

# 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  
CONSERVATIVE LEADERSHIP POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 3128 N. 17th Street  
Arlington VA 22201  
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00010363  
**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 07 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Fenner

Signature of Treasurer Electronically Filed by David Fenner Date 01 11 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								
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
CONSERVATIVE LEADERSHIP POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		47327.14
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	51397.48									
(c) Total Receipts (from Line 19) .....	10565.00	34040.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	61962.48	81367.14								
7. Total Disbursements (from Line 31) .....	23903.22	43307.88								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	38059.26	38059.26								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CONSERVATIVE LEADERSHIP POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	6400.00	26700.00
(ii) Unitemized .....	4165.00	7340.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	10565.00	34040.00
(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) .....	10565.00	34040.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	10565.00	34040.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	10565.00	34040.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	20653.22	40057.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	20653.22	40057.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	3250.00	3250.00
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))..	23903.22	43307.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23903.22	43307.88

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 21

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) .....	10565.00	34040.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10565.00	34040.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	20653.22	40057.88
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	20653.22	40057.88

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

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

FOR LINE NUMBER: PAGE 6 / 21

(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)  
CONSERVATIVE LEADERSHIP POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Edward W. Asplin

Mailing Address 4770 Bayswater Road

City State Zip Code  
Excelsior MN 55331-9279

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

Name of Employer 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
1	2		3	1		2	0	0	9

Transaction ID: SA11AI.6988

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Stephanie Hanson

Mailing Address 4015 W. Canterbury Court

City State Zip Code  
Mequon WI 53092-2779

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	9

Transaction ID: SA11AI.6883

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Saunders Jones

Mailing Address 66 Pine Crest Road

City State Zip Code  
Birmingham AL 35223-1262

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

Name of Employer 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
1	0		2	4		2	0	0	9

Transaction ID: SA11AI.6910

Amount of Each Receipt this Period  
50.00

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE LEADERSHIP POLITICAL ACTION COMMITTEE**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Robert D.C. Long</p> <p>Mailing Address 47 Savannah Trail</p> <p>City State Zip Code Hilton Head SC 29926-2693</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">09 / 21 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.6900</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Robert D.C. Long</p> <p>Mailing Address 47 Savannah Trail</p> <p>City State Zip Code Hilton Head SC 29926-2693</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1200.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">10 / 30 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.6928</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">200.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. John H. Lutman</p> <p>Mailing Address 41 Ochs Avenue</p> <p>City State Zip Code Milltown NJ 08850-1424</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Retired</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">10 / 24 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.6914</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">100.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1300.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 8 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE LEADERSHIP POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Jr. Francis Madsen  
 Mailing Address 2493 Field Rose Drive  
 City State Zip Code  
 Holladay UT 84121  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 4 / 2 0 0 9  
**Transaction ID:** SA11AI.6907  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired  
 Receipt For:  Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
 Mrs. HelenL Marshall  
 Mailing Address 2027 Back Road  
 City State Zip Code  
 Woodstock VA 22664-3343  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 0 3 / 2 0 0 9  
**Transaction ID:** SA11AI.6888  
 Amount of Each Receipt this Period  
 200.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired  
 Receipt For:  Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

**C.** Full Name (Last, First, Middle Initial)  
 Mrs. HelenL Marshall  
 Mailing Address 2027 Back Road  
 City State Zip Code  
 Woodstock VA 22664-3343  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 4 / 2 0 0 9  
**Transaction ID:** SA11AI.6921  
 Amount of Each Receipt this Period  
 200.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired  
 Receipt For:  Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **500.00**  
**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 / 21  
(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)  
**CONSERVATIVE LEADERSHIP POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard C. Marx

Mailing Address P.O. Box 440

City State Zip Code  
**Wappingers Falls NY 12590-0440**

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

Name of Employer Self Occupation Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
MM / DD / YYYY  
**08 / 03 / 2009**

