Jo Ann Baughman

Mailing Address P.O. Box 1269

City

Philomath

State

OR

Zip Code

97370

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.00

Date of Receipt

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

Transaction ID: SA11AI.5525

Amount of Each Receipt this Period

49.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Jo Ann Baughman

Mailing Address P.O. Box 1269

City

Philomath

State

OR

Zip Code

97370

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.5526

Amount of Each Receipt this Period

49.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Jo Ann Baughman

Mailing Address P.O. Box 1269

City

Philomath

State

OR

Zip Code

97370

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.5524

Amount of Each Receipt this Period

49.00

Contribution

SUBTOTAL of Receipts This Page (optional)

147.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)

Jo Ann Baughman

Mailing Address P.O. Box 1269

City

Philomath

State

OR

Zip Code

97370

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

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

Transaction ID: SA11AI.5523

Amount of Each Receipt this Period

59.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Ms Joyce Brownell

Mailing Address 3179 Ridgeway

City

Dayton

State

OH

Zip Code

45419

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.5536

Amount of Each Receipt this Period

144.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr Eldon Brunner

Mailing Address 19754 W. Route 17

City

Reddick

State

IL

Zip Code

60961

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Small Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.00

Date of Receipt

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

Transaction ID: SA11AI.5502

Amount of Each Receipt this Period

144.00

Contribution

SUBTOTAL of Receipts This Page (optional)

347.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)

Mr Dan Carasso

Mailing Address 7856 Ranchito Ave

City

Panorama City

State

CA

Zip Code

91402

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.5478

Amount of Each Receipt this Period

144.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Ms Carolina Casperson

Mailing Address 522 N State Rd

City

Briarcliff Manor

State

NY

Zip Code

10510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Singer/Songwriter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

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

Transaction ID: SA11AI.5469

Amount of Each Receipt this Period

59.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Ms Carolina Casperson

Mailing Address 522 N State Rd

City

Briarcliff Manor

State

NY

Zip Code

10510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Singer/Songwriter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.00

Date of Receipt

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

Transaction ID: SA11AI.5468

Amount of Each Receipt this Period

144.00

Contribution

SUBTOTAL of Receipts This Page (optional)

347.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)

Ms Carolina Casperson

Mailing Address 522 N State Rd

City

Briarcliff Manor

State

NY

Zip Code

10510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Singer/Songwriter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.5470

Amount of Each Receipt this Period

49.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Ms Carolina Casperson

Mailing Address 522 N State Rd

City

Briarcliff Manor

State

NY

Zip Code

10510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Singer/Songwriter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.5465

Amount of Each Receipt this Period

144.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Ms Judith Deen

Mailing Address 102 Strachan Lane

City

St Simons Island

State

GA

Zip Code

31522

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.5443

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

443.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)

Ms Joan Ellinwood

Mailing Address PO Box 1445

City

Tubac

State

AZ

Zip Code

85646

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

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

Transaction ID: SA11AI.5530

Amount of Each Receipt this Period

144.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr Ronald Frank

Mailing Address 52 Dan Troy Dr

City

Buffalo

State

NY

Zip Code

14221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Info Requested

Occupation

Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5445

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Ms Gail Frazier

Mailing Address 5302 Pueblo Rd

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

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

Transaction ID: SA11AI.5514

Amount of Each Receipt this Period

144.00

Contribution

SUBTOTAL of Receipts This Page (optional)

538.00

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 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)

Ms Kate Gardner

Mailing Address 73 Sugar Mill Dr

City

Osprey

State

FL

Zip Code

34229

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.5460

Amount of Each Receipt this Period

300.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Ms Diane Haney

Mailing Address 2700 Indian Ridge Rd

City

Johnson City

State

TN

Zip Code

37604

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.00

Date of Receipt

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

Transaction ID: SA11AI.5499

Amount of Each Receipt this Period

119.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Ms Diane Haney

Mailing Address 2700 Indian Ridge Rd

City

Johnson City

State

TN

Zip Code

37604

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.5500

Amount of Each Receipt this Period

5.00

Contribution

SUBTOTAL of Receipts This Page (optional)

424.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)

Mr Robert Held

Mailing Address 6107 Maple

City

Wichita

State

KS

Zip Code

67209

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

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

Transaction ID: SA11AI.5555

Amount of Each Receipt this Period

144.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr Michael Hughes

Mailing Address 1082 Governor Bridge Rd

City

Davidsonville

State

MD

Zip Code

21035

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

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

Transaction ID: SA11AI.5549

Amount of Each Receipt this Period

119.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr William Irr

Mailing Address 3216 Woodland Ct

City

N. Tonawanda

State

NY

Zip Code

14120

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5455

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

763.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)

Robert Kramer

Mailing Address 1233 N Gulfstream Ave Unit 140

City State Zip Code
Sarasota FL 34236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 11 / 2010

Transaction ID: SA11AI.5447

Amount of Each Receipt this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr Steve Lail

Mailing Address PO Box 2784

City State Zip Code
Lakeland FL 33806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Masonry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 12 / 2010

Transaction ID: SA11AI.5462

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr David Lane

Mailing Address 4150 NE 23rd Ave

City State Zip Code
Lighthouse Point FL 33064

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

03 / 21 / 2010

Transaction ID: SA11AI.5490

Amount of Each Receipt this Period

119.00

Contribution

SUBTOTAL of Receipts This Page (optional)

