

**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

THOROUGHbred PAC

ADDRESS (number and street)

PO BOX 65116

☐Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20035

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00425439

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

Patricia Doty Bradshaw

Signature of Treasurer Electronically Filed by Patricia Doty Bradshaw

Date

03

18

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)

2 / 27

Write or Type Committee Name  
THOROUGHbred PAC

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		
2009		50928.39
(b) Cash on Hand at Beginning of Reporting Period .....	38535.08	
(c) Total Receipts (from Line 19) .....	54300.00	63050.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	92835.08	113978.39
7. Total Disbursements (from Line 31) .....	37230.44	58373.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	55604.64	55604.64
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

THOROUGHbred PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
1	2	0	3	1	2	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) .....	8300.00	9050.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	8300.00	9050.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	46000.00	54000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	54300.00	63050.00
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)) .....	54300.00	63050.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	54300.00	63050.00

## 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.....	23230.44	36373.75	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	23230.44	36373.75	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	14000.00	
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.....	8000.00	8000.00	
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))..	37230.44	58373.75	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37230.44	58373.75	

**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) .....	54300.00	63050.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	54300.00	63050.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	23230.44	36373.75
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	23230.44	36373.75

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 27

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

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NAME OF COMMITTEE (In Full)  
THOROUGHbred PAC

**A.**

Full Name (Last, First, Middle Initial)  
Daniel Crane

Mailing Address 8005 Lewinsville Road

City State Zip Code  
McLean VA 22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Crane Group

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.4650

Amount of Each Receipt this Period

1000.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
Susan Hirschmann

Mailing Address 4052 Seminary Road

City State Zip Code  
Alexandria VA 22304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Williams & Jensen, PLLC

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.4653

Amount of Each Receipt this Period

2500.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
Timothy Jenkins

Mailing Address 7515 Honesty Way

City State Zip Code  
Bethesda MD 20817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nossaman, O'Connor & Hannan

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.4655

Amount of Each Receipt this Period

1000.00

contribution

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

4500.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 27

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**THOROUGHbred PAC**

**A.**

Full Name (Last, First, Middle Initial)

Jeff MacKinnon

Mailing Address 3753 Oliver Street, NW

City

Washington

State

DC

Zip Code

20015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Ryan, Phillips, Utrecht  
 MacKin

Occupation  
 Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.4652

Amount of Each Receipt this Period

2000.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Jeff MacKinnon

Mailing Address 3753 Oliver Street, NW

City

Washington

State

DC

Zip Code

20015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Ryan, Phillips, Utrecht  
 MacKin

Occupation  
 Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID: SA11AI.4657

Amount of Each Receipt this Period

1500.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Greg Scott

Mailing Address 10711 Maplecrest Lane

City

Potomac

State

MD

Zip Code

20854

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 ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.4656

Amount of Each Receipt this Period

300.00

contribution

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

3800.00

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

8300.00

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

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NAME OF COMMITTEE (In Full)  
THOROUGHbred PAC

**A.**

Full Name (Last, First, Middle Initial)  
AETNA INC. POLITICAL ACTION COMMITTEE

Mailing Address 151 Farmington Ave.  
RW4A

City State Zip Code  
Hartford CT 06156

FEC ID number of contributing  
federal political committee.

**C** C00181826

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11C.4673

Amount of Each Receipt this Period

1500.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)

Mailing Address 222 South Prospect Ave  
c/o Finance Department

City State Zip Code  
Park Ridge IL 60068

FEC ID number of contributing  
federal political committee.

**C** C00173153

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11C.4676

Amount of Each Receipt this Period

1500.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1505 Prince Street  
Suite 300

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing  
federal political committee.

**C** C00024968

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: SA11C.4667

Amount of Each Receipt this Period

2000.00

contribution

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

5000.00

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



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

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NAME OF COMMITTEE (In Full)  
THOROUGHbred PAC

**A.**

Full Name (Last, First, Middle Initial)  
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC  
Mailing Address 2831 Lone Oak Road

City State Zip Code  
Paducah KY 42003

FEC ID number of contributing  
federal political committee. **C** C00351197

Name of Employer Occupation

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

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

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

Transaction ID: SA11C.4678

Amount of Each Receipt this Period

5000.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
CLEAR CHANNEL COMMUNICATIONS INC. POLITICAL ACTION COMMITTEE  
Mailing Address 200 E. Basse Road