**Transaction ID: SA11AI.6877**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
Mr. Philip M. Mueller

Mailing Address 11826 Elmscourt

City State Zip Code  
**San Antonio TX 78230**

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

Name of Employer Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
MM / DD / YYYY  
**10 / 30 / 2009**

**Transaction ID: SA11AI.6924**

Amount of Each Receipt this Period  
**300.00**

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Nelson

Mailing Address 1620 S. Ocean Blvd.  
Apt. 11-A

City State Zip Code  
**Pompano Beach FL 33062-7704**

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

Name of Employer Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
MM / DD / YYYY  
**12 / 01 / 2009**

**Transaction ID: SA11AI.6941**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

**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 10 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE LEADERSHIP POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Mr. Nicholas Peay, Jr.  
 Mailing Address 2965 Fairmount Blvd.  
 City Cleveland Heights State OH Zip Code 44118-4060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Private Investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00  
 Date of Receipt 10 / 30 / 2009  
**Transaction ID: SA11AI.6932**  
 Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
 Dr. Elizabeth Powell  
 Mailing Address 10050 White Shop Road  
 City Culpeper State VA Zip Code 22701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Dentist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00  
 Date of Receipt 12 / 01 / 2009  
**Transaction ID: SA11AI.6940**  
 Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
 Mrs. Edward J. Regard  
 Mailing Address 720 E. Cherry Lane  
 City Arlington Heights State IL Zip Code 60004-3217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00  
 Date of Receipt 12 / 01 / 2009  
**Transaction ID: SA11AI.6946**  
 Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 21  
(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)  
**CONSERVATIVE LEADERSHIP POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Lunsford Richardson

Mailing Address 7 Indian Spring Road

City State Zip Code  
Norwalk CT 06853-1304

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

Name of Employer Self Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt  
MM / DD / YYYY  
10 / 24 / 2009

**Transaction ID:** SA11AI.6919

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gordon B. West

Mailing Address P.O. Box 138

City State Zip Code  
Rancho Santa Fe CA 92067-0138

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

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
12 / 01 / 2009

**Transaction ID:** SA11AI.6942

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Norman B. Williamson

Mailing Address 1555 Orlando Road

City State Zip Code  
Pasadena CA 91106-4129

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

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 24 / 2009

**Transaction ID:** SA11AI.6909

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **900.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 21  
(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)  
CONSERVATIVE LEADERSHIP POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial) Mr. James Wintersteen		Date of Receipt	
Mailing Address 27 Myrtle Avenue		M M / D D / Y Y Y Y 08 / 10 / 2009	
City	State	Zip Code	Transaction ID: SA11AI.6895
Mill Valley	CA	94941-1023	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		1000.00	
Name of Employer Self	Occupation Architect	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	6400.00

**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 13 / 21

<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)  
CONSERVATIVE LEADERSHIP POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.6991 Date of Disbursement																			
	Mailing Address P.O. Box 25118	<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>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	5		2	0	0	9												
	City Tampa State FL Zip Code 33622	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Charges	<table border="1"><tr><td>23.99</td></tr></table>	23.99																		
23.99																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.6992 Date of Disbursement																			
	Mailing Address P.O. Box 25118	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	5		2	0	0	9												
	City Tampa State FL Zip Code 33622	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Charges	<table border="1"><tr><td>20.02</td></tr></table>	20.02																		
20.02																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.6993 Date of Disbursement																			
	Mailing Address P.O. Box 25118	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	6		2	0	0	9												
	City Tampa State FL Zip Code 33622	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Charges	<table border="1"><tr><td>21.40</td></tr></table>	21.40																		
21.40																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>65.41</td></tr></table>	65.41
65.41		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
CONSERVATIVE LEADERSHIP POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 25118 City Tampa State FL Zip Code 33622 Purpose of Disbursement Bank Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.6989 <b>Date of Disbursement</b> 12 / 15 / 2009	<b>Amount of Each Disbursement this Period</b> 21.52
<b>B.</b>	Full Name (Last, First, Middle Initial) CW Accounting Services Mailing Address 10424 Woodbury Woods Court City Fairfax State VA Zip Code 22032 Purpose of Disbursement PROF. SERVICES - ADMINISTRATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.6956 <b>Date of Disbursement</b> 07 / 03 / 2009	<b>Amount of Each Disbursement this Period</b> 300.00
<b>C.</b>	Full Name (Last, First, Middle Initial) CW Accounting Services Mailing Address 10424 Woodbury Woods Court City Fairfax State VA Zip Code 22032 Purpose of Disbursement PROF. SERVICES - ADMINISTRATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.6979 <b>Date of Disbursement</b> 10 / 01 / 2009	<b>Amount of Each Disbursement this Period</b> 300.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>621.52</b>
<b>TOTAL</b> 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 15 / 21