869.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)

Mr Daniel R Linn

Mailing Address 218 Greenacres Rd

City

Fort Walton Beach

State

FL

Zip Code

32547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ivanco

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.5483

Amount of Each Receipt this Period

144.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr John Marsh

Mailing Address 141 Fifteen Mile Creek Ct

City

Metter

State

GA

Zip Code

30439

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.5531

Amount of Each Receipt this Period

144.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Ms Mary Matthews

Mailing Address 4876 Patrick Rd

City

Winnsboro

State

SC

Zip Code

29180

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.5546

Amount of Each Receipt this Period

144.00

Contribution

SUBTOTAL of Receipts This Page (optional)

432.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)

Ms Nancy May

Mailing Address 5308 Miramar Lane

City

Colleyville

State

TX

Zip Code

76034

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

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

Transaction ID: SA11AI.5552

Amount of Each Receipt this Period

119.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr Harold McVey

Mailing Address 426 Via Ventana Dr

City

Mesquite

State

NV

Zip Code

89027

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.5450

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)

David Melville

Mailing Address 30 Colpitts Rd

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palmer & Corbett

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.5459

Amount of Each Receipt this Period

350.00

Contribution

SUBTOTAL of Receipts This Page (optional)

519.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)

Ms Kathleen Minter

Mailing Address PO Box 5249

City

Fullerton

State

CA

Zip Code

92838

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.5539

Amount of Each Receipt this Period

59.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr Elias Moreno, Jr

Mailing Address 1591 Diplomat Dr

City

Beavercreek

State

OH

Zip Code

45432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Principal Systems

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

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

Transaction ID: SA11AI.5505

Amount of Each Receipt this Period

144.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr Joe Murphy

Mailing Address 519 Blackjack Oak

City

Shavano Park

State

TX

Zip Code

78230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.5453

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1203.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)

Mr Jesse Paulk

Mailing Address PO Box 80682

City

Las Vegas

State

NV

Zip Code

89180

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
New-Com

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

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

Transaction ID: SA11AI.5517

Amount of Each Receipt this Period

144.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr Jesse Paulk

Mailing Address PO Box 80682

City

Las Vegas

State

NV

Zip Code

89180

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
New-Com

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

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

Transaction ID: SA11AI.5515

Amount of Each Receipt this Period

144.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr Albert Perez

Mailing Address 6500 NW 35th Ave

City

Miami

State

FL

Zip Code

33147

FEC ID number of contributing
federal political committee.

C

Name of Employer
Menper DistributorsOccupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5457

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

788.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)

Ms Kathryn Pistor

Mailing Address 31819 Verona Cir

City

Beverly Hills

State

MI

Zip Code

48025

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

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

Transaction ID: SA11AI.5543

Amount of Each Receipt this Period

119.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr Dale Prosser

Mailing Address 2126 23rd St

City

Lake Charles

State

LA

Zip Code

70601

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.00

Date of Receipt

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

Transaction ID: SA11AI.5477

Amount of Each Receipt this Period

119.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr William Scaggs, Sr.

Mailing Address 1520 Royal Palm Way

City

Boca Raton

State

FL

Zip Code

33432

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.5562

Amount of Each Receipt this Period

144.00

Contribution

SUBTOTAL of Receipts This Page (optional)

382.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)

Ms Elizabeth Sinclair

Mailing Address 1013 Ashwood Dr

City

Lewisville

State

TX

Zip Code

75067

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

263.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.5511

Amount of Each Receipt this Period

119.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Ms Corinne Spence

Mailing Address 1165 Investment Blvd

City

El Dorado Hills

State

CA

Zip Code

95762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spence Enterprises

Occupation

Office Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

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

Transaction ID: SA11AI.5474

Amount of Each Receipt this Period

144.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Ms Corinne Spence

Mailing Address 1165 Investment Blvd

City

El Dorado Hills

State

CA

Zip Code

95762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spence Enterprises

Occupation

Office Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

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

Transaction ID: SA11AI.5471

Amount of Each Receipt this Period

144.00

Contribution

SUBTOTAL of Receipts This Page (optional)

407.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)

Mr Joseph Spinella

Mailing Address 4116 Vista Way

City

Davis

State

CA

Zip Code

95618

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.5451

Amount of Each Receipt this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Ms Vera Sutter

Mailing Address 219 Howland Canal

City

Venice

State

CA

Zip Code

90291

FEC ID number of contributing
federal political committee.

C

Name of Employer
GVS PropertiesOccupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

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

Transaction ID: SA11AI.5558

Amount of Each Receipt this Period

144.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. David & Carol Tharp

Mailing Address 1611 Redwood Dr

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colquitt Regional Med Cen-
terOccupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.00

Date of Receipt

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

Transaction ID: SA11AI.5486

Amount of Each Receipt this Period

119.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1263.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 54

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. David & Carol Tharp

Mailing Address 1611 Redwood Dr

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colquitt Regional Med Cen-
terOccupation
Pharmacist

Receipt For:

☐ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.00

Date of Receipt

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

Transaction ID: SA11AI.5487

Amount of Each Receipt this Period

59.00

Contribution

SUBTOTAL of Receipts This Page (optional)

59.00

TOTAL This Period (last page this line number only)

8931.00

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)

PAGE 22 / 54

<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)
 REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 360001