City State Zip Code  
San Antonio TX 78209

FEC ID number of contributing  
federal political committee. **C** C00279216

Name of Employer Occupation

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

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt

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

Transaction ID: SA11C.4669

Amount of Each Receipt this Period

2000.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
FEDERAL EXPRESS POLITICAL ACTION COMMITTEE  
Mailing Address 942 South Shady Grove Road

City State Zip Code  
Memphis TN 38120

FEC ID number of contributing  
federal political committee. **C** C00068692

Name of Employer Occupation

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

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt

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

Transaction ID: SA11C.4679

Amount of Each Receipt this Period

2500.00

contribution

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

9500.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 27

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**THOROUGHbred PAC**

**A.**

Full Name (Last, First, Middle Initial)  
**MERCK & CO. INC. EMPLOYEES POLITICAL ACTION COMMITTEE (MERCK PAC)**

Mailing Address **601 Pennsylvania Ave. NW**  
**North Building Suite 1200**

City State Zip Code  
**Washington DC 20004**

FEC ID number of contributing  
federal political committee. **C** **C00097485**

Name of Employer Occupation

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

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt

**09 / 29 / 2009**

**Transaction ID: SA11C.4671**

Amount of Each Receipt this Period

**2500.00**

contribution

**B.**

Full Name (Last, First, Middle Initial)  
**NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCTA PAC)**

Mailing Address **25 Massachusetts Avenue, NW #100**

City State Zip Code  
**Washington DC 20001**

FEC ID number of contributing  
federal political committee. **C** **C00010082**

Name of Employer Occupation

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

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt

**09 / 17 / 2009**

**Transaction ID: SA11C.4668**

Amount of Each Receipt this Period

**2500.00**

contribution

**C.**

Full Name (Last, First, Middle Initial)  
**PFIZER INC. PAC**

Mailing Address **235 East 42nd Street**

City State Zip Code  
**New York NY 10017**

FEC ID number of contributing  
federal political committee. **C** **C00016683**

Name of Employer Occupation

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

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt

**09 / 29 / 2009**

**Transaction ID: SA11C.4670**

Amount of Each Receipt this Period

**2500.00**

contribution

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

**7500.00**

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 27

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**THOROUGHbred PAC**

**A.**

Full Name (Last, First, Middle Initial)  
**SHAW GROUP INC. POLITICAL ACTION COMMITTEE, THE**

Mailing Address **1050 K Street, NW**  
**Suite 620**

City State Zip Code  
**Washington DC 20001**

FEC ID number of contributing  
federal political committee.

**C** C00104885

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

**Transaction ID: SA11C.4663**

Amount of Each Receipt this Period

2500.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
**SHAW GROUP INC. POLITICAL ACTION COMMITTEE, THE**

Mailing Address **1050 K Street, NW**  
**Suite 620**

City State Zip Code  
**Washington DC 20001**

FEC ID number of contributing  
federal political committee.

**C** C00104885

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

**Transaction ID: SA11C.4675**

Amount of Each Receipt this Period

2500.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
**TIME WARNER CABLE INC. FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address **901 F Street, NW**  
**Suite 800**

City State Zip Code  
**Washington DC 20004**

FEC ID number of contributing  
federal political committee.

**C** C00431551

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

**Transaction ID: SA11C.4665**

Amount of Each Receipt this Period

2500.00

contribution

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

7500.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 12 / 27

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
THOROUGHbred PAC

**A.**

Full Name (Last, First, Middle Initial)  
TURKISH COALITON USA PAC (TC-USA PAC)

Mailing Address 1025 CONNECTICUT AVE SUITE 1000

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing  
federal political committee.

**C** C00432526

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11C.4660

Amount of Each Receipt this Period

4000.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
US ONCOLOGY INC GOOD GOVERNMENT COMMITTEE

Mailing Address 16825 NORTHCHASE DRIVE SUITE 1300

City State Zip Code  
HOUSTON TX 77060

FEC ID number of contributing  
federal political committee.

**C** C00339655

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: SA11C.4662

Amount of Each Receipt this Period

2500.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
VERIZON COMMUNICATIONS INC POLITICAL ACTION COMMITTEE

Mailing Address 1300 I STREET NW SUITE 400 WEST

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00025163

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11C.4672

Amount of Each Receipt this Period

2500.00

contribution

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

9000.00

**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 / 27

(check only one)

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

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NAME OF COMMITTEE (In Full)  
THOROUGHbred PAC

**A.**

Full Name (Last, First, Middle Initial)  
VIACOM INTERNATIONAL INC. POLITICAL ACTION COMMITTEE

Mailing Address 1501 M Street Suite 1100 NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee. **C** C00167759

Name of Employer Occupation

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

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 9

Transaction ID: SA11C.4661

Amount of Each Receipt this Period

2500.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
WINE AND SPIRITS WHOLESALERS OF AMERICA INC. POLITICAL ACTION COMMITTEE

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing  
federal political committee. **C** C00147173

Name of Employer Occupation

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

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: SA11C.4658

Amount of Each Receipt this Period

2500.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
WINE AND SPIRITS WHOLESALERS OF AMERICA INC. POLITICAL ACTION COMMITTEE

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing  
federal political committee. **C** C00147173

Name of Employer Occupation

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

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

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

Transaction ID: SA11C.4659

Amount of Each Receipt this Period

2500.00

contribution

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

7500.00

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

46000.00

# **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 14 / 27

<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)  
THOROUGHbred PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Sara Bonjean	<b>Transaction ID:</b> SB21B.4725 <b>Date of Disbursement</b>																				
Mailing Address 500 Monticello Boulevard	<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>0</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	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	0		2	0	0	9												
City Alexandria State VA Zip Code 22305	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement travel expenses Candidate Name	<table border="1"> <tr> <td colspan="10">1001.49</td> </tr> </table>	1001.49																			
1001.49																					
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>B.</b> Full Name (Last, First, Middle Initial) Sara Bonjean	<b>Transaction ID:</b> SB21B.4740 <b>Date of Disbursement</b>																				
Mailing Address 500 Monticello Boulevard	<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>2</td><td></td><td>0</td><td>9</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	2		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	0	9												
City Alexandria State VA Zip Code 22305	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement food - fundraising expenses Candidate Name	<table border="1"> <tr> <td colspan="10">408.36</td> </tr> </table>	408.36																			
408.36																					
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) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) GR Seppala & Associates	<b>Transaction ID:</b> SB21B.4723 <b>Date of Disbursement</b>																				
Mailing Address 1161 Wayzata Boulevard Box 210	<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>0</td><td>3</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		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	3		2	0	0	9												
City Wayzata State MN Zip Code 55391	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement fundraising consulting services Candidate Name	<table border="1"> <tr> <td colspan="10">3550.00</td> </tr> </table>	3550.00																			
3550.00																					
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) .....

4959.85

**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 15 / 27

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

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NAME OF COMMITTEE (In Full)  
THOROUGHbred PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Platinum Plus for Business/Business Card</p> <p>Mailing Address PO Box 15469</p> <p>City Wilmington State DE Zip Code 19850</p> <p>Purpose of Disbursement credit card: see memo</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.4710</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 7</div> <div>2 9</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>1189.20</div> </p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Alaska Air</p> <p>Mailing Address multiple locations</p> <p>City State Zip Code</p> <p>Purpose of Disbursement travel expense</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.4710.0</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 7</div> <div>2 9</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>1189.20</div> </p> <p>002 Category/ Type</p> <p>[MEMO ITEM]</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Platinum Plus for Business/Business Card</p> <p>Mailing Address PO Box 15469</p> <p>City Wilmington State DE Zip Code 19850</p> <p>Purpose of Disbursement credit card: see memo; credit card fees</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.4717</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 8</div> <div>1 2</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>1307.69</div> </p> <p>001 Category/ Type</p>

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

**2496.89**

**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)

PAGE 16 / 27

<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)  
THOROUGHbred PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Alaska Air</p> <p>Mailing Address multiple locations</p> <p>City State Zip Code</p> <p>Purpose of Disbursement travel expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4717.0</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1189.20"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Walmart</p> <p>Mailing Address</p> <p>City State Zip Code Paducah KY</p> <p>Purpose of Disbursement fundraiser supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4717.1</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="31.63"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Platinum Plus for Business/Business Card</p> <p>Mailing Address PO Box 15469</p> <p>City State Zip Code Wilmington DE 19850</p> <p>Purpose of Disbursement credit card: see memo</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4718</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2996.45"/></p>

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

**2996.45**

**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)  
THOROUGHBRED PAC

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

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

NAME OF COMMITTEE (In Full)  
THOROUGHBRED PAC

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 19 / 27

<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)  
THOROUGHbred PAC

<b>A.</b> Full Name (Last, First, Middle Initial) VA Gold Cup Association	<b>Transaction ID:</b> SB21B.4735.0 <b>Date of Disbursement</b>																				
Mailing Address 38 Garrett 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>1</td><td>1</td><td></td><td>1</td><td>7</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	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	7		2	0	0	9												
City Warrenton State VA Zip Code 20186	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement space rental - fundraising expense Candidate Name	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) Hyatt Hotels	<b>Transaction ID:</b> SB21B.4735.1 <b>Date of Disbursement</b>																				
Mailing Address 1000 H Street Northwest	<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>7</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	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	7		2	0	0	9												
City Washington State DC Zip Code 20001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement event - fundraising expense Candidate Name	<table border="1"> <tr> <td colspan="10">1685.00</td> </tr> </table>	1685.00																			
1685.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) USPS	<b>Transaction ID:</b> SB21B.4734 <b>Date of Disbursement</b>																				
Mailing Address 1050 Connecticut Avenue, NW	<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>3</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	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	3		2	0	0	9												
City Washington State DC Zip Code 20035	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement post office box renewal Candidate Name	<table border="1"> <tr> <td colspan="10">46.00</td> </tr> </table>	46.00																			
46.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:																					

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

46.00

**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 20 / 27

<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)  
THOROUGHbred PAC

A.

Full Name (Last, First, Middle Initial)  
Constance H Whitfield

Mailing Address 108 Alumni Avenue

City Hopkinsville State KY Zip Code 42240

Purpose of Disbursement  
travel expenses

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.4713

Date of Disbursement

08 / 12 / 2009

Amount of Each Disbursement this Period

1064.82

B.

Full Name (Last, First, Middle Initial)  
ED WHITFIELD

Mailing Address 108 ALUMNI AVENUE

City HOPKINSVILLE State KY Zip Code 42240

Purpose of Disbursement  
travel expenses

Candidate Name

002  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: KY District: 01

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

Transaction ID: SB21B.4712

Date of Disbursement

08 / 12 / 2009

Amount of Each Disbursement this Period

239.60

C.

Full Name (Last, First, Middle Initial)  
Womble Carlyle Sandridge & Rice PLLC

Mailing Address 1401 Eye Street, NW  
7th Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement  
bookkeeping and PAC maintenance

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.4705

Date of Disbursement

07 / 29 / 2009

Amount of Each Disbursement this Period

759.53

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

2063.95

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

C. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.4705**

Due to a clerical error, the payment to Womble Carlyle Sandridge & Rice PLLC on 07/29/2009 was reported incorrectly. We are amending this report to show the accurate payment of \$759.53, not \$750 as originally reported. The February 2010 monthly report will also be amended to show the updated and accurate cash on hand.

# **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)  
THOROUGHbred PAC

**A.** Full Name (Last, First, Middle Initial)  
Womble Carlyle Sandridge & Rice PLLC

Mailing Address 1401 Eye Street, NW  
7th Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement  
bookkeeping and PAC maintenance  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4711

Date of Disbursement

08 / 05 / 2009

Amount of Each Disbursement this Period

750.00

**B.** Full Name (Last, First, Middle Initial)  
Womble Carlyle Sandridge & Rice PLLC

Mailing Address 1401 Eye Street, NW  
7th Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement  
bookkeeping and PAC maintenance  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4722

Date of Disbursement

09 / 03 / 2009

Amount of Each Disbursement this Period

769.00

**C.** Full Name (Last, First, Middle Initial)  
Womble Carlyle Sandridge & Rice PLLC

Mailing Address 1401 Eye Street, NW  
7th Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement  
bookkeeping and PAC maintenance  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4732

Date of Disbursement

10 / 01 / 2009

Amount of Each Disbursement this Period

750.00

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

2269.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 23 / 27

<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)  
THOROUGHbred PAC**A.** Full Name (Last, First, Middle Initial)  
Womble Carlyle Sandridge & Rice PLLCMailing Address 1401 Eye Street, NW  
7th Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement  
bookkeeping and PAC maintenance  
Candidate Name001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4733

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	9

Amount of Each Disbursement this Period

750.00

**B.** Full Name (Last, First, Middle Initial)  
Womble Carlyle Sandridge & Rice PLLCMailing Address 1401 Eye Street, NW  
7th Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement  
bookkeeping and PAC maintenance  
Candidate Name001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4741

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Amount of Each Disbursement this Period

750.00

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

1500.00

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

23230.44

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THOROUGHbred PAC

<b>A.</b> Full Name (Last, First, Middle Initial) CHARLIE DENT FOR CONGRESS	<b>Transaction ID:</b> SB23.4690 <b>Date of Disbursement</b>																				
Mailing Address PO Box 442	<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>2</td><td></td><td>0</td><td>3</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	2		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	3		2	0	0	9												
City Allentown State PA Zip Code 18105	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement primary contribution Candidate Name Rep. CHARLES W DENT	<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: PA District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011																				
<b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN	<b>Transaction ID:</b> SB23.4697 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 44369 250 Prairie Center Drive	<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>2</td><td></td><td>0</td><td>3</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	2		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	3		2	0	0	9												
City Eden Prairie State MN Zip Code 55344	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement primary contribution Candidate Name Rep. ERIK P. PAULSEN	<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: MN District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011																				
<b>C.</b> Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS	<b>Transaction ID:</b> SB23.4696 <b>Date of Disbursement</b>																				
Mailing Address PO Box 9639	<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>2</td><td></td><td>0</td><td>3</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	2		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	3		2	0	0	9												
City Bowling Green State KY Zip Code 42102	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement primary contribution Candidate Name STEVEN BRETT GUTHRIE	<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: KY District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011																				

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

3000.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 25 / 27

<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)  
THOROUGHbred PAC

<b>A.</b> Full Name (Last, First, Middle Initial) MARY BONO MACK COMMITTEE	<b>Transaction ID:</b> SB23.4687 <b>Date of Disbursement</b>																				
Mailing Address PO Box 3370	<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>2</td><td>2</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		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	2		2	0	0	9												
City Palm Springs State CA Zip Code 92263	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement primary contribution Candidate Name MARY BONO MACK	<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: CA District: 45	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) STEVE CHABOT FOR CONGRESS	<b>Transaction ID:</b> SB23.4700 <b>Date of Disbursement</b>																				
Mailing Address 3030 HARRISON AVENUE 3014 Harrison Ave.	<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>2</td><td>2</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		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	2		2	0	0	9												
City CINCINNATI State OH Zip Code 45211	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement primary contribution Candidate Name STEVE CHABOT	<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: OH District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS	<b>Transaction ID:</b> SB23.4693 <b>Date of Disbursement</b>																				
Mailing Address 2931 E Dublin Granville Road Suite 190	<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>2</td><td></td><td>0</td><td>3</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	2		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	3		2	0	0	9												
City Columbus State OH Zip Code 43231	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement primary contribution Candidate Name PATRICK J. TIBERI	<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: OH District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

3000.00

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

6000.00

# **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)

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

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NAME OF COMMITTEE (In Full)  
THOROUGHbred PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Friends for Amiral Mailing Address P.O. Box 14001	<b>Transaction ID:</b> SB29.4681 <b>Date of Disbursement</b> <div> <div>10</div> <div>14</div> <div>2009</div> </div>
City Norfolk State VA Zip Code 23518 Purpose of Disbursement non-federal contribution Candidate Name John Amiral 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>Amount of Each Disbursement this Period</b> <div>1000.00</div> <div>011</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Jimmy Higdon for Senate Mailing Address 507 W. Main Street City Lebanon State KY Zip Code 40033 Purpose of Disbursement non-federal contribution Candidate Name Jimmy Higdon 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>Transaction ID:</b> SB29.4684 <b>Date of Disbursement</b> <div> <div>11</div> <div>20</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <div>011</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Republican Party of Kentucky Mailing Address PO Box 1068 City Frankfort State KY Zip Code 40602 Purpose of Disbursement non-federal contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB29.4680 <b>Date of Disbursement</b> <div> <div>11</div> <div>20</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>5000.00</div> <div>011</div> Category/ Type

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

**7000.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THOROUGHbred PAC

A.

Full Name (Last, First, Middle Initial)

Zach Wamp for Governor

Mailing Address P.O.Box 23748

City  
Chattanooga

State  
TN

Zip Code  
37211

Purpose of Disbursement  
non-federal contribution

Candidate Name  
Zach Wamp

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB29.4702

Date of Disbursement

MM / DD / YYYY  
12 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

8000.00