

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5  
**WHITFIELD FOR CONGRESS COMMITTEE**

ADDRESS (number and street) P.O. BOX 391  
 Check if different than previously reported. (ACC) HOPKINSVILLE KY 42241

2. **FEC IDENTIFICATION NUMBER** C C00289983 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
KY 01

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 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
07 / 01 / 2010 through 09 / 30 / 2010

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

Type or Print Name of Treasurer Mr. Earl L. Calhoun

Signature of Treasurer Mr. Earl L. Calhoun *[Electronically Filed]* Date M M / D D / Y Y Y Y  
05 / 10 / 2012

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**WHITFIELD FOR CONGRESS COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	206991.09	1083632.33
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	206991.09	1083632.33
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	3193.10	298431.89
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	19924.87
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3193.10	278507.02
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1139662.53	
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	

**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 3 (Revised 12/2003)

Write or Type Committee Name

**WHITFIELD FOR CONGRESS COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	64150.00	360300.00
(ii) Unitemized .....	2341.09	35261.09
(iii) TOTAL of contributions from individuals .....	66491.09	395561.09
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	140500.00	688071.24
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	206991.09	1083632.33
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....		
	0.00	19924.87
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	2264.32	21463.73
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....		
	209255.41	1125020.93

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3193.10	298431.89
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	15000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	192044.56	374325.80
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	195237.66	687757.69

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1125644.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	209255.41
25. SUBTOTAL (add Line 23 and Line 24).....	1334900.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	195237.66
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1139662.53

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**William C. Adams Jr.**

Mailing Address P. O. Box 927

City Murray State KY Zip Code 42071

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

Name of Employer Self Occupation Building Contractor

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 01 / 2010**

**Transaction ID : SA11AI.28034**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Sairam L. Atluri**

Mailing Address 8200 Muchmore Point Lane

City Cincinnati State OH Zip Code 45243

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

Name of Employer Tri State Pain Management Occupation Physician

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 21 / 2010**

**Transaction ID : SA11AI.27903**

Amount of Each Receipt this Period  
**2000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Robert A. Babbage Jr.**

Mailing Address 350 E. Short St Ste 212

City Lexington State KY Zip Code 40507

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

Name of Employer Babbage Cofounder Occupation National Managing Partner

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 04 / 2010**

**Transaction ID : SA11AI.28020**

Amount of Each Receipt this Period  
**500.00**

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

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

**2750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Cyrus E. Bakhit**

Mailing Address 5745 Spring Meadow Dr.

City	State	Zip Code
Roanoke	VA	24018

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

Name of Employer	Occupation
PainManagementCenterRoanoke	Physician

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 14 / 2010

**Transaction ID : SA11AI.27838**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Gary L. Broady**

Mailing Address 464 Widener Circle

City	State	Zip Code
Franklin	KY	42134

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

Name of Employer	Occupation
Self	Broker

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2010

**Transaction ID : SA11AI.27899**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. David A. Bryce**

Mailing Address 7329 Summit Ridge Rd

City	State	Zip Code
Middleton	WI	53562

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

Name of Employer	Occupation
Advanced Pain Management	Physician

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 3400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2010

**Transaction ID : SA11AI.27905**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2400.00

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

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

\_\_\_\_\_ 4400.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Aaron K. Calodney M.D.**

Mailing Address P.O. BOX 1305771

City State Zip Code  
Tyler TX 75713

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

Name of Employer Occupation  
Axis Spine Care Physician

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2010

**Transaction ID : SA11AI.27884**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Louis Camilleri**

Mailing Address 120 Park Avenue

City State Zip Code  
New York NY 10017

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

Name of Employer Occupation  
Phillip Morris International CEO

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2010

**Transaction ID : SA11AI.28366**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Joe F. Campbell**

Mailing Address 750 State Route 781 S

City State Zip Code  
Fulton KY 42041

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

Name of Employer Occupation  
N / A Retired

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2010

**Transaction ID : SA11AI.28032**

Amount of Each Receipt this Period  
250.00

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 8 OF 118  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**James E Carter**

Mailing Address 805 N Main St

City Tompkinsville State KY Zip Code 42167

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

Name of Employer Self Occupation Physician

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2010

**Transaction ID : SA11AI.28102**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Joe E. Ellis**

Mailing Address PO Box 256

City Benton State KY Zip Code 42025-0256

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

Name of Employer Self Occupation Optometrist

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2010

**Transaction ID : SA11AI.28158**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Frank Falco**

Mailing Address 108 Woodale Drive

City Kennett Square State PA Zip Code 19348

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

Name of Employer Mid Atlantic Spine Occupation Physician

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 14 / 2010

**Transaction ID : SA11AI.32803**

Amount of Each Receipt this Period  
2400.00

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

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

3900.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Regina Falco**

Mailing Address 108 Woodale Dr

City State Zip Code  
Kennett Square PA 19348

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

Name of Employer Occupation  
N / A Homemaker

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 14 / 2010

**Transaction ID : SA11AI.27859**

Amount of Each Receipt this Period  
2400.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Mayo Friedlis**

Mailing Address 9500 Lost Trail Way

City State Zip Code  
Potomac MD 20854

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

Name of Employer Occupation  
Capitol Spine & Pain Center Physician

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 21 / 2010

**Transaction ID : SA11AI.27913**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Christopher Giblin**

Mailing Address 1304 Chancel Place

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation  
Ogilvy Corp. consultant

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 24 / 2010

**Transaction ID : SA11AI.28255**

Amount of Each Receipt this Period  
500.00

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

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

3900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Scott E. Glaser**

Mailing Address 134 E. Fourth Street

City Hinsdale State IL Zip Code 60521

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

Name of Employer Pain Specialists of Chicago Occupation Physician

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 21 / 2010**

**Transaction ID : SA11AI.27918**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Charles L. Grizzle**

Mailing Address 2326 California Street

City Washington State DC Zip Code 20008

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

Name of Employer The Grizzle Co. Occupation Government Relations

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 28 / 2010**

**Transaction ID : SA11AI.27960**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Linda W. Hatter**

Mailing Address 1305 S Wallace Wilkerson Blvd.

City Liberty State KY Zip Code 42539

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

Name of Employer N / A Occupation Homemaker

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 27 / 2010**

**Transaction ID : SA11AI.28116**

Amount of Each Receipt this Period  
**250.00**

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

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

**1750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**R. Donald Heine DMD**

Mailing Address 755 N Gum Springs Road

City Paducah State KY Zip Code 42001-9722

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

Name of Employer Self Occupation Oral Surgeon

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2010

**Transaction ID : SA11AI.28081**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr Standiford Helm II**

Mailing Address 1808 Calle De Los Alamos

City San Clemente State CA Zip Code 92672

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

Name of Employer Self Occupation Physician

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2010

**Transaction ID : SA11AI.27907**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. John Heltsley**

Mailing Address 405 Warwick Way

City Hopkinsville State KY Zip Code 42240

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

Name of Employer Self Occupation Optometrist

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2010

**Transaction ID : SA11AI.28159**

Amount of Each Receipt this Period  
500.00

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

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

2700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**William W. Hewlett**

Mailing Address 2100 Spindletop Dr

City Murray State KY Zip Code 42071-9454

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

Name of Employer Holland Medical Occupation Pharmacist

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2010

**Transaction ID : SA11AI.28019**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert C. Hughes MD**

Mailing Address 606 Blair Street

City Murray State KY Zip Code 42071

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

Name of Employer Primary Care Medical Center Occupation Physician

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2010

**Transaction ID : SA11AI.28121**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1500 S. Jefferson St.

City Princeton State KY Zip Code 42445-6043

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

Name of Employer Princeton Electric Service Occupation manager

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 01 / 2010

**Transaction ID : SA11AI.28143**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Tim Hutchinson**

Mailing Address 1600 Joyce St.  
Apt. 319

City Arlington State VA Zip Code 22202

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

Name of Employer: Dickstein Shapiro LLP Occupation: Attorney

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 08 / 01 / 2010

**Transaction ID : SA11AI.28035**

Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Gary Wayne Jones**

Mailing Address 504 Ella Avenue

City Greenville State KY Zip Code 42345

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

Name of Employer: Muhlenberg Co Job Corps Occupation: Liaison

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 08 / 06 / 2010

**Transaction ID : SA11AI.28014**

Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Magdalena Kerschner**

Mailing Address 3441 Ivy Hills Blvd.

City Cincinnati State OH Zip Code 45244

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

Name of Employer: Self Occupation: Interventional Pain Mngmt.

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 07 / 21 / 2010

**Transaction ID : SA11AI.27900**

Amount of Each Receipt this Period: 300.00

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. David Kloth**

Mailing Address 65 Georges Hill Road

City State Zip Code  
Newtown CT 06470-1035

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

Name of Employer Occupation  
CT Pain Mgmt Care Physician

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2010

**Transaction ID : SA11AI.27931**

Amount of Each Receipt this Period  
750.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Kalyan S. Krishnan**

Mailing Address 131 Woods Edge Dr.

City State Zip Code  
Milton PA 17847

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

Name of Employer Occupation  
Geisenger Health System Physician

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2010

**Transaction ID : SA11AI.27882**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Beverly Largent**

Mailing Address 9300 Childress Drive

City State Zip Code  
Paducah KY 42086

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

Name of Employer Occupation  
Self pediatric dentist

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2010

**Transaction ID : SA11AI.28086**

Amount of Each Receipt this Period  
200.00

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

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

1450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Stephen Little</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2010	
Mailing Address 4125 Alameda Close		<b>Transaction ID : SA11AI.28087</b>	
City Paducah	State KY	Zip Code 42001-5307	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Crouse Corp.	Occupation Exec.		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

Full Name (Last, First, Middle Initial) <b>B. Sarita Malla</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2010	
Mailing Address 6510 Tuscan Rd.		<b>Transaction ID : SA11AI.27861</b>	
City Paducah	State KY	Zip Code 42001	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer self	Occupation homemaker		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Dr. Yogesh B. Malla</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2010	
Mailing Address 822 Aspen Way		<b>Transaction ID : SA11AI.27840</b>	
City Paducah	State KY	Zip Code 42003-5130	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer PMCP	Occupation Physician		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Chandrakala Manchikanti</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2010	
Mailing Address 2075 Natchez Lane		<b>Transaction ID : SA11AI.27845</b>	
City Paducah	State KY	Zip Code 42001-5415	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2400.00	
Name of Employer N/A	Occupation Homemaker		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4800.00		

Full Name (Last, First, Middle Initial) <b>B. Laxmaiah Manchikanti Dr.</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2010	
Mailing Address 2075 Natchez Lane		<b>Transaction ID : SA11AI.27844</b>	
City Paducah	State KY	Zip Code 42001-5415	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2400.00	
Name of Employer PMCP,PSC	Occupation Physican		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4800.00		

Full Name (Last, First, Middle Initial) <b>C. Murali Manchikanti</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2010	
Mailing Address 305 Forest Ridge Dr.		<b>Transaction ID : SA11AI.27920</b>	
City Paducah	State KY	Zip Code 42003	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2400.00	
Name of Employer MRM Inc	Occupation Business		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7200.00
<b>TOTAL</b> This Period (last page this line number only).....	_____



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Ram M. Manchikanti**

Mailing Address 105 Paddock Ct.