City State Zip Code
 Ft Lauderdale FL 33336

Purpose of Disbursement

Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5344

Date of Disbursement

01 / 29 / 2010

Amount of Each Disbursement this Period

1026.02

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 360001

City State Zip Code
 Ft Lauderdale FL 33336

Purpose of Disbursement

Credit Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5356

Date of Disbursement

02 / 03 / 2010

Amount of Each Disbursement this Period

5.95

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 360001

City State Zip Code
 Ft Lauderdale FL 33336

Purpose of Disbursement

Credit Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5403

Date of Disbursement

03 / 03 / 2010

Amount of Each Disbursement this Period

5.95

SUBTOTAL of Disbursements This Page (optional)

1037.92

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 23 / 54

<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)
 REPUBLICAN MAJORITY CAMPAIGN

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 360001</p> <p>City Ft Lauderdale State FL Zip Code 33336</p> <p>Purpose of Disbursement Meeting Expenses-Room-catering 4 days</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5394 Date of Disbursement <div> <div>03</div> <div>23</div> <div>2010</div> </div></p> <p>Amount of Each Disbursement this Period <div>9954.50</div></p>
<p>B. Full Name (Last, First, Middle Initial) Charles Benninghoff</p> <p>Mailing Address PO Box 2806</p> <p>City Rancho Cucamonga State CA Zip Code 92629</p> <p>Purpose of Disbursement Fax campaign</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5385 Date of Disbursement <div> <div>03</div> <div>05</div> <div>2010</div> </div></p> <p>Amount of Each Disbursement this Period <div>920.00</div></p>
<p>C. Full Name (Last, First, Middle Initial) Charles Benninghoff</p> <p>Mailing Address PO Box 2806</p> <p>City Rancho Cucamonga State CA Zip Code 92629</p> <p>Purpose of Disbursement Fax contact program</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5412 Date of Disbursement <div> <div>03</div> <div>22</div> <div>2010</div> </div></p> <p>Amount of Each Disbursement this Period <div>4800.00</div></p>

SUBTOTAL of Disbursements This Page (optional)

15674.50

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)
 REPUBLICAN MAJORITY CAMPAIGN

A. Full Name (Last, First, Middle Initial) Mrs Nancy Benninghoff	Transaction ID: SB21B.5301 Date of Disbursement																				
Mailing Address PO Box 2806	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	0												
City Rncho Cuca State CA Zip Code 91629	Amount of Each Disbursement this Period																				
Purpose of Disbursement Web Management Candidate Name	<table border="1"> <tr> <td colspan="10">1082.70</td> </tr> </table>	1082.70																			
1082.70																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Mrs Nancy Benninghoff	Transaction ID: SB21B.5345 Date of Disbursement																				
Mailing Address PO Box 2806	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	9		2	0	1	0												
City Rncho Cuca State CA Zip Code 91629	Amount of Each Disbursement this Period																				
Purpose of Disbursement Web Management Candidate Name	<table border="1"> <tr> <td colspan="10">2180.72</td> </tr> </table>	2180.72																			
2180.72																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Mrs Nancy Benninghoff	Transaction ID: SB21B.5386 Date of Disbursement																				
Mailing Address PO Box 2806	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	1	0												
City Rncho Cuca State CA Zip Code 91629	Amount of Each Disbursement this Period																				
Purpose of Disbursement Web management Candidate Name	<table border="1"> <tr> <td colspan="10">1597.93</td> </tr> </table>	1597.93																			
1597.93																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4861.35

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)
 REPUBLICAN MAJORITY CAMPAIGN

A. Full Name (Last, First, Middle Initial) Blue Shield of California	Transaction ID: SB21B.5297 Date of Disbursement																				
Mailing Address 50 Beale St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	0												
City San Francisco State CA Zip Code 94105	Amount of Each Disbursement this Period																				
Purpose of Disbursement Insurance Candidate Name	<table border="1"> <tr> <td colspan="10">594.50</td> </tr> </table>	594.50																			
594.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Blue Shield of California	Transaction ID: SB21B.5378 Date of Disbursement																				
Mailing Address 50 Beale St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	2		2	0	1	0												
City San Francisco State CA Zip Code 94105	Amount of Each Disbursement this Period																				
Purpose of Disbursement Insurance Candidate Name	<table border="1"> <tr> <td colspan="10">594.50</td> </tr> </table>	594.50																			
594.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Darshan Brahmbhatt	Transaction ID: SB21B.5375 Date of Disbursement																				
Mailing Address 932 D Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	3		2	0	1	0												
City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period																				
Purpose of Disbursement Consulting Fee Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1314.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MAJORITY CAMPAIGN

A. Full Name (Last, First, Middle Initial) Darshan Brahmbhatt	Transaction ID: SB21B.5396 Date of Disbursement																				
Mailing Address 932 D Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	1	0												
City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period																				
Purpose of Disbursement Meeting Expenses 3/15	<table border="1"> <tr> <td>3</td><td>1</td><td>3</td><td>.</td><td>1</td><td>4</td> </tr> </table>	3	1	3	.	1	4														
3	1	3	.	1	4																
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Darshan Brahmbhatt	Transaction ID: SB21B.5397 Date of Disbursement																				
Mailing Address 932 D Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	1	0												
City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period																				
Purpose of Disbursement Meeting Expenses-travel-room	<table border="1"> <tr> <td>1</td><td>2</td><td>1</td><td>7</td><td>.</td><td>8</td><td>4</td> </tr> </table>	1	2	1	7	.	8	4													
1	2	1	7	.	8	4															
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) California Bank & Trust	Transaction ID: SB21B.5405 Date of Disbursement																				
Mailing Address PO Box 489	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	8		2	0	1	0												
City Lawndale State CA Zip Code 90260	Amount of Each Disbursement this Period																				
Purpose of Disbursement Wire Fee	<table border="1"> <tr> <td>3</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	3	0	.	0	0															
3	0	.	0	0																	
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1560.98

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)
 REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)
 California Bank & Trust

Mailing Address PO Box 489

City Lawndale State CA Zip Code 90260

Purpose of Disbursement
 Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5407

Date of Disbursement

03 / 12 / 2010

Amount of Each Disbursement this Period

30.00

B.

Full Name (Last, First, Middle Initial)
 California Bank & Trust

Mailing Address PO Box 489

City Lawndale State CA Zip Code 90260

Purpose of Disbursement
 Wire Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5411

Date of Disbursement

03 / 18 / 2010

Amount of Each Disbursement this Period

30.00

C.

Full Name (Last, First, Middle Initial)
 California Bank & Trust

Mailing Address PO Box 489

City Lawndale State CA Zip Code 90260

Purpose of Disbursement
 Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5413

Date of Disbursement

03 / 22 / 2010

Amount of Each Disbursement this Period

30.00

SUBTOTAL of Disbursements This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)
California Bank & Trust

Mailing Address **PO Box 489**

City **Lawndale** State **CA** Zip Code **90260**

Purpose of Disbursement
Wire fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5415

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.00

B.

Full Name (Last, First, Middle Initial)
Card Service International

Mailing Address **PO Box 5180**

City **Simi Valley** State **CA** Zip Code **93062**

Purpose of Disbursement
Credit Card Discount Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5428

Date of Disbursement

/ /

Amount of Each Disbursement this Period

724.36

C.

Full Name (Last, First, Middle Initial)
Card Service International

Mailing Address **PO Box 5180**

City **Simi Valley** State **CA** Zip Code **93062**

Purpose of Disbursement
Credit Card Discount Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5434

Date of Disbursement

/ /

Amount of Each Disbursement this Period

745.67

SUBTOTAL of Disbursements This Page (optional)

1500.03

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 29 / 54

<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)
REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)
Card Service International

Mailing Address **PO Box 5180**

City **Simi Valley** State **CA** Zip Code **93062**

Purpose of Disbursement
Credit Card Discount Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.5442

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1016.47

B.

Full Name (Last, First, Middle Initial)
Daniel Paul Diaz

Mailing Address **709 Garden Drive**

City **Pompano Beach** State **FL** Zip Code **34243**

Purpose of Disbursement
Advance on Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.5373

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Diener Consultants

Mailing Address **1725 Oregon Pike**

City **Lancaster** State **PA** Zip Code **17601**

Purpose of Disbursement
Creative Fee/Email Management

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.5317

Date of Disbursement

/ /

Amount of Each Disbursement this Period

27984.47

SUBTOTAL of Disbursements This Page (optional)

29500.94

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)
REPUBLICAN MAJORITY CAMPAIGN

A. Full Name (Last, First, Middle Initial) Diener Consultants	Transaction ID: SB21B.5355 Date of Disbursement																				
Mailing Address 1725 Oregon Pike	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	1	0												
City Lancaster State PA Zip Code 17601	Amount of Each Disbursement this Period																				
Purpose of Disbursement Email Fund Raising Services	<table border="1"> <tr> <td>4</td><td>6</td><td>2</td><td>1</td><td>6</td><td>.</td><td>4</td><td>5</td> </tr> </table>	4	6	2	1	6	.	4	5												
4	6	2	1	6	.	4	5														
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Diener Consultants	Transaction ID: SB21B.5406 Date of Disbursement																				
Mailing Address 1725 Oregon Pike	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	2		2	0	1	0												
City Lancaster State PA Zip Code 17601	Amount of Each Disbursement this Period																				
Purpose of Disbursement Email Lists	<table border="1"> <tr> <td>3</td><td>0</td><td>0</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	3	0	0	0	0	.	0	0												
3	0	0	0	0	.	0	0														
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Betty Doomey	Transaction ID: SB21B.5347 Date of Disbursement																				
Mailing Address 932 D Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	2		2	0	1	0												
City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period																				
Purpose of Disbursement Clerical Services	<table border="1"> <tr> <td>2</td><td>0</td><td>4</td><td>.</td><td>4</td><td>4</td> </tr> </table>	2	0	4	.	4	4														
2	0	4	.	4	4																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

76420.89

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)
 REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)

Enterprise Rent-a-Car

Mailing Address 1325 Dyer Rd

City Santa Ana State CA Zip Code 92705

Purpose of Disbursement
 Car Rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5364

Date of Disbursement

/ /

Amount of Each Disbursement this Period

607.92

B.

Full Name (Last, First, Middle Initial)

Federal Express

Mailing Address 18062 Yorba

City Tustin State CA Zip Code 92780

Purpose of Disbursement
 Shipping

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5400

Date of Disbursement

/ /

Amount of Each Disbursement this Period

29.29

C.

Full Name (Last, First, Middle Initial)

Federal Express

Mailing Address 18062 Yorba

City Tustin State CA Zip Code 92780

Purpose of Disbursement
 Shipping

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5409

Date of Disbursement

/ /

Amount of Each Disbursement this Period

29.56

SUBTOTAL of Disbursements This Page (optional)

666.77

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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)
 REPUBLICAN MAJORITY CAMPAIGN

A. Full Name (Last, First, Middle Initial) Federal Express <hr/> Mailing Address 18062 Yorba <hr/> City Tustin State CA Zip Code 92780 <hr/> Purpose of Disbursement Shipping Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5410 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 5 / 2 0 1 0</div> </div> <hr/> Amount of Each Disbursement this Period <div>29.56</div>
B. Full Name (Last, First, Middle Initial) Randy Goodwin <hr/> Mailing Address 13421 Malena Dr <hr/> City Santa Ana State CA Zip Code 92705 <hr/> Purpose of Disbursement Accounting Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5307 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 1 0</div> </div> <hr/> Amount of Each Disbursement this Period <div>4000.00</div>
C. Full Name (Last, First, Middle Initial) Randy Goodwin <hr/> Mailing Address 13421 Malena Dr <hr/> City Santa Ana State CA Zip Code 92705 <hr/> Purpose of Disbursement Management Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5308 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 1 0</div> </div> <hr/> Amount of Each Disbursement this Period <div>1000.00</div>

SUBTOTAL of Disbursements This Page (optional)

5029.56

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 33 / 54

<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)
 REPUBLICAN MAJORITY CAMPAIGN

A. Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.5340 Date of Disbursement																				
Mailing Address 13421 Malena Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	1		2	0	1	0												
City Santa Ana State CA Zip Code 92705	Amount of Each Disbursement this Period																				
Purpose of Disbursement Management Fee Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.5341 Date of Disbursement																				
Mailing Address 13421 Malena Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	1		2	0	1	0												
City Santa Ana State CA Zip Code 92705	Amount of Each Disbursement this Period																				
Purpose of Disbursement Accounting Services Candidate Name	<table border="1"> <tr> <td colspan="10">4000.00</td> </tr> </table>	4000.00																			
4000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.5349 Date of Disbursement																				
Mailing Address 13421 Malena Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	0		2	0	1	0												
City Santa Ana State CA Zip Code 92705	Amount of Each Disbursement this Period																				
Purpose of Disbursement Insurance Candidate Name	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
 REPUBLICAN MAJORITY CAMPAIGN

A. Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.5346 Date of Disbursement																				
Mailing Address 13421 Malena Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	4		2	0	1	0												
<table border="1"> <tr> <td>City Santa Ana</td> <td>State CA</td> <td>Zip Code 92705</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Travel Expense Advance</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Santa Ana	State CA	Zip Code 92705	Purpose of Disbursement Travel Expense Advance		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1600.00</td> </tr> </table>	1600.00											
City Santa Ana	State CA	Zip Code 92705																			
Purpose of Disbursement Travel Expense Advance		<input type="text"/> Category/ Type																			
Candidate Name																					
1600.00																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td>Disbursement For:</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State:</td> <td>District:</td> <td colspan="2"></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:															
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																		
State:	District:																				
B. Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.5380 Date of Disbursement																				
Mailing Address 13421 Malena Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	2		2	0	1	0												
<table border="1"> <tr> <td>City Santa Ana</td> <td>State CA</td> <td>Zip Code 92705</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Accounting Services</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Santa Ana	State CA	Zip Code 92705	Purpose of Disbursement Accounting Services		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>4000.00</td> </tr> </table>	4000.00											
City Santa Ana	State CA	Zip Code 92705																			
Purpose of Disbursement Accounting Services		<input type="text"/> Category/ Type																			
Candidate Name																					
4000.00																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td>Disbursement For:</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State:</td> <td>District:</td> <td colspan="2"></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:															
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																		
State:	District:																				
C. Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.5381 Date of Disbursement																				
Mailing Address 13421 Malena Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	2		2	0	1	0												
<table border="1"> <tr> <td>City Santa Ana</td> <td>State CA</td> <td>Zip Code 92705</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Management Services</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Santa Ana	State CA	Zip Code 92705	Purpose of Disbursement Management Services		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00											
City Santa Ana	State CA	Zip Code 92705																			
Purpose of Disbursement Management Services		<input type="text"/> Category/ Type																			
Candidate Name																					
2000.00																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td>Disbursement For:</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State:</td> <td>District:</td> <td colspan="2"></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:															
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																		
State:	District:																				

SUBTOTAL of Disbursements This Page (optional)

7600.00

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)

PAGE 35 / 54

<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)
 REPUBLICAN MAJORITY CAMPAIGN

A. Full Name (Last, First, Middle Initial) Randy Goodwin Mailing Address 13421 Malena Dr	Transaction ID: SB21B.5387 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 1 0</div> </div>
City Santa Ana State CA Zip Code 92705 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>440.00</div>
B. Full Name (Last, First, Middle Initial) Randy Goodwin Mailing Address 13421 Malena Dr	Transaction ID: SB21B.5388 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 1 0</div> </div>
City Santa Ana State CA Zip Code 92705 Purpose of Disbursement Insurance fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>550.00</div>
C. Full Name (Last, First, Middle Initial) Kaiser Permanente Mailing Address 4647 Zion Ave	Transaction ID: SB21B.5399 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 1 0</div> </div>
City San Diego State CA Zip Code 92120 Purpose of Disbursement Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>237.50</div>

SUBTOTAL of Disbursements This Page (optional)

1227.50

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
REPUBLICAN MAJORITY CAMPAIGN

FEC Schedule B (Form 3X) (Revised 02/2003)

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 37 / 54

<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)
 REPUBLICAN MAJORITY CAMPAIGN

A. Full Name (Last, First, Middle Initial) Gary Kleep	Transaction ID: SB21B.5350 Date of Disbursement																				
Mailing Address 932 D Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	0		2	0	1	0												
City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period																				
Purpose of Disbursement Legal Services	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Gary Kleep	Transaction ID: SB21B.5333 Date of Disbursement																				
Mailing Address 932 D Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	6		2	0	1	0												
City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period																				
Purpose of Disbursement Room Expense-Meeting	<table border="1"> <tr> <td>161.00</td> </tr> </table>	161.00																			
161.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Gary Kleep	Transaction ID: SB21B.5383 Date of Disbursement																				
Mailing Address 932 D Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	1	0												
City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period																				
Purpose of Disbursement Legal Services	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7161.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
 REPUBLICAN MAJORITY CAMPAIGN

A. Full Name (Last, First, Middle Initial) Gary Kleep	Transaction ID: SB21B.5384 Date of Disbursement																				
Mailing Address 932 D Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	1	0												
City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period																				
Purpose of Disbursement Rent	<table border="1"> <tr> <td colspan="10">950.00</td> </tr> </table>	950.00																			
950.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Morgan Meredith & Associates	Transaction ID: SB21B.5398 Date of Disbursement																				
Mailing Address 2875 Towerview Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	5		2	0	1	0												
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail/Postage	<table border="1"> <tr> <td colspan="10">7648.49</td> </tr> </table>	7648.49																			
7648.49																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Norman Olney	Transaction ID: SB21B.5376 Date of Disbursement																				
Mailing Address 5920 Friars Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	2		2	0	1	0												
City San Diego State CA Zip Code 92108	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses/Meeting	<table border="1"> <tr> <td colspan="10">507.40</td> </tr> </table>	507.40																			
507.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

9105.89

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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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)
 REPUBLICAN MAJORITY CAMPAIGN

A. Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5421 Date of Disbursement																				
Mailing Address 1201 S Alma School Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	4		2	0	1	0												
<table border="1"> <tr> <td>City Mesa</td> <td>State AZ</td> <td>Zip Code 85210</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Phone/Mail Communication</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Mesa	State AZ	Zip Code 85210	Purpose of Disbursement Phone/Mail Communication		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>18947.51</td> </tr> </table>	18947.51											
City Mesa	State AZ	Zip Code 85210																			
Purpose of Disbursement Phone/Mail Communication		<input type="text"/> Category/ Type																			
Candidate Name																					
18947.51																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5424 Date of Disbursement																				
Mailing Address 1201 S Alma School Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	1		2	0	1	0												
<table border="1"> <tr> <td>City Mesa</td> <td>State AZ</td> <td>Zip Code 85210</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Phone/Mail Communication</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Mesa	State AZ	Zip Code 85210	Purpose of Disbursement Phone/Mail Communication		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>19463.61</td> </tr> </table>	19463.61											
City Mesa	State AZ	Zip Code 85210																			
Purpose of Disbursement Phone/Mail Communication		<input type="text"/> Category/ Type																			
Candidate Name																					
19463.61																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5425 Date of Disbursement																				
Mailing Address 1201 S Alma School Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	8		2	0	1	0												
<table border="1"> <tr> <td>City Mesa</td> <td>State AZ</td> <td>Zip Code 85210</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Phone/mail communication</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Mesa	State AZ	Zip Code 85210	Purpose of Disbursement Phone/mail communication		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>27641.98</td> </tr> </table>	27641.98											
City Mesa	State AZ	Zip Code 85210																			
Purpose of Disbursement Phone/mail communication		<input type="text"/> Category/ Type																			
Candidate Name																					
27641.98																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

66053.10

TOTAL This Period (last page this line number only)

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

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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)
 REPUBLICAN MAJORITY CAMPAIGN

A. Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5427 Date of Disbursement																				
Mailing Address 1201 S Alma School Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	5		2	0	1	0												
City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period																				
Purpose of Disbursement Phone/Mail Communication	<table border="1"> <tr> <td colspan="10">15705.22</td> </tr> </table>	15705.22																			
15705.22																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5429 Date of Disbursement																				
Mailing Address 1201 S Alma School Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	1		2	0	1	0												
City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period																				
Purpose of Disbursement Phone/Mail Communication	<table border="1"> <tr> <td colspan="10">40441.78</td> </tr> </table>	40441.78																			
40441.78																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5430 Date of Disbursement																				
Mailing Address 1201 S Alma School Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	8		2	0	1	0												
City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period																				
Purpose of Disbursement Phone/Mail Communication	<table border="1"> <tr> <td colspan="10">30862.65</td> </tr> </table>	30862.65																			
30862.65																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

87009.65

TOTAL This Period (last page this line number only)

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

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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)
REPUBLICAN MAJORITY CAMPAIGN

A. Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5431 Date of Disbursement																				
Mailing Address 1201 S Alma School Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	1	0												
City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period																				
Purpose of Disbursement Phone/Mail Communication Candidate Name	<table border="1"> <tr> <td colspan="10">29697.17</td> </tr> </table>	29697.17																			
29697.17																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5433 Date of Disbursement																				
Mailing Address 1201 S Alma School Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	2		2	0	1	0												
City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period																				
Purpose of Disbursement Phone/mail communication Candidate Name	<table border="1"> <tr> <td colspan="10">47233.55</td> </tr> </table>	47233.55																			
47233.55																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5435 Date of Disbursement																				
Mailing Address 1201 S Alma School Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	1	0												
City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period																				
Purpose of Disbursement Phone/mail communication Candidate Name	<table border="1"> <tr> <td colspan="10">34851.61</td> </tr> </table>	34851.61																			
34851.61																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

111782.33

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 42 / 54

<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)
 REPUBLICAN MAJORITY CAMPAIGN

A. Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5436 Date of Disbursement																				
Mailing Address 1201 S Alma School Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	8		2	0	1	0												
City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period																				
Purpose of Disbursement Phone/Mail Communication Candidate Name	<table border="1"> <tr> <td colspan="10">30589.37</td> </tr> </table>	30589.37																			
30589.37																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5438 Date of Disbursement																				
Mailing Address 1201 S Alma School Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	1	0												
City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period																				
Purpose of Disbursement Phone/Mail Communication Candidate Name	<table border="1"> <tr> <td colspan="10">36798.56</td> </tr> </table>	36798.56																			
36798.56																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5439 Date of Disbursement																				
Mailing Address 1201 S Alma School Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	2		2	0	1	0												
City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period																				
Purpose of Disbursement Phone/Mail Communication Candidate Name	<table border="1"> <tr> <td colspan="10">29394.46</td> </tr> </table>	29394.46																			
29394.46																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

96782.39

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)
 REPUBLICAN MAJORITY CAMPAIGN

A. Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5441 Date of Disbursement																				
Mailing Address 1201 S Alma School Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	9		2	0	1	0												
City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period																				
Purpose of Disbursement Phone/Mail Communication Candidate Name	<table border="1"> <tr> <td colspan="10">42860.16</td> </tr> </table>	42860.16																			
42860.16																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Response Enterprises	Transaction ID: SB21B.5366 Date of Disbursement																				
Mailing Address 284 Shalom Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	6		2	0	1	0												
City Waynesboro State VA Zip Code 22980	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fees Candidate Name	<table border="1"> <tr> <td colspan="10">19941.13</td> </tr> </table>	19941.13																			
19941.13																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Response Enterprises	Transaction ID: SB21B.5393 Date of Disbursement																				
Mailing Address 284 Shalom Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	2		2	0	1	0												
City Waynesboro State VA Zip Code 22980	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Candidate Name	<table border="1"> <tr> <td colspan="10">955.36</td> </tr> </table>	955.36																			
955.36																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

63756.65

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)
 REPUBLICAN MAJORITY CAMPAIGN

A. Full Name (Last, First, Middle Initial) Response Unlimited	Transaction ID: SB21B.5335 Date of Disbursement																				
Mailing Address 284 Shalom Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	2		2	0	1	0												
City Waynesboro State VA Zip Code 22980	Amount of Each Disbursement this Period																				
Purpose of Disbursement Caging	<table border="1"> <tr> <td colspan="10">10000.00</td> </tr> </table>	10000.00																			
10000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Richard Norman Company	Transaction ID: SB21B.5337 Date of Disbursement																				
Mailing Address 44084 Riverside Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	2		2	0	1	0												
City Lansdowne State VA Zip Code 20176	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Expenses	<table border="1"> <tr> <td colspan="10">10045.00</td> </tr> </table>	10045.00																			
10045.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) James Sills	Transaction ID: SB21B.5306 Date of Disbursement																				
Mailing Address c/o 932 D St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	1	0												
City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period																				
Purpose of Disbursement Research	<table border="1"> <tr> <td colspan="10">750.00</td> </tr> </table>	750.00																			
750.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

20795.00

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)

PAGE 45 / 54

<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)
 REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)
 James Sills

Mailing Address c/o 932 D St

City Ramona State CA Zip Code 92065

Purpose of Disbursement
 Research Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5348

Date of Disbursement

/ /

Amount of Each Disbursement this Period

750.00

B.

Full Name (Last, First, Middle Initial)
 James Sills

Mailing Address c/o 932 D St

City Ramona State CA Zip Code 92065

Purpose of Disbursement
 Car Rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5332

Date of Disbursement

/ /

Amount of Each Disbursement this Period

240.00

C.

Full Name (Last, First, Middle Initial)
 James Sills

Mailing Address c/o 932 D St

City Ramona State CA Zip Code 92065

Purpose of Disbursement
 Research Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5390

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1250.00

SUBTOTAL of Disbursements This Page (optional)

2240.00

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

REPUBLICAN MAJORITY CAMPAIGN

2437.83

3744.47

2437.83

FEC Schedule B (Form 3X) (Revised 02/2003)

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 47 / 54

<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)

REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)

United Printing and Mailing

Mailing Address 4833 S 38th St

City
Phoenix

State
AZ

Zip Code
85040

Purpose of Disbursement
Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5440

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1418.19

SUBTOTAL of Disbursements This Page (optional)

1418.19

TOTAL This Period (last page this line number only)

636658.77

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 / 54

<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)
REPUBLICAN MAJORITY CAMPAIGN

A. Full Name (Last, First, Middle Initial) FIMIAN FOR CONGRESS	Transaction ID: SB23.5369 Date of Disbursement																				
Mailing Address PO Box 3131	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	6		2	0	1	0												
City State Zip Code Oakton VA 22124	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) FRIENDS OF SHARRON ANGLE	Transaction ID: SB23.5371 Date of Disbursement																				
Mailing Address PO BOX 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	1		2	0	1	0												
City State Zip Code RENO NV 89533	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) SCOTT BROWN FOR US SENATE COMMITTEE	Transaction ID: SB23.5330 Date of Disbursement																				
Mailing Address PO BOX 395	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	0												
City State Zip Code WRENTHAM MA 02093	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

7000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 49 / 54

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
REPUBLICAN MAJORITY CAMPAIGN**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Response EnterprisesNature of Debt (Purpose):
Credit Card Processing

Mailing Address 284 Shalom Rd

City State ZIP Code
Waynesboro VA 22980

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.5563

Amount Incurred This Period

3620.05

Payment This Period

0.00

Outstanding Balance at Close of This Period

3620.05

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Response EnterprisesNature of Debt (Purpose):
Credit Card Processing

Mailing Address 284 Shalom Rd

City State ZIP Code
Waynesboro VA 22980

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.5564

Amount Incurred This Period

1094.10

Payment This Period

0.00

Outstanding Balance at Close of This Period

1094.10

1) **SUBTOTALS** This Period This Page (optional).....

4714.15

2) **TOTALS** This Period (last page this line number only).....

4714.15

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

4714.15

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00442319</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Big Eye		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 3</div> <div><small>D D</small> 1 0</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 13860 Redskin Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5400.00</div>	
City State Zip Code Herndon VA 20170		Transaction ID: SE.5293	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: HARRY REID		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">15525.00</div>	
Full Name (Last, First, Middle, Initial) of Payee Daniel Paul Diaz		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 1</div> <div><small>D D</small> 0 5</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 709 Garden Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">507.58</div>	
City State Zip Code Pompano Beach FL 34243		Transaction ID: SE.5326	
Purpose of Expenditure Travel Expenses		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 002		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MARCO RUBIO		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">507.58</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">5907.58</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<p>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.</p>			
Randy Goodwin Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 4</div> <div><small>D D</small> 1 5</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00442319</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Daniel Paul Diaz		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 1</div> <div><small>D D</small> 0 5</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 709 Garden Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1500.00</div>	
City State Zip Code Pompano Beach FL 34243		Transaction ID: SE.5327	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MARCO RUBIO		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought 2007.58			
Full Name (Last, First, Middle, Initial) of Payee Daniel Paul Diaz		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 1</div> <div><small>D D</small> 1 5</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 709 Garden Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1500.00</div>	
City State Zip Code Pompano Beach FL 34243		Transaction ID: SE.5328	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHARLIE CRIST		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought 3507.58			
(a) SUBTOTAL of Itemized Independent Expenditures		3000.00	
(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.			
Randy Goodwin Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 4</div> <div><small>D D</small> 1 5</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN		FEC IDENTIFICATION NUMBER ▼ C C00442319	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Daniel Paul Diaz		Date M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 1 0	
Mailing Address 709 Garden Drive		Amount 152.06	
City Pompano Beach State FL Zip Code 34243		Transaction ID: SE.5329	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 002		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHARLIE CRIST		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3659.64		2010	
Full Name (Last, First, Middle, Initial) of Payee Daniel Paul Diaz		Date M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 0	
Mailing Address 709 Garden Drive		Amount 2111.82	
City Pompano Beach State FL Zip Code 34243		Transaction ID: SE.5418	
Purpose of Expenditure Salary & Expenses		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MARCO RUBIO		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 5771.46		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		2263.88	
(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.			
Randy Goodwin Signature		Date M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN		FEC IDENTIFICATION NUMBER ▼ C C00442319	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Daniel Paul Diaz		Date MM / DD / YYYY 03 / 18 / 2010	
Mailing Address 709 Garden Drive		Amount 2399.00	
City State Zip Code Pompano Beach FL 34243		Transaction ID: SE.5419	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CHARLIE CRIST		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8170.46		2010	
Full Name (Last, First, Middle, Initial) of Payee Daniel Paul Diaz		Date MM / DD / YYYY 03 / 30 / 2010	
Mailing Address 709 Garden Drive		Amount 2395.34	
City State Zip Code Pompano Beach FL 34243		Transaction ID: SE.5420	
Purpose of Expenditure Salary & expenses		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MARCO RUBIO		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 10565.80		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		4794.34	
(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.			
Randy Goodwin Signature		Date MM / DD / YYYY 04 / 15 / 2010	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN		FEC IDENTIFICATION NUMBER C C00442319	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Fred Weinberg		Date M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 1 0	
Mailing Address 1640 Old West Ave		Amount 10125.00	
City Pahrump		Transaction ID: SE.5290	
State NV		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Zip Code 89048			
Purpose of Expenditure Media Buy/Television		Category/ Type 004	
Name of Federal Candidate supported or Opposed by expenditure: HARRY REID		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	

(a) SUBTOTAL of Itemized Independent Expenditures	10125.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	26090.80

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.

Randy Goodwin
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0