<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)  
CONSERVATIVE LEADERSHIP POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Adam Guillette	Transaction ID: SB21B.6949 Date of Disbursement 07 / 15 / 2009
	Mailing Address 130 Solano Cay Circle	Amount of Each Disbursement this Period 1458.33
	City Ponte Vedra Beach State FL Zip Code 32082	
	Purpose of Disbursement PROF. SERVICES - PROGRAM 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) Adam Guillette	Transaction ID: SB21B.6950 Date of Disbursement 07 / 31 / 2009
	Mailing Address 130 Solano Cay Circle	Amount of Each Disbursement this Period 1458.33
	City Ponte Vedra Beach State FL Zip Code 32082	
	Purpose of Disbursement PROF. SERVICES - PROGRAM 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) Adam Guillette	Transaction ID: SB21B.6952 Date of Disbursement 08 / 15 / 2009
	Mailing Address 130 Solano Cay Circle	Amount of Each Disbursement this Period 1458.33
	City Ponte Vedra Beach State FL Zip Code 32082	
	Purpose of Disbursement PROF. SERVICES - PROGRAM 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4374.99
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
CONSERVATIVE LEADERSHIP POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Adam Guillette	Transaction ID: SB21B.6953 Date of Disbursement 08 / 31 / 2009
	Mailing Address 130 Solano Cay Circle	Amount of Each Disbursement this Period 1458.33
	City Ponte Vedra Beach State FL Zip Code 32082	
	Purpose of Disbursement PROF. SERVICES - PROGRAM 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) Adam Guillette	Transaction ID: SB21B.6954 Date of Disbursement 09 / 15 / 2009
	Mailing Address 130 Solano Cay Circle	Amount of Each Disbursement this Period 1458.33
	City Ponte Vedra Beach State FL Zip Code 32082	
	Purpose of Disbursement PROF. SERVICES - PROGRAM 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) Adam Guillette	Transaction ID: SB21B.6955 Date of Disbursement 09 / 30 / 2009
	Mailing Address 130 Solano Cay Circle	Amount of Each Disbursement this Period 1458.33
	City Ponte Vedra Beach State FL Zip Code 32082	
	Purpose of Disbursement PROF. SERVICES - PROGRAM 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4374.99</b>
<b>TOTAL</b> 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)  
CONSERVATIVE LEADERSHIP POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Adam Guillette	Transaction ID: SB21B.6973 Date of Disbursement 10 / 15 / 2009
	Mailing Address 130 Solano Cay Circle	Amount of Each Disbursement this Period 1458.33
	City Ponte Vedra Beach State FL Zip Code 32082	
	Purpose of Disbursement PROF. SERVICES - PROGRAM 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) Adam Guillette	Transaction ID: SB21B.6974 Date of Disbursement 10 / 31 / 2009
	Mailing Address 130 Solano Cay Circle	Amount of Each Disbursement this Period 1458.33
	City Ponte Vedra Beach State FL Zip Code 32082	
	Purpose of Disbursement PROF. SERVICES - PROGRAM 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) Adam Guillette	Transaction ID: SB21B.6975 Date of Disbursement 11 / 15 / 2009
	Mailing Address 130 Solano Cay Circle	Amount of Each Disbursement this Period 1458.33
	City Ponte Vedra Beach State FL Zip Code 32082	
	Purpose of Disbursement PROF. SERVICES - PROGRAM 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4374.99</b>
<b>TOTAL</b> 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 18 / 21

<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)  
CONSERVATIVE LEADERSHIP POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Adam Guillette	Transaction ID: SB21B.6976 Date of Disbursement 11 / 30 / 2009
	Mailing Address 130 Solano Cay Circle	Amount of Each Disbursement this Period 1458.33
	City Ponte Vedra Beach State FL Zip Code 32082	
	Purpose of Disbursement PROF. SERVICES - PROGRAM 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) Adam Guillette	Transaction ID: SB21B.6977 Date of Disbursement 12 / 15 / 2009
	Mailing Address 130 Solano Cay Circle	Amount of Each Disbursement this Period 1458.33
	City Ponte Vedra Beach State FL Zip Code 32082	
	Purpose of Disbursement PROF. SERVICES - PROGRAM 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) Adam Guillette	Transaction ID: SB21B.6978 Date of Disbursement 12 / 31 / 2009
	Mailing Address 130 Solano Cay Circle	Amount of Each Disbursement this Period 1458.33
	City Ponte Vedra Beach State FL Zip Code 32082	
	Purpose of Disbursement PROF. SERVICES - PROGRAM 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) ..... ▶

4374.99

**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 19 / 21

<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)  
CONSERVATIVE LEADERSHIP POLITICAL ACTION COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) LLC Hinkey Company</p> <p>Mailing Address 9058 Euclid Avenue</p> <p>City Manassas State VA Zip Code 20110</p> <p>Purpose of Disbursement DIRECT MAIL COSTS</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><b>Transaction ID:</b> SB21B.6970</p> <p>Date of Disbursement 08 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 982.16</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) LLC Hinkey Company</p> <p>Mailing Address 9058 Euclid Avenue</p> <p>City Manassas State VA Zip Code 20110</p> <p>Purpose of Disbursement POSTAGE</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><b>Transaction ID:</b> SB21B.6980</p> <p>Date of Disbursement 10 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 458.85</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) LLC Hinkey Company</p> <p>Mailing Address 9058 Euclid Avenue</p> <p>City Manassas State VA Zip Code 20110</p> <p>Purpose of Disbursement PRINTING AND MAIL SHOP</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><b>Transaction ID:</b> SB21B.6981</p> <p>Date of Disbursement 11 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 674.80</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2115.81

**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 20 / 21

<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)  
CONSERVATIVE LEADERSHIP POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
LLC Hinkey Company

Transaction ID: SB21B.6982

Date of Disbursement

Mailing Address 9058 Euclid Avenue

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	1		1	6		2	0	0	9

City State Zip Code  
Manassas VA 20110

Amount of Each Disbursement this Period

73.50
-------

Purpose of Disbursement  
PRINTING

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

73.50

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

20376.20

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CONSERVATIVE LEADERSHIP POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) FAMILIES FOR NEW LEADERSHIP Mailing Address 130 SOLANO CAY CIRCLE City PONTE VEDRA BEACH State FL Zip Code 32082 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6967 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) KEN CUCCINELLI FOR ATTORNEY GENERAL Mailing Address 101 E. CARY STREET City RICHMOND State VA Zip Code 23219 Purpose of Disbursement CONTRIBUTION - VA STATE ATTORNEY GENERAL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6965 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1750.00 Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) QUIGGLE FOR SENATE Mailing Address 230 AIA NORTH City PONTE VEDRA BEACH State FL Zip Code 32082 Purpose of Disbursement CONTRIBUTION - FL SENATE 8 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6966 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	3250.00