City Paducah State KY Zip Code 42003

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

Name of Employer MRM Inc Occupation Exec

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 14 / 2010

**Transaction ID : SA11AI.27847**

Amount of Each Receipt this Period  
2400.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Charles W. Martin**

Mailing Address 1125 Court Street

City Wickliffe State KY Zip Code 42087-0170

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

Name of Employer N / A Occupation retired

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2010

**Transaction ID : SA11AI.28088**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Robert P. Meriwether**

Mailing Address P.O. Box 7843

City Paducah State KY Zip Code 42002

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

Name of Employer Self Occupation MD

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2010

**Transaction ID : SA11AI.28120**

Amount of Each Receipt this Period  
1000.00

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

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

3900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Dr. Dermot More-O'Ferrall</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 21 / 2010	
Mailing Address 1300 W Dean Road		<b>Transaction ID : SA11AI.27927</b>	
City River Hills	State WI	Zip Code 53217-2536	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00	
Name of Employer Self	Occupation Physician		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2400.00		

Full Name (Last, First, Middle Initial) <b>B. Gordon L. Mortensen</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 14 / 2010	
Mailing Address 10438 N. Pine Tree Circle		<b>Transaction ID : SA11AI.27848</b>	
City Mequon	State WI	Zip Code 53092	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00	
Name of Employer IPC	Occupation Physician		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

Full Name (Last, First, Middle Initial) <b>C. Rup K. Nagala</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 14 / 2010	
Mailing Address 314 14th St. N		<b>Transaction ID : SA11AI.27850</b>	
City Oakes	State ND	Zip Code 58474	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Southeast Medical Center	Occupation Physician		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3300.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

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

FOR LINE NUMBER: PAGE 19 OF 118  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Gayle B Palmer**

Mailing Address 57 Fair Oaks Drive

City Saint Louis State MO Zip Code 63124-1521

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

Name of Employer N / A Occupation Homemaker

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2010

**Transaction ID : SA11AI.28023**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Vidyasagar Pampati**

Mailing Address 220 Mohawk Drive

City Paducah State KY Zip Code 42001

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

Name of Employer PMCP Occupation Statistician

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2010

**Transaction ID : SA11AI.27909**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2400.00

**C.** Full Name (Last, First, Middle Initial)  
**Mark Paoletta**

Mailing Address 6714 Marbo Ct.

City Falls Church State VA Zip Code 22046

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

Name of Employer Dickstein Shapiro LLP Occupation Attorney

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2010

**Transaction ID : SA11AI.28038**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

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

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

\_\_\_\_\_ 3900.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Allen T. Parr**

Mailing Address 1241 Edgewater Drive

City Mandeville State LA Zip Code 70471

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

Name of Employer Northshore Intl Pain Mgmt Occupation MD

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2010

**Transaction ID : SA11AI.27935**

Amount of Each Receipt this Period  
2400.00

**B.** Full Name (Last, First, Middle Initial)  
**Jimmy N. Ponder MD**

Mailing Address 209 Country Club Blvd.

City Thibodaux State LA Zip Code 70301

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

Name of Employer Headache and Pain Center Occupation Physician

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2010

**Transaction ID : SA11AI.27933**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Rip E Pugh**

Mailing Address 6415 St. Andrews Dr.

City Paducah State KY Zip Code 42001-8659

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

Name of Employer N / A Occupation Retired

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2010

**Transaction ID : SA11AI.28013**

Amount of Each Receipt this Period  
1000.00

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

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

4400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Dr Gabor Racz**

Mailing Address 4512 13th Street

City Lubbock State TX Zip Code 79416-4821

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

Name of Employer Texas Tech Health Sciences Center Occupation Physician

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2010

**Transaction ID : SA11AI.27929**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Roy C. Riley**

Mailing Address P. O. Box 427  
1120 Main St.

City Benton State KY Zip Code 42025

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

Name of Employer Peel-Holland Insurance Occupation Agent

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2010

**Transaction ID : SA11AI.28002**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Xiulu Ruan**

Mailing Address 2800 Church Bell Ct.

City Mobile State AL Zip Code 36695

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

Name of Employer Pain Specialists of Alabama Occupation MD (Interventional Pain Specialist)

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2010

**Transaction ID : SA11AI.27915**

Amount of Each Receipt this Period  
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. David M. Schultz M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 21 / 2010	
Mailing Address 5950 Ridge Road		<b>Transaction ID : SA11AI.27886</b>	
City Shorewood	State MN	Zip Code 55331	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00	
Name of Employer Maps Medical Pain Clinic	Occupation Physician		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2400.00		

Full Name (Last, First, Middle Initial) <b>B. Vijay Singh Dr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 21 / 2010	
Mailing Address 1601 Roosevelt Rd		<b>Transaction ID : SA11AI.27888</b>	
City Niagara	State WI	Zip Code 54151	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Self	Occupation Physician		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3400.00		

Full Name (Last, First, Middle Initial) <b>C. Amol Soin</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 14 / 2010	
Mailing Address 2201 Annandale Pl.		<b>Transaction ID : SA11AI.27852</b>	
City Xenia	State OH	Zip Code 45385	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00	
Name of Employer Ohio Pain Clinic	Occupation Physician		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5800.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. John R. Swicegood**

Mailing Address 12 Berry Hill Road

City State Zip Code  
Fort Smith AR 72903-3501

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

Name of Employer Occupation  
West Arkansas Pain Mgmt Physician

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2010

**Transaction ID : SA11AI.27857**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Ricardo Vallejo MD**

Mailing Address 33 Derby Way

City State Zip Code  
Bloomington IN 61704

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

Name of Employer Occupation  
Millennium Pain Center MD

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2010

**Transaction ID : SA11AI.27854**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**Bradley Wargo**

Mailing Address P.O. BOX 7868

City State Zip Code  
PADUCAH KY 42002

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

Name of Employer Occupation  
PAIN MANAGEMENT CENTER PHYSICIAN

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2010

**Transaction ID : SA11AI.27855**

Amount of Each Receipt this Period  
500.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 118
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Kenneth A. Wheeler**

Mailing Address 1279 Hedge Lane

City Paducah State KY Zip Code 42001

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

Name of Employer N/A Occupation retired

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2010

**Transaction ID : SA11AI.28101**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Lawrence Wiley**

Mailing Address 108 N Green Bay Rd.

City Appleton State WI Zip Code 54911

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

Name of Employer Akin Gump Occupation attorney

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2010

**Transaction ID : SA11AI.28003**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Darren Willcox**

Mailing Address 10711 Falls Pointe Dr.

City Great Falls State VA Zip Code 22066

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

Name of Employer W. Strategies Occupation executive

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2010

**Transaction ID : SA11AI.28331**

Amount of Each Receipt this Period  
500.00

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

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

1500.00

64150.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE**

Mailing Address 100 ABBOTT PARK RD.  
D312 AP6D-2

City ABBOTT PARK State IL Zip Code 60064

FEC ID number of contributing federal political committee. **C** C00040279

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2010

**Transaction ID : SA11C.28027**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AKIN, GUMP, STRAUSS, HAUER & FELD LLP CIVIC ACTION COMMITTEE**

Mailing Address 1333 NEW HAMPSHIRE AVE/NW STE 400

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00104901

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2010

**Transaction ID : SA11C.28041**

Amount of Each Receipt this Period  
750.00

**C.** Full Name (Last, First, Middle Initial)  
**ALEXION PHARMACEUTICALS INC PAC**

Mailing Address 352 KNOTTER DRIVE

City CHESHIRE State CT Zip Code 06410

FEC ID number of contributing federal political committee. **C** C00471169

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2010

**Transaction ID : SA11C.28337**

Amount of Each Receipt this Period  
1500.00

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**AMAZON.COM HOLDINGS INC. SEPARATE SEGREGATED FUND**

Mailing Address 126 C STREET NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00360354**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2010

**Transaction ID : SA11C.28139**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICA'S HEALTH INSURANCE PLANS PAC (AHIP PAC)**

Mailing Address 601 Penn. Avenue NW  
#500 South Bldg.

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00106740**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2010

**Transaction ID : SA11C.28028**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN ACADEMY OF PEDIATRIC DENTISTRY POLITICAL ACTION COMMITTEE**

Mailing Address 211 E Chicago Ave  
Suite 700

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C C00365965**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2010

**Transaction ID : SA11C.28077**

Amount of Each Receipt this Period  
2500.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

Mailing Address 1111 N PLAZA DRIVE SUITE 550

City State Zip Code  
SCHAUMBURG IL 60173

FEC ID number of contributing federal political committee. **C** C00273003

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2010

**Transaction ID : SA11C.28247**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Mailing Address 9700 WEST BRYN MAWR AVE.

City State Zip Code  
Rosemont IL 60018

FEC ID number of contributing federal political committee. **C** C00005660

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2010

**Transaction ID : SA11C.27924**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN CHEMISTRY COUNCIL PAC

Mailing Address 1300 WILSON BOULEVARD  
ATTN: LESLIE KAPLAN

City State Zip Code  
ARLINGTON VA 22209

FEC ID number of contributing federal political committee. **C** C00252338

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2010

**Transaction ID : SA11C.28332**

Amount of Each Receipt this Period  
4000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

Mailing Address 2200 Lake Boulevard NE  
Suite 250

City Atlanta State GA Zip Code 30319

FEC ID number of contributing federal political committee. **C** C00432823

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2010

**Transaction ID : SA11C.28284**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN DENTAL POLITICAL ACTION CMTE.**

Mailing Address 1111 14th Street NW  
Suite 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2010

**Transaction ID : SA11C.28008**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN OCCUPATIONAL THERAPY ASSOCIATION INC. POLITICAL ACTION COMMITTEE (AOTPAC), THE**

Mailing Address 4720 Montgomery Lane  
PO Box 31220

City Bethesda State MD Zip Code 20824

FEC ID number of contributing federal political committee. **C** C00089086

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2010

**Transaction ID : SA11C.27893**

Amount of Each Receipt this Period  
1000.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)  
AMERICAN OCCUPATIONAL THERAPY ASSOCIATION INC. POLITICAL ACTION COMMITTEE (AOTPA), THE

**A.** Mailing Address 4720 Montgomery Lane  
PO Box 31220  
City State Zip Code  
Bethesda MD 20824

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 30 2010

**Transaction ID : SA11C.28333**

FEC ID number of contributing federal political committee. **C** C00089086

Amount of Each Receipt this Period  
2000.00

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
3000.00

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

Mailing Address 1505 PRINCE STREET SUITE 300  
City State Zip Code  
ALEXANDRIA VA 22314

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 14 2010

**Transaction ID : SA11C.27863**

FEC ID number of contributing federal political committee. **C** C00024968

Amount of Each Receipt this Period  
1000.00

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
8000.00

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

Mailing Address 1505 PRINCE STREET SUITE 300  
City State Zip Code  
ALEXANDRIA VA 22314

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 08 2010

**Transaction ID : SA11C.28160**

FEC ID number of contributing federal political committee. **C** C00024968

Amount of Each Receipt this Period  
2000.00

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
10000.00

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

5000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN PODIATRIC MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 9312 OLD GEORGETOWN ROAD

City State Zip Code  
BETHESDA MD 20814

FEC ID number of contributing federal political committee. **C** C00008839

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2010

**Transaction ID : SA11C.28268**

Amount of Each Receipt this Period  
2500.00

**B.** 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: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 14 / 2010

**Transaction ID : SA11C.27837**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN SUGAR CANE LEAGUE POLITICAL ACTION COMMITTEE**

Mailing Address P O BOX 938

City State Zip Code  
THIBODAUX LA 70302

FEC ID number of contributing federal political committee. **C** C00081414

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2010

**Transaction ID : SA11C.28074**

Amount of Each Receipt this Period  
500.00

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

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

8000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**AMGEN INC. POLITICAL ACTION COMMITTEE**

Mailing Address 601 13TH STREET, NW  
12TH FLOOR

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00251876

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2010

**Transaction ID : SA11C.28334**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**ARKEMA POLITICAL ACTION COMMITTEE**

Mailing Address 2000 MARKET ST

City PHILADELPHIA State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00182980

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2010

**Transaction ID : SA11C.28075**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**ASHLAND INC. POLITICAL ACTION COMMITTEE FOR EMPLOYEES (PACE)**

Mailing Address 500 HERCULES ROAD, BLDG. 8145

City WILMINGTON State DE Zip Code 19808

FEC ID number of contributing federal political committee. **C** C00075994

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2010

**Transaction ID : SA11C.28257**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE**

Mailing Address 2300 WILSON BLVD.  
SUITE 400

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C C00082917**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2010

**Transaction ID : SA11C.28005**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AUTOMOTIVE FREE INTERNATIONAL TRADE AFIT-PAC**

Mailing Address 1625 Prince Street  
Suite 225

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00250399**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2010

**Transaction ID : SA11C.28040**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**BRACEPAC**

Mailing Address 2000 K Street, NW  
Suite 500

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00021295**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2010

**Transaction ID : SA11C.28267**

Amount of Each Receipt this Period  
1000.00

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

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

7000.00



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

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

FOR LINE NUMBER: PAGE 33 OF 118  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)  
BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS (BUILDPAAC)

**A.** Mailing Address 1201 15TH STREET, NW

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2010

**Transaction ID : SA11C.28361**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**CAREMARK RX INC EMPLOYEES POLITICAL ACTION COMMITTEE**

**B.** Mailing Address 2211 Sanders Road

City State Zip Code  
Northbrook IL 60062

FEC ID number of contributing federal political committee. **C** C00384818

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 01 / 2010

**Transaction ID : SA11C.28144**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**CLOROX COMPANY EMPLOYEES' POLITICAL ACTION COMMITTEE, THE**

**C.** Mailing Address 1221 BROADWAY

City State Zip Code  
OAKLAND CA 94612

FEC ID number of contributing federal political committee. **C** C00062224

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 01 / 2010

**Transaction ID : SA11C.28145**

Amount of Each Receipt this Period  
1000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
COALPAC A POLITICAL ACTION COMMITTEE OF THE NATIONAL MINING ASSOCIATION

Mailing Address 101 Constitution Ave NW 500 East  
Suite 500 East

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00109819

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2010

**Transaction ID : SA11C.28009**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
COALPAC A POLITICAL ACTION COMMITTEE OF THE NATIONAL MINING ASSOCIATION

Mailing Address 101 Constitution Ave NW 500 East  
Suite 500 East

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00109819

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2010

**Transaction ID : SA11C.28269**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**COMMONWEALTH BRANDS INC EMPLOYEE PAC**

Mailing Address 900 CHURCH STREET  
PO BOX 51587

City BOWLING GREEN State KY Zip Code 42101

FEC ID number of contributing federal political committee. **C** C00455600

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2010

**Transaction ID : SA11C.28042**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**COMPUTER SCIENCES CORPORATION PAC**

Mailing Address 3170 Fairview Park Dr.

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00101410

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2010

**Transaction ID : SA11C.28029**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**CONSUMER HEALTHCARE PRODUCTS ASSOCIATION PAC (CHPA/PAC)**

Mailing Address 900 19th Street, NW Suite 700

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00040584

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2010

**Transaction ID : SA11C.28335**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**COVDIEN (U.S.) POLITICAL ACTION COMMITTEE**

Mailing Address 900 7th Street N.W. Suite 975

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00433490

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2010

**Transaction ID : SA11C.28270**

Amount of Each Receipt this Period  
1000.00

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**DAIICHI SANKYO, INC. EMPLOYEE POLITICAL ACTION COMMITTEE**

Mailing Address Two Hilton Court

City Parsippany State NJ Zip Code 07054

FEC ID number of contributing federal political committee. **C** C00441204

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2010

**Transaction ID : SA11C.28154**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**DELOITTE FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 365

City WASHINGTON State DC Zip Code 20044

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2010

**Transaction ID : SA11C.28141**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**DICKSTEIN SHAPIRO LLP PAC**

Mailing Address 1825 Eye Street NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00110197

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4914.12

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2010

**Transaction ID : SA11C.28044**

Amount of Each Receipt this Period  
 2500.00

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

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

6500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**DIRECTV GROUP INC. FUND - FEDERAL (DIRECTV PAC)**

Mailing Address 444 North Capitol Street NW  
Suite 728

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00331991

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2010

**Transaction ID : SA11C.28272**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**DLA PIPER LLP (US) POLITICAL ACTION COMMITTEE (DLA PIPER PAC)**

Mailing Address 500 8th Street, NW  
Suite 700

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00151340

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2010

**Transaction ID : SA11C.28152**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**EBAY INC-COMMITTEE FOR RESPONSIBLE INTERNET COMMERCE**

Mailing Address 228 S. WASHINGTON ST.  
STE. 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00342394

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2010

**Transaction ID : SA11C.28339**

Amount of Each Receipt this Period  
1500.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**ENTERTAINMENT SOFTWARE ASSOCIATION PAC (ESA PAC)**

Mailing Address 575 Seventh Street, NW  
Suite 300

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00439216

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2010

**Transaction ID : SA11C.27961**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**EXPERIAN NORTH AMERICA, INC PAC**

Mailing Address 475 ANTON BLVD.

City COSTA MESA State CA Zip Code 92626

FEC ID number of contributing federal political committee. **C** C00379768

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2010

**Transaction ID : SA11C.28031**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE (EXXONMOBIL PAC)**

Mailing Address PO BOX 20503

City INDIANAPOLIS State IN Zip Code 46220

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2010

**Transaction ID : SA11C.28242**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**FEDERAL E ON US POLITICAL ACTION COMMITTEE**

Mailing Address **220 W MAIN STREET C/O TAX DEPT**

City **LOUISVILLE** State **KY** Zip Code **40202**

FEC ID number of contributing federal political committee. **C C00247775**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2010**

**Transaction ID : SA11C.28367**

Amount of Each Receipt this Period  
**2000.00**

**B.** Full Name (Last, First, Middle Initial)  
**GENERAL MOTORS CORPORATION POLITICAL ACTION COMMITTEE (GM PAC)**

Mailing Address **P.O. BOX 75000  
PAC SERVICES MC 2250**

City **DETROIT** State **MI** Zip Code **48275**

FEC ID number of contributing federal political committee. **C C00076810**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2010**

**Transaction ID : SA11C.28368**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**GENWORTH FINANCIAL INC POLITICAL ACTION COMMITTEE GENWORTH PAC**

Mailing Address **6620 W. Broad Street**

City **Richmond** State **VA** Zip Code **23230**

FEC ID number of contributing federal political committee. **C C00404194**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 09 / 2010**

**Transaction ID : SA11C.28010**

Amount of Each Receipt this Period  
**1000.00**

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

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

**4000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**GLAXOSMITHKLINE LLC PAC (GSK PAC)**

Mailing Address **FIVE MOORE DRIVE**  
**PO BOX 13358**

City **RES. TRIANGLE PARK** State **NC** Zip Code **27709**

FEC ID number of contributing federal political committee. **C C00199703**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3500.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07		28		2010

**Transaction ID : SA11C.27963**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **101 Constitution Avenue, NW**  
**Suite 1000E**

City **Washington** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00350744**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		30		2010

**Transaction ID : SA11C.28340**

Amount of Each Receipt this Period  
**2500.00**

**C.** Full Name (Last, First, Middle Initial)  
**GOODYEAR TIRE & RUBBER COMPANY GOOD GOVERNMENT FUND (GOODYEAR GOOD GOVERNMENT FUND) THE**

Mailing Address **1144 EAST MARKET STREET**

City **AKRON** State **OH** Zip Code **44316**

FEC ID number of contributing federal political committee. **C C00100131**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		18		2010

**Transaction ID : SA11C.28076**

Amount of Each Receipt this Period  
**1000.00**

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

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

**4500.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**HARDWOOD FEDERATION PAC INC (HFPA)**

Mailing Address 6830 RALEIGH - LAGRANGE ROAD

City State Zip Code  
MEMPHIS TN 38134

FEC ID number of contributing federal political committee. **C** C00396671

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2010

**Transaction ID : SA11C.28104**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**HCA INC. GOOD GOVERNMENT FUND**

Mailing Address PO BOX 550  
ONE PARK PLAZA

City State Zip Code  
NASHVILLE TN 37203

FEC ID number of contributing federal political committee. **C** C00067231

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2010

**Transaction ID : SA11C.28248**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**HEALTHCARE DISTRIBUTION MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 901 North Glebe Road  
Suite 1000

City State Zip Code  
Arlington VA 22203

FEC ID number of contributing federal political committee. **C** C00247569

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2010

**Transaction ID : SA11C.28275**

Amount of Each Receipt this Period  
1000.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

A. Full Name (Last, First, Middle Initial)  
**HOLLAND & KNIGHT COMMITTEE FOR EFFECTIVE GOVERNMENT**

Mailing Address 2099 Pennsylvania Avenue N.W.

City	State	Zip Code
Washington	DC	20006

FEC ID number of contributing federal political committee. **C C00171330**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	30	/	2010

Transaction ID : SA11C.28342

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

B. Full Name (Last, First, Middle Initial)  
**HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Mailing Address 101 Constitution Avenue NW  
Suite 500 West

City	State	Zip Code
Washington	DC	20001

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 10000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	30	/	2010

Transaction ID : SA11C.28343

Amount of Each Receipt this Period  
 \_\_\_\_\_ 3000.00

C. Full Name (Last, First, Middle Initial)  
**HUMANA INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1776 EYE STREET NW  
Suite 890

City	State	Zip Code
Washington	DC	20006

FEC ID number of contributing federal political committee. **C C00271007**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07	/	28	/	2010

Transaction ID : SA11C.27964

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 5500.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

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

FOR LINE NUMBER: PAGE 43 OF 118  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**HUMANE SOCIETY LEGISLATIVE FUND POLITICAL ACTION COMMITTEE**

Mailing Address 519 C STREET, NE

City State Zip Code  
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C** C00466813

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2010

**Transaction ID : SA11C.28273**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**INTERACTIVE ADVERTISING BUREAU POLITICAL ACTION COMMITTEE**

Mailing Address 575 7TH ST NW  
C/O VENABLE LAW FIRM

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00443309

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2010

**Transaction ID : SA11C.28024**

Amount of Each Receipt this Period  
750.00

**C.** Full Name (Last, First, Middle Initial)  
**JIM BEAM BRANDS CO. POLITICAL ACTION COMMITTEE**

Mailing Address 1310 K STREET NW SUITE 250 W

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00194126

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2010

**Transaction ID : SA11C.28359**

Amount of Each Receipt this Period  
1500.00

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**KEEP OUR MISSION PAC**

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00307405

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 01 / 2010

**Transaction ID : SA11C.28148**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)**

Mailing Address 655 15th Street NW Suite 445

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2010

**Transaction ID : SA11C.28045**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**LORILLARD TOBACCO COMPANY PUBLIC AFFAIRS COMMITTEE**

Mailing Address 714 GREEN VALLEY ROAD

City State Zip Code  
GREENSBORO NC 27408

FEC ID number of contributing federal political committee. **C** C00112888

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2010

**Transaction ID : SA11C.28011**

Amount of Each Receipt this Period  
3000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MANAGEMENT AND TRAINING CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 500 NORTH MARKETPLACE DRIVE

City State Zip Code  
CENTERVILLE UT 84403

FEC ID number of contributing federal political committee. **C C00208322**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2010

**Transaction ID : SA11C.28259**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MASCO POLITICAL ACTION COMMITTEE**

Mailing Address 21001 VAN BORN RD

City State Zip Code  
TAYLOR MI 48180

FEC ID number of contributing federal political committee. **C C00341289**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2010

**Transaction ID : SA11C.28344**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MCKESSON CORPORATION EMPLOYEES POLITICAL FUND**

Mailing Address ONE POST STREET 32nd FLOOR

City State Zip Code  
SAN FRANCISCO CA 94104

FEC ID number of contributing federal political committee. **C C00108035**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2010

**Transaction ID : SA11C.28346**

Amount of Each Receipt this Period  
1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

A. Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF BROADCASTERS POLITICAL ACTION COMMITTEE (NABPAC)

Mailing Address 1771 N STREET NW  
City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00009985

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2010

Transaction ID : SA11C.28360

Amount of Each Receipt this Period  
1000.00

B. Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF CHEMICAL DISTRIBUTORS RESPONSIBLE DISTRIBUTION POLITICAL ACTION CO

Mailing Address 1555 WILSON BOULEVARD SUITE 700  
City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00379180

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 27 / 2010

Transaction ID : SA11C.28278

Amount of Each Receipt this Period  
3000.00

C. Full Name (Last, First, Middle Initial)  
NATIONAL FEDERATION OF INDEPENDENT BUSINESS/ SAVE AMERICAS FREE ENTERPRISE TRUST

Mailing Address 1201 F St. NW Suite 200  
City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00101105

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 27 / 2010

Transaction ID : SA11C.28279

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL FUNERAL DIRECTORS ASSOCIATION OF THE UNITED STATES INC**

Mailing Address 13625 Bishops Drive

City State Zip Code  
Brookfield WI 53005

FEC ID number of contributing federal political committee. **C C00204008**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 27 2010**

**Transaction ID : SA11C.28277**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**NEWS AMERICA HOLDINGS INC-FOX POL ACTION COMMITTEE (AKA NEWS AMERICA-FOX POL ACTION CMTE**

Mailing Address 444 N CAPITOL STREET - SUITE 740  
0

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C C00330019**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 30 2010**

**Transaction ID : SA11C.28347**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 200 Civic Center Drive

City State Zip Code  
Columbus OH 43215

FEC ID number of contributing federal political committee. **C C00051979**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 14 2010**

**Transaction ID : SA11C.27836**

Amount of Each Receipt this Period  
**1000.00**

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

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

**3000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. NOVO NORDISK INC. PAC (NOVO NORDISK PAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 27 / 2010
Mailing Address 1155 F STREET NW SUITE 1150		<b>Transaction ID : SA11C.28281</b>
City WASHINGTON State DC Zip Code 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00424838</b>	Name of Employer Occupation	Amount of Each Receipt this Period 2500.00
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>B. OCCIDENTAL PETROLEUM CORPORATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 08 / 2010
Mailing Address 10889 WILSHIRE BLVD.		<b>Transaction ID : SA11C.28156</b>
City LOS ANGELES State CA Zip Code 90024	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00083857</b>	Name of Employer Occupation	Amount of Each Receipt this Period 2000.00
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>C. PFIZER INC. PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 18 / 2010
Mailing Address 235 EAST 42ND STREET		<b>Transaction ID : SA11C.28078</b>
City NEW YORK State NY Zip Code 10017	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C C00016683</b>	Name of Employer Occupation	Amount of Each Receipt this Period 6500.00
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<b>TOTAL</b> This Period (last page this line number only).....	4500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. PFIZER INC. PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 18 / 2010	
Mailing Address 235 EAST 42ND STREET		<b>Transaction ID : SA11C.28079</b>	
City NEW YORK	State NY	Zip Code 10017	
FEC ID number of contributing federal political committee. C C00016683		Amount of Each Receipt this Period 1000.00	
Name of Employer Occupation		Election Cycle-to-Date 7500.00	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 7500.00	

Full Name (Last, First, Middle Initial) <b>B. PHARMACEUTICAL RESEARCH &amp; MANUFACTURERS OF AMERICA BETTER GOVERNMENT COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 15 / 2010	
Mailing Address 950 F Street, NW Suite 300		<b>Transaction ID : SA11C.28220</b>	
City Washington	State DC	Zip Code 20004	
FEC ID number of contributing federal political committee. C C00021972		Amount of Each Receipt this Period 500.00	
Name of Employer Occupation		Election Cycle-to-Date 500.00	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. PHARMERICA CORPORATION POLITICAL ACTION COMMITTEE (PPAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 04 / 2010	
Mailing Address 1901 Campus Place		<b>Transaction ID : SA11C.28021</b>	
City Louisville	State KY	Zip Code 40299	
FEC ID number of contributing federal political committee. C C00397455		Amount of Each Receipt this Period 2500.00	
Name of Employer Occupation		Election Cycle-to-Date 2500.00	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 118
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**REED ELSEVIER INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1150 18th St., NW, #600

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00345793

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 20 / 2010

**Transaction ID : SA11C.27896**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**RENAL PHYSICIANS ASSOCIATION PAC**

Mailing Address 1700 Rockville Pike Suite # 220

City Rockville State MD Zip Code 20852

FEC ID number of contributing federal political committee. **C** C00409391

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 27 / 2010

**Transaction ID : SA11C.28282**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN MAINSTREET PARTNERSHIP PAC**

Mailing Address c/o G&W 2201 Wisconsin Ave. NW Suite 320

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00165159

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 20 / 2010

**Transaction ID : SA11C.27923**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN MAINSTREET PARTNERSHIP PAC**

Mailing Address c/o G&W 2201 Wisconsin Ave. NW  
Suite 320

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00165159

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2010

**Transaction ID : SA11C.27922**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN MAINSTREET PARTNERSHIP PAC**

Mailing Address c/o G&W 2201 Wisconsin Ave. NW  
Suite 320

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00165159

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2010

**Transaction ID : SA11C.28250**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN MAINSTREET PARTNERSHIP PAC**

Mailing Address c/o G&W 2201 Wisconsin Ave. NW  
Suite 320

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00165159

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2010

**Transaction ID : SA11C.28358**

Amount of Each Receipt this Period  
2500.00

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 52 OF 118  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**SALEM COMMUNICATIONS CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 4880 SANTA ROSA ROAD

City State Zip Code  
CAMARILLO CA 93012

FEC ID number of contributing federal political committee. **C** C00321158

Name of Employer Occupation

Receipt For: 2010  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 27 / 2010

**Transaction ID : SA11C.28287**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**SANOFI-AVENTIS US INC. EMPLOYEES' POLITICAL ACTION COMMITTEE**

Mailing Address 55 CORPORATE DRIVE

City State Zip Code  
BRIDGEWATER NJ 08807

FEC ID number of contributing federal political committee. **C** C00144345

Name of Employer Occupation

Receipt For: 2010  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 28 / 2010

**Transaction ID : SA11C.27937**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**SANOFI-AVENTIS US INC. EMPLOYEES' POLITICAL ACTION COMMITTEE**

Mailing Address 55 CORPORATE DRIVE

City State Zip Code  
BRIDGEWATER NJ 08807

FEC ID number of contributing federal political committee. **C** C00144345

Name of Employer Occupation

Receipt For: 2010  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 27 / 2010

**Transaction ID : SA11C.28289**

Amount of Each Receipt this Period  
1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

A. Full Name (Last, First, Middle Initial)  
**SHAW GROUP INC/STONE & WEBSTER INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1717 Pennsylvania Ave NW  
Suite 900  
City Washington DC State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00104885**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date **10000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2010**

**Transaction ID : SA11C.28349**

Amount of Each Receipt this Period  
**500.00**

B. Full Name (Last, First, Middle Initial)  
**SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERICA PAC**

Mailing Address 3930 PENDER DRIVE  
SUITE 340  
City FAIRFAX State VA Zip Code 20121

FEC ID number of contributing federal political committee. **C C00120030**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date **4500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**08 / 01 / 2010**

**Transaction ID : SA11C.28046**

Amount of Each Receipt this Period  
**2000.00**

C. Full Name (Last, First, Middle Initial)  
**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Mailing Address 3975 Fair Ridge Dr.  
Suite 400 North  
City FAIRFAX State VA Zip Code 22033

FEC ID number of contributing federal political committee. **C C00408435**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date **4000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2010**

**Transaction ID : SA11C.28370**

Amount of Each Receipt this Period  
**2000.00**

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

**4500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**SONY PICTURES ENTERTAINMENT INC POLITICAL ACTION COMMITTEE**

Mailing Address 10202 WEST WASHINGTON BOULEVARD

City State Zip Code  
CULVER CITY CA 90232

FEC ID number of contributing federal political committee. **C** C00282038

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 28 / 2010

**Transaction ID : SA11C.27965**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**TIME WARNER POLITICAL ACTION CMTE**

Mailing Address 800 Connecticut Ave. NW  
Suite 1200

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00339291

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 09 / 2010

**Transaction ID : SA11C.28012**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**UNITED PARCEL SERVICE INC. PAC**

Mailing Address 55 GLENLAKE PARKWAY NE

City State Zip Code  
ATLANTA GA 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 20 / 2010

**Transaction ID : SA11C.27894**

Amount of Each Receipt this Period  
2000.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
UNITED STATES TELECOM ASSOCIATION POLITICAL ACTION COMMITTEE (TELECOMPAC)

Mailing Address 607 14TH STREET NORTHWEST  
SUITE 400

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000984

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2010

**Transaction ID : SA11C.28356**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
USEC INC POLITICAL ACTION COMMITTEE (USEC PAC)

Mailing Address 6903 ROCKLEDGE DRIVE

City BETHESDA State MD Zip Code 20817

FEC ID number of contributing federal political committee. **C** C00355719

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 06 / 2010

**Transaction ID : SA11C.27748**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
VERIZON COMMUNICATIONS INC/VERIZON WIRELESS GOOD GOV'T CLUB

Mailing Address 1300 ST NW 4TH FLOOR

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2010

**Transaction ID : SA11C.28157**

Amount of Each Receipt this Period  
1500.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

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

Mailing Address 1501 M STREET  
SUITE 1100

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2010

**Transaction ID : SA11C.28357**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**WALT DISNEY PRODUCTIONS EMPLOYEES PAC (DISNEY EMPLOYEES POLITICAL ACTION COMMITTEE)**

Mailing Address 1150 17TH STREET NW SUITE 400

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00197749

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2010

**Transaction ID : SA11C.28258**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**ZENECA INC. POLITICAL ACTION COMMITTEE**

Mailing Address C/O ZENECA INC.  
1800 CONCORD PIKE, PO BOX 15437

City WILMINGTON State DE Zip Code 19850

FEC ID number of contributing federal political committee. **C** C00279455

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2010

**Transaction ID : SA11C.28109**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

140500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Bank of Cadiz & Trust Co**

Mailing Address 2808 Ft Campbell Blvd

City Hopkinsville State KY Zip Code 42240

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4845.09

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2010

**Transaction ID : SA15.27898**

Amount of Each Receipt this Period  
 102.74  
 interest earned

**B.** Full Name (Last, First, Middle Initial)  
**Bank of Cadiz & Trust Co**

Mailing Address 2808 Ft Campbell Blvd

City Hopkinsville State KY Zip Code 42240

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4956.05

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2010

**Transaction ID : SA15.27926**

Amount of Each Receipt this Period  
 110.96  
 interest earned

**C.** Full Name (Last, First, Middle Initial)  
**Bank of Cadiz & Trust Co**

Mailing Address 2808 Ft Campbell Blvd

City Hopkinsville State KY Zip Code 42240

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5062.21

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2010

**Transaction ID : SA15.28073**

Amount of Each Receipt this Period  
 106.16  
 interest earned

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

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

319.86

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>Bank of Cadiz &amp; Trust Co</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 27 / 2010	
Mailing Address 2808 Ft Campbell Blvd		<b>Transaction ID : SA15.28117</b>	
City Hopkinsville	State KY	Zip Code 42240	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 114.66	
Name of Employer	Occupation		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5176.87		

Full Name (Last, First, Middle Initial) <b>Bank of Cadiz &amp; Trust Co</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 24 / 2010	
Mailing Address 2808 Ft Campbell Blvd		<b>Transaction ID : SA15.28253</b>	
City Hopkinsville	State KY	Zip Code 42240	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 106.16 interest earned	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5283.03		

Full Name (Last, First, Middle Initial) <b>Bank of Cadiz &amp; Trust Co</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 24 / 2010	
Mailing Address 2808 Ft Campbell Blvd		<b>Transaction ID : SA15.28254</b>	
City Hopkinsville	State KY	Zip Code 42240	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 114.66 interest earned	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5397.69		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	335.48
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>Heritage Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 28 / 2010	
Mailing Address 1700 Ft. Campbell Blvd		<b>Transaction ID : SA15.27959</b>	
City Hopkinsville	State KY	Zip Code 42240	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.11 interest earned	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5977.37		

Full Name (Last, First, Middle Initial) <b>Heritage Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 11 / 2010	
Mailing Address 1700 Ft. Campbell Blvd		<b>Transaction ID : SA15.28047</b>	
City Hopkinsville	State KY	Zip Code 42240	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.72 interest earned	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6058.09		

Full Name (Last, First, Middle Initial) <b>Heritage Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 27 / 2010	
Mailing Address 1700 Ft. Campbell Blvd		<b>Transaction ID : SA15.28114</b>	
City Hopkinsville	State KY	Zip Code 42240	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.72 interest earned	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6138.81		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	239.55
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>Heritage Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 27 / 2010	
Mailing Address 1700 Ft. Campbell Blvd		<b>Transaction ID : SA15.28115</b>	
City Hopkinsville	State KY	Zip Code 42240	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.11 interest earned	
Name of Employer Occupation		Election Cycle-to-Date 6216.92	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>Heritage Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 08 / 2010	
Mailing Address 1700 Ft. Campbell Blvd		<b>Transaction ID : SA15.28151</b>	
City Hopkinsville	State KY	Zip Code 42240	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.72 interest earned	
Name of Employer Occupation		Election Cycle-to-Date 6297.64	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>Heritage Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 24 / 2010	
Mailing Address 1700 Ft. Campbell Blvd		<b>Transaction ID : SA15.28246</b>	
City Hopkinsville	State KY	Zip Code 42240	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 61.17 interest earned	
Name of Employer Occupation		Election Cycle-to-Date 6358.81	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Planters Bank**

Mailing Address P.O.Box 1570

City Hopkinsville State KY Zip Code 42241-1570

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5285.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2010

**Transaction ID : SA15.27925**

Amount of Each Receipt this Period  
 73.97  
 interest earned

**B.** Full Name (Last, First, Middle Initial)  
**Planters Bank**

Mailing Address P.O.Box 1570

City Hopkinsville State KY Zip Code 42241-1570

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5435.81

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2010

**Transaction ID : SA15.28015**

Amount of Each Receipt this Period  
 150.49  
 interest earned

**C.** Full Name (Last, First, Middle Initial)  
**Planters Bank**

Mailing Address P.O.Box 1570

City Hopkinsville State KY Zip Code 42241-1570

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5512.25

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2010

**Transaction ID : SA15.28107**

Amount of Each Receipt this Period  
 76.44  
 interest earned

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

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

300.90

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

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

FOR LINE NUMBER: PAGE 62 OF 118  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Planters Bank**

Mailing Address P.O.Box 1570

City State Zip Code  
Hopkinsville KY 42241-1570

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5667.67

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 27 2010

**Transaction ID : SA15.28108**

Amount of Each Receipt this Period  
 155.42  
 interest earned

**B.** Full Name (Last, First, Middle Initial)  
**Planters Bank**

Mailing Address P.O.Box 1570

City State Zip Code  
Hopkinsville KY 42241-1570

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5744.11

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 24 2010

**Transaction ID : SA15.28243**

Amount of Each Receipt this Period  
 76.44  
 interest earned

**C.** Full Name (Last, First, Middle Initial)  
**Planters Bank**

Mailing Address P.O.Box 1570

City State Zip Code  
Hopkinsville KY 42241-1570

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5899.53

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 30 2010

**Transaction ID : SA15.28363**

Amount of Each Receipt this Period  
 155.42  
 interest earned

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

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

387.28

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 118
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**United Southern Bank**

Mailing Address P. O. Box 951

City Hopkinsville State KY Zip Code 42241-0951

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3378.37

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 19 / 2010

**Transaction ID : SA15.27895**

Amount of Each Receipt this Period  
 150.41  
 interest earned

**B.** Full Name (Last, First, Middle Initial)  
**United Southern Bank**

Mailing Address P. O. Box 951

City Hopkinsville State KY Zip Code 42241-0951

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3533.79

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 27 / 2010

**Transaction ID : SA15.28118**

Amount of Each Receipt this Period  
 155.42  
 interest earned

**C.** Full Name (Last, First, Middle Initial)  
**United Southern Bank**

Mailing Address P. O. Box 951

City Hopkinsville State KY Zip Code 42241-0951

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3689.21

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2010

**Transaction ID : SA15.28294**

Amount of Each Receipt this Period  
 155.42  
 interest earned

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

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

461.25

2264.32

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 118			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Hopkinsville Electric System</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2010
Mailing Address 1820 East 9th Street P. O. Box 728		Amount of Each Disbursement this Period 39.99 <b>Transaction ID : SB17.27874</b>
City Hopkinsville State KY Zip Code 42241-0728	Purpose of Disbursement utility	
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hopkinsville Electric System</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2010
Mailing Address 1820 East 9th Street P. O. Box 728		Amount of Each Disbursement this Period 160.54 <b>Transaction ID : SB17.28056</b>
City Hopkinsville State KY Zip Code 42241-0728	Purpose of Disbursement utility	
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NewWave Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2010
Mailing Address P.O. Box 988		Amount of Each Disbursement this Period 39.99 <b>Transaction ID : SB17.27770</b>
City Sikeston State MO Zip Code 63801	Purpose of Disbursement utility	
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 <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	309.28
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 118			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. NewWave Communications</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2010
Mailing Address P.O. Box 988			Amount of Each Disbursement this Period 39.99 <b>Transaction ID : SB17.28000</b>
City Sikeston	State MO	Zip Code 63801	
Purpose of Disbursement utility	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 <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. NewWave Communications</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
Mailing Address P.O. Box 988			Amount of Each Disbursement this Period 39.99 <b>Transaction ID : SB17.28218</b>
City Sikeston	State MO	Zip Code 63801	
Purpose of Disbursement utility	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 <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Norlight, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2010
Mailing Address P.O. Box 740094			Amount of Each Disbursement this Period 116.90 <b>Transaction ID : SB17.27753</b>
City Cincinnati	State OH	Zip Code 45274-0094	
Purpose of Disbursement utility	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 <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	196.88
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 118			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Norlight, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2010
Mailing Address P.O. Box 740094		Amount of Each Disbursement this Period 116.51 <b>Transaction ID : SB17.28150</b>
City Cincinnati	State OH Zip Code 45274-0094	
Purpose of Disbursement utility	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. PayPal, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2010
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 15.80 <b>Transaction ID : SB17.28018</b>
City Omaha	State NE Zip Code 68145	
Purpose of Disbursement CC Contrib. fee - William Hewlett	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>c. REC Properties, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2010
Mailing Address 16 11 South Main St Croft Bldg Suite 1		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.27750</b>
City Hopkinsville	State KY Zip Code 42240	
Purpose of Disbursement rent	Category/Type	
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>SUBTOTAL</b> of Disbursements This Page (optional).....	532.31
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 118			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. REC Properties, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2010
Mailing Address 16 11 South Main St Croft Bldg Suite 1		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.28136</b>
City Hopkinsville	State KY Zip Code 42240	
Purpose of Disbursement office rent	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. Anita C. Rittenhouse</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2010
Mailing Address 206 Apache Drive		Amount of Each Disbursement this Period 562.52 <b>Transaction ID : SB17.27751</b>
City Hopkinsville	State KY Zip Code 42240	
Purpose of Disbursement payroll	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. Anita C. Rittenhouse</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2010
Mailing Address 206 Apache Drive		Amount of Each Disbursement this Period 579.59 <b>Transaction ID : SB17.27971</b>
City Hopkinsville	State KY Zip Code 42240	
Purpose of Disbursement paycheck	Category/Type	
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>SUBTOTAL</b> of Disbursements This Page (optional).....	1542.11
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 118			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Anita C. Rittenhouse</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2010
Mailing Address 206 Apache Drive		Amount of Each Disbursement this Period 612.52 <b>Transaction ID : SB17.28137</b>
City Hopkinsville	State KY Zip Code 42240	
Purpose of Disbursement aug. payroll	Category/Type	
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)	

Full Name (Last, First, Middle Initial) <b>B. Mr. Roberto Rivas</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2010
Mailing Address 112 Miranda Road		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.28134</b>
City Cadiz	State KY Zip Code 42211	
Purpose of Disbursement cleaning fee	Category/Type	
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)	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
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>SUBTOTAL</b> of Disbursements This Page (optional).....	612.52
<b>TOTAL</b> This Period (last page this line number only).....	3193.10

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. 116, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2010
Mailing Address 234 Third Street, NE		Amount of Each Disbursement this Period 159.80 <b>Transaction ID : SB21.27864</b>
City Washington	State DC	
Zip Code 20016	Purpose of Disbursement meal exp.	Category/ Type
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:	

Full Name (Last, First, Middle Initial) <b>B. American Viewpoint</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2010
Mailing Address 300 North Lee Street Suite 400		Amount of Each Disbursement this Period 16250.00 <b>Transaction ID : SB21.28126</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement survey	Category/ Type
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:	

Full Name (Last, First, Middle Initial) <b>c. Bank of Cadiz &amp; Trust Co</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2010
Mailing Address 2808 Ft Campbell Blvd		Amount of Each Disbursement this Period 8374.63 <b>Transaction ID : SB21.27867</b>
City Hopkinsville	State KY	
Zip Code 42240	Purpose of Disbursement credit card pymt.	Category/ Type
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>SUBTOTAL</b> of Disbursements This Page (optional).....	24784.43
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. House Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2010
Mailing Address US Capitol		Amount of Each Disbursement this Period 18.20
City Washington	State DC	
Zip Code 20045	Purpose of Disbursement gift	Transaction ID : SB21.27867.1
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. L.V. Harkness &amp; Co</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2010
Mailing Address 531 W. Short Street		Amount of Each Disbursement this Period 218.48
City Lexington	State KY	
Zip Code 40507	Purpose of Disbursement gift	Transaction ID : SB21.27867.2
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hertz Rent-A-Car Washington, DC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2010
Mailing Address Washington Nat'L Airport		Amount of Each Disbursement this Period 1097.26
City Washington	State DC	
Zip Code 20024	Purpose of Disbursement rental car	Transaction ID : SB21.27867.3
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. USAirways</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2010
Mailing Address P.O. Box 2502		Amount of Each Disbursement this Period 304.90
City Winston Salem	State NC	Zip Code 27102-2502
Purpose of Disbursement plane ticket	Transaction ID : SB21.27867.4	
Candidate Name	[MEMO ITEM]	
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:		

Full Name (Last, First, Middle Initial) <b>B. Charlie Palmer's</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2010
Mailing Address 101 Constitution Ave.		Amount of Each Disbursement this Period 306.75
City N.W. Washington	State DC	Zip Code 20001
Purpose of Disbursement meals	Transaction ID : SB21.27867.7	
Candidate Name	[MEMO ITEM]	
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:		

Full Name (Last, First, Middle Initial) <b>c. Alaska Air</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2010
Mailing Address P. O. Box 68900		Amount of Each Disbursement this Period 1036.40
City Seattle	State WA	Zip Code 98168
Purpose of Disbursement plane ticket	Transaction ID : SB21.27867.8	
Candidate Name	[MEMO ITEM]	
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>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 118
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Ristorante Tosca</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2010
Mailing Address 1112 F Street Northwest		Amount of Each Disbursement this Period 398.50
City Washington	State DC	
Zip Code 20004-1308	Purpose of Disbursement meals	Transaction ID : SB21.27867.10
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Host</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2010
Mailing Address Rayburn Office Building Room 2411		Amount of Each Disbursement this Period 1409.82
City Washington	State DC	
Zip Code 20215	Purpose of Disbursement meals	Transaction ID : SB21.27867.11
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Grille</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2010
Mailing Address 601 Pennsylvania Ave., NW		Amount of Each Disbursement this Period 1800.00
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement meals	Transaction ID : SB21.27867.13
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Greenbrier, The</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2010
Mailing Address 300 West Main		Amount of Each Disbursement this Period 1476.81
City WhiteSulphurSpring	State WV	
Zip Code 24986	Purpose of Disbursement hotel stay	Transaction ID : SB21.27867.14
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bank of Cadiz &amp; Trust Co</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2010
Mailing Address 2808 Ft Campbell Blvd		Amount of Each Disbursement this Period 1966.53
City Hopkinsville	State KY	
Zip Code 42240	Purpose of Disbursement CC payment	Transaction ID : SB21.28057
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. House Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2010
Mailing Address US Capitol		Amount of Each Disbursement this Period 90.00
City Washington	State DC	
Zip Code 20045	Purpose of Disbursement campaign gift	Transaction ID : SB21.28057.0
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1966.53
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Monocle on Capitol Hill</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2010
Mailing Address 107 D Street NE		Amount of Each Disbursement this Period 206.98
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement meal	Transaction ID : SB21.28057.1
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Clyde's Chevy Chase</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2010
Mailing Address 5441 Wisconsin Ave		Amount of Each Disbursement this Period 161.83
City Chevy Chase	State MD	
Zip Code 20815	Purpose of Disbursement meal	Transaction ID : SB21.28057.3
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Clyde's Chevy Chase</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2010
Mailing Address 5441 Wisconsin Ave		Amount of Each Disbursement this Period 106.86
City Chevy Chase	State MD	
Zip Code 20815	Purpose of Disbursement meal	Transaction ID : SB21.28057.4
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2010
Mailing Address P.O.Box 18000		Amount of Each Disbursement this Period 22.01
City Greenville	State SC	
Zip Code 29606-9000	Purpose of Disbursement conference call	Transaction ID : SB21.28057.5 <b>[MEMO ITEM]</b>
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. House Gift Shop</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2010
Mailing Address US Capitol		Amount of Each Disbursement this Period 28.18
City Washington	State DC	
Zip Code 20045	Purpose of Disbursement campaign gift exp	Transaction ID : SB21.28057.6 <b>[MEMO ITEM]</b>
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines Washington</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2010
Mailing Address 1629 K Street NW Suite		Amount of Each Disbursement this Period 277.90
City Washington	State DC	
Zip Code 20006	Purpose of Disbursement plane ticket	Transaction ID : SB21.28057.7 <b>[MEMO ITEM]</b>
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 <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines Washington</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2010
Mailing Address 1629 K Street NW Suite		Amount of Each Disbursement this Period 30.00
City Washington	State DC	
Zip Code 20006	Purpose of Disbursement luggage fee	Transaction ID : SB21.28057.8
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Enterprise Rent -A-Car</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2010
Mailing Address 2305 Ft Campbell Blvd		Amount of Each Disbursement this Period 434.94
City Hopkinsville	State KY	
Zip Code 42240	Purpose of Disbursement rental car fee	Transaction ID : SB21.28057.10
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Enterprise Rent -A-Car</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2010
Mailing Address 2305 Ft Campbell Blvd		Amount of Each Disbursement this Period 478.58
City Hopkinsville	State KY	
Zip Code 42240	Purpose of Disbursement rental car fee	Transaction ID : SB21.28057.11
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 118	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Bank of Cadiz &amp; Trust Co</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010
Mailing Address 2808 Ft Campbell Blvd		Amount of Each Disbursement this Period 2221.26
City Hopkinsville	State KY Zip Code 42240	
Purpose of Disbursement credit card pymt	Candidate Name	Transaction ID : SB21.28180
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines Washington</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010
Mailing Address 1629 K Street NW Suite		Amount of Each Disbursement this Period 325.40
City Washington	State DC Zip Code 20006	
Purpose of Disbursement plane flight	Candidate Name	Transaction ID : SB21.28180.1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Hertz Rent A Car</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010
Mailing Address One Terminal Dr Nashville Int'L Airport		Amount of Each Disbursement this Period 955.73
City Nashville	State TN Zip Code 37214	
Purpose of Disbursement one week rental	Candidate Name	Transaction ID : SB21.28180.2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2221.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Kemble Park Tavern</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010
Mailing Address 5125 MacArthur Boulevard Northwest		Amount of Each Disbursement this Period 000,000.00 103.37
City Washington State DC Zip Code 20016-3300	Purpose of Disbursement meals	
Candidate Name	Category/Type	Transaction ID : SB21.28180.3  [MEMO ITEM]
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:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES POLITICAL ACTION COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010
Mailing Address 1101 17 STREET N.W., SUITE 600		Amount of Each Disbursement this Period 000,000.00 83.00
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement handling fees	
Candidate Name	Category/Type	Transaction ID : SB21.28180.6  [MEMO ITEM]
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:		

Full Name (Last, First, Middle Initial) <b>c. Hertz Rent A Car</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010
Mailing Address One Terminal Dr Nashville Int'L Airport		Amount of Each Disbursement this Period 000,000.00 268.97
City Nashville State TN Zip Code 37214	Purpose of Disbursement rental car	
Candidate Name	Category/Type	Transaction ID : SB21.28180.9  [MEMO ITEM]
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>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. BB&amp;T Financial, FSB</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2010
Mailing Address PO Box 580435		Amount of Each Disbursement this Period 478.58
City Charlotte	State CA	
Zip Code 28258-0435	Purpose of Disbursement rental car	Transaction ID : SB21.27752
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BB&amp;T Financial, FSB</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2010
Mailing Address PO Box 580435		Amount of Each Disbursement this Period 63.90
City Charlotte	State CA	
Zip Code 28258-0435	Purpose of Disbursement service charge	Transaction ID : SB21.28235
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BB&amp;T Financial, FSB</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2010
Mailing Address PO Box 580435		Amount of Each Disbursement this Period 137.80
City Charlotte	State CA	
Zip Code 28258-0435	Purpose of Disbursement harland checks	Transaction ID : SB21.28244
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 <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	680.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 118
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. BB&amp;T Financial, FSB</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2010
Mailing Address PO Box 580435		Amount of Each Disbursement this Period 107.22 <b>Transaction ID : SB21.27865</b>
City Charlotte	State CA	
Zip Code 28258-0435	Purpose of Disbursement FTD payment	Category/ Type
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:	

Full Name (Last, First, Middle Initial) <b>B. BB&amp;T Financial, FSB</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2010
Mailing Address PO Box 580435		Amount of Each Disbursement this Period 48.08 <b>Transaction ID : SB21.28236</b>
City Charlotte	State CA	
Zip Code 28258-0435	Purpose of Disbursement service charge	Category/ Type
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:	

Full Name (Last, First, Middle Initial) <b>C. BB&amp;T Financial, FSB</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2010
Mailing Address PO Box 580435		Amount of Each Disbursement this Period 120.98 <b>Transaction ID : SB21.28125</b>
City Charlotte	State CA	
Zip Code 28258-0435	Purpose of Disbursement FTD 07.10	Category/ Type
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>SUBTOTAL</b> of Disbursements This Page (optional).....	276.28
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. BB&amp;T Financial, FSB</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2010
Mailing Address PO Box 580435		Amount of Each Disbursement this Period 222.52
City Charlotte	State CA	
Zip Code 28258-0435	Purpose of Disbursement reimbursement	Transaction ID : SB21.28129
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Enterprise Rent -A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2010
Mailing Address 2305 Ft Campbell Blvd		Amount of Each Disbursement this Period 165.30
City Hopkinsville	State KY	
Zip Code 42240	Purpose of Disbursement car rental	Transaction ID : SB21.28129.0
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. FedEx Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2010
Mailing Address 101 Constitution Avenue N.W. Suite 801 E		Amount of Each Disbursement this Period 48.33
City Washington	State DC	
Zip Code 20510	Purpose of Disbursement shipping	Transaction ID : SB21.28129.1
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	222.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 118
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. BB&amp;T Financial, FSB</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2010
Mailing Address PO Box 580435		Amount of Each Disbursement this Period 8.89
City Charlotte	State CA	
Zip Code 28258-0435	Purpose of Disbursement interest fee	Transaction ID : <b>SB21.28129.2</b>
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BB&amp;T Financial, FSB</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2010
Mailing Address PO Box 580435		Amount of Each Disbursement this Period 16.12
City Charlotte	State CA	
Zip Code 28258-0435	Purpose of Disbursement service charge	Transaction ID : <b>SB21.28237</b>
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BB&amp;T Financial, FSB</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2010
Mailing Address PO Box 580435		Amount of Each Disbursement this Period 36.47
City Charlotte	State CA	
Zip Code 28258-0435	Purpose of Disbursement harland clarke checks	Transaction ID : <b>SB21.28245</b>
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 <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	52.59
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. BB&amp;T Financial, FSB</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2010
Mailing Address PO Box 580435		Amount of Each Disbursement this Period 124.04 <b>Transaction ID : SB21.28166</b>
City Charlotte	State CA	
Zip Code 28258-0435	Purpose of Disbursement FTD tax payment	Category/ Type
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:	

Full Name (Last, First, Middle Initial) <b>B. Boy Scouts of America</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2010
Mailing Address Medlock Bridge Road		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21.28161</b>
City Duluth	State GA	
Zip Code 30097	Purpose of Disbursement donation	Category/ Type
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:	

Full Name (Last, First, Middle Initial) <b>c. Business Card</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2010
Mailing Address P.O. Box 15469		Amount of Each Disbursement this Period 1315.60 <b>Transaction ID : SB21.28052</b>
City Wilmington	State DE	
Zip Code 19886	Purpose of Disbursement travel expense	Category/ Type
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>SUBTOTAL</b> of Disbursements This Page (optional).....	1939.64
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Calhoun &amp; Company, PLLC CPAs</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2010
Mailing Address 4537 Ft. Campbell Blvd Ste 101		Amount of Each Disbursement this Period 30.23 <b>Transaction ID : SB21.27755</b>
City Hopkinsville	State KY Zip Code 42240	
Purpose of Disbursement overnight package	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Calhoun &amp; Company, PLLC CPAs</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2010
Mailing Address 4537 Ft. Campbell Blvd Ste 101		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB21.27968</b>
City Hopkinsville	State KY Zip Code 42240	
Purpose of Disbursement July accting fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Calhoun &amp; Company, PLLC CPAs</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2010
Mailing Address 4537 Ft. Campbell Blvd Ste 101		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB21.27999</b>
City Hopkinsville	State KY Zip Code 42240	
Purpose of Disbursement August accting fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	530.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Calhoun &amp; Company, PLLC CPAs</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2010
Mailing Address 4537 Ft. Campbell Blvd Ste 101		Amount of Each Disbursement this Period 23.85 <b>Transaction ID : SB21.28048</b>
City Hopkinsville	State KY Zip Code 42240	
Purpose of Disbursement overnight shipping reimb.		Category/ Type
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:		

Full Name (Last, First, Middle Initial) <b>B. Calhoun &amp; Company, PLLC CPAs</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2010
Mailing Address 4537 Ft. Campbell Blvd Ste 101		Amount of Each Disbursement this Period 29.55 <b>Transaction ID : SB21.28133</b>
City Hopkinsville	State KY Zip Code 42240	
Purpose of Disbursement overnight shipping reimb		Category/ Type
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:		

Full Name (Last, First, Middle Initial) <b>c. Calhoun &amp; Company, PLLC CPAs</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2010
Mailing Address 4537 Ft. Campbell Blvd Ste 101		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB21.28135</b>
City Hopkinsville	State KY Zip Code 42240	
Purpose of Disbursement accounting fee		Category/ Type
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>SUBTOTAL</b> of Disbursements This Page (optional).....	303.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2010
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 50.31 <b>Transaction ID : SB21.28049</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement meal	
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2010
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 250.80 <b>Transaction ID : SB21.28233</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement meals	
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Christian County Humane Society</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2010
Mailing Address P.O.Box 1233		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : SB21.27756</b>
City Hopkinsville State KY Zip Code 42241-1233	Purpose of Disbursement donation	
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 <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	451.11
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. City of Hopkinsville</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2010
Mailing Address P. O. Box 707		Amount of Each Disbursement this Period 37.65 <b>Transaction ID : SB21.27877</b>
City Hopkinsville	State KY	
Zip Code 42241-0707	Purpose of Disbursement City tax pymt 06.10	Category/ Type
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:	

Full Name (Last, First, Middle Initial) <b>B. Cornerstone Information</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2010
Mailing Address 800 South Main Street		Amount of Each Disbursement this Period 32.50 <b>Transaction ID : SB21.28167</b>
City Hopkinsville	State KY	
Zip Code 42240	Purpose of Disbursement computer repair	Category/ Type
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:	

Full Name (Last, First, Middle Initial) <b>C. G &amp; S Embroidery &amp; Screenprinting</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2010
Mailing Address 7269 Princeton Road		Amount of Each Disbursement this Period 723.45 <b>Transaction ID : SB21.27966</b>
City Hopkinsville	State KY	
Zip Code 42240	Purpose of Disbursement campaign t-shirts	Category/ Type
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>SUBTOTAL</b> of Disbursements This Page (optional).....	793.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Greenbrier, The</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2010
Mailing Address 300 West Main		Amount of Each Disbursement this Period 7377.69 <b>Transaction ID : SB21.27875</b>
City WhiteSulphurSpring	State WV	
Zip Code 24986	Purpose of Disbursement fundraiser event exp.	Category/ Type
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:	

Full Name (Last, First, Middle Initial) <b>B. Habitat for Humanity</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2010
Mailing Address 43 South Dave St.		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB21.28162</b>
City Madisonville	State KY	
Zip Code 42431	Purpose of Disbursement donation	Category/ Type
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:	

Full Name (Last, First, Middle Initial) <b>c. Robert Hankins</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2010
Mailing Address P.O. BOX 189		Amount of Each Disbursement this Period 120.00 <b>Transaction ID : SB21.28202</b>
City MORGANTOWN	State KY	
Zip Code 42261	Purpose of Disbursement campaign work	Category/ Type
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>SUBTOTAL</b> of Disbursements This Page (optional).....	7797.69
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Robert Hankins</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2010
Mailing Address P.O. BOX 189		Amount of Each Disbursement this Period 42.38 <b>Transaction ID : SB21.28204</b>
City MORGANTOWN	State KY	
Zip Code 42261	Purpose of Disbursement campaign reimbursement	Category/ Type
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:	

Full Name (Last, First, Middle Initial) <b>B. Robert Hankins</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2010
Mailing Address P.O. BOX 189		Amount of Each Disbursement this Period 120.00 <b>Transaction ID : SB21.28226</b>
City MORGANTOWN	State KY	
Zip Code 42261	Purpose of Disbursement campaign work	Category/ Type
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:	

Full Name (Last, First, Middle Initial) <b>c. Robert Hankins</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2010
Mailing Address P.O. BOX 189		Amount of Each Disbursement this Period 31.79 <b>Transaction ID : SB21.28227</b>
City MORGANTOWN	State KY	
Zip Code 42261	Purpose of Disbursement campaign work	Category/ Type
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>SUBTOTAL</b> of Disbursements This Page (optional).....	194.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 118
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Stefanie Hasert</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2010
Mailing Address 207 Fairfax Avenue		Amount of Each Disbursement this Period 158.99 <b>Transaction ID : SB21.28054</b>
City Hopkinsville	State KY Zip Code 42240	
Purpose of Disbursement computer repair	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hopkinsville Electric System</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
Mailing Address 1820 East 9th Street P. O. Box 728		Amount of Each Disbursement this Period 104.61 <b>Transaction ID : SB21.28219</b>
City Hopkinsville	State KY Zip Code 42241-0728	
Purpose of Disbursement utility	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. johnboyproductions.com</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2010
Mailing Address 318 N 7th Street		Amount of Each Disbursement this Period 2200.00 <b>Transaction ID : SB21.28164</b>
City Murray	State KY Zip Code 42071	
Purpose of Disbursement webhosting fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2463.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 91 OF 118	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Kentucky Moving &amp; Storage Services, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2010
Mailing Address PO Box 373 120 Indian Trail		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB21.27989</b>
City Hopkinsville	State KY Zip Code 42241-0373	
Purpose of Disbursement rent	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. Kentucky New Era</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
Mailing Address 1618 E 9th Street		Amount of Each Disbursement this Period 330.00 <b>Transaction ID : SB21.28215</b>
City Hopkinsville	State KY Zip Code 42240	
Purpose of Disbursement advertising donation	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>c. Majority Committee PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2010
Mailing Address P.O. BOX 10134		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB21.27996</b>
City Bakersfield	State CA Zip Code 93389	
Purpose of Disbursement excess funds transfer	Category/Type	
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>SUBTOTAL</b> of Disbursements This Page (optional) .....	3030.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2010
Mailing Address 320 FIRST STREET		Amount of Each Disbursement this Period 50000.00 <b>Transaction ID : SB21.28122</b>
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement disbursement of excess funds	
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NewWave Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2010
Mailing Address P.O. Box 988		Amount of Each Disbursement this Period 39.99 <b>Transaction ID : SB21.28239</b>
City Sikeston State MO Zip Code 63801	Purpose of Disbursement utility	
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NewWave Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2010
Mailing Address P.O. Box 988		Amount of Each Disbursement this Period 39.99 <b>Transaction ID : SB21.28240</b>
City Sikeston State MO Zip Code 63801	Purpose of Disbursement utility	
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 <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	50079.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Norlight, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2010
Mailing Address P.O. Box 740094		Amount of Each Disbursement this Period 120.01 <b>Transaction ID : SB21.28127</b>
City Cincinnati	State OH Zip Code 45274-0094	
Purpose of Disbursement utility	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PayPal, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2010
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB21.28238</b>
City Omaha	State NE Zip Code 68145	
Purpose of Disbursement fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. PayPal, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2010
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB21.27771</b>
City Omaha	State NE Zip Code 68145	
Purpose of Disbursement monthly fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	180.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. PayPal, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 15.80
City Omaha	State NE	
Zip Code 68145	Purpose of Disbursement CC contrib. fee - Kalyan Krishnan	Transaction ID : SB21.27883
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PayPal, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 31.30
City Omaha	State NE	
Zip Code 68145	Purpose of Disbursement CC Contrib. fee - Aaron Calodney	Transaction ID : SB21.27885
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PayPal, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 74.70
City Omaha	State NE	
Zip Code 68145	Purpose of Disbursement CC contrib. fee - David Schultz	Transaction ID : SB21.27887
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 <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	121.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. PayPal, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 31.30
City Omaha	State NE	
Zip Code 68145	Purpose of Disbursement CC Contrib. fee - Vijay Singh	Transaction ID : SB21.27889
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PayPal, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 3.20
City Omaha	State NE	
Zip Code 68145	Purpose of Disbursement CC Contrib. fee - Ripu Arora	Transaction ID : SB21.27892
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PayPal, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 9.60
City Omaha	State NE	
Zip Code 68145	Purpose of Disbursement CC Contrib. fee - Magdalena Kerschner	Transaction ID : SB21.27902
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 <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	44.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. PayPal, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 62.30
City Omaha	State NE	
Zip Code 68145	Category/ Type	<b>Transaction ID : SB21.27904</b>
Purpose of Disbursement CC Contrib. fee - Sairam Atluri		
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:		

Full Name (Last, First, Middle Initial) <b>B. PayPal, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 74.70
City Omaha	State NE	
Zip Code 68145	Category/ Type	<b>Transaction ID : SB21.27906</b>
Purpose of Disbursement CC Contrib. fee - David Bryce		
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:		

Full Name (Last, First, Middle Initial) <b>C. PayPal, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 62.30
City Omaha	State NE	
Zip Code 68145	Category/ Type	<b>Transaction ID : SB21.27908</b>
Purpose of Disbursement CC Contrib. fee - Standiford Helm		
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>SUBTOTAL</b> of Disbursements This Page (optional).....	199.30
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. PayPal, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 74.70
City Omaha	State NE	
Zip Code 68145	Purpose of Disbursement CC Contrib. fee - Vidyasogor Pampati	Transaction ID : SB21.27912
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PayPal, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 31.30
City Omaha	State NE	
Zip Code 68145	Purpose of Disbursement CC Contrib. fee - Mayo Friedlis	Transaction ID : SB21.27914
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PayPal, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 15.80
City Omaha	State NE	
Zip Code 68145	Purpose of Disbursement CC Contrib. fee - Xiulu Ruan	Transaction ID : SB21.27917
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 <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	121.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. PayPal, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 15.80
City Omaha	State NE	
Zip Code 68145	Purpose of Disbursement CC Contrib. fee - Scott Glaser	Transaction ID : SB21.27919
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PayPal, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 74.70
City Omaha	State NE	
Zip Code 68145	Purpose of Disbursement CC Contrib. fee - Murali Manchikanti	Transaction ID : SB21.27921
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PayPal, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 74.70
City Omaha	State NE	
Zip Code 68145	Purpose of Disbursement CC Contrib. fee - Dermot More- O'Ferrall	Transaction ID : SB21.27928
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 <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	165.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 99 OF 118  
(check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. PayPal, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010	
Mailing Address P.O. Box 45950			Amount of Each Disbursement this Period 15.80 <b>Transaction ID : SB21.27930</b>	
City Omaha	State NE	Zip Code 68145		
Purpose of Disbursement CC Contrib. fee - Gabor Racz				
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:			

Full Name (Last, First, Middle Initial) <b>B. PayPal, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010	
Mailing Address P.O. Box 45950			Amount of Each Disbursement this Period 23.55 <b>Transaction ID : SB21.27932</b>	
City Omaha	State NE	Zip Code 68145		
Purpose of Disbursement CC Contrib. fee - David Kloth				
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:			

Full Name (Last, First, Middle Initial) <b>C. PayPal, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010	
Mailing Address P.O. Box 45950			Amount of Each Disbursement this Period 31.30 <b>Transaction ID : SB21.27934</b>	
City Omaha	State NE	Zip Code 68145		
Purpose of Disbursement CC Contrib. fee - Jimmy Ponder				
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>SUBTOTAL</b> of Disbursements This Page (optional) .....	70.65
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. PayPal, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 74.70
City Omaha	State NE	
Zip Code 68145	Purpose of Disbursement CC Contrib. fee - Allen Parr	<b>Transaction ID : SB21.27936</b>
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PayPal, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2010
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 30.00
City Omaha	State NE	
Zip Code 68145	Purpose of Disbursement monthly fee	<b>Transaction ID : SB21.27998</b>
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PayPal, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 30.00
City Omaha	State NE	
Zip Code 68145	Purpose of Disbursement monthly fee	<b>Transaction ID : SB21.28216</b>
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 <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	134.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. PayPal, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 1.03 <b>Transaction ID : SB21.28224</b>
City Omaha	State NE	
Purpose of Disbursement CC Contribution fee - William Poquette		Category/ Type
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: _____	

Full Name (Last, First, Middle Initial) <b>B. PayPal, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2010
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 1.03 <b>Transaction ID : SB21.28263</b>
City Omaha	State NE	
Purpose of Disbursement cc contrib. fee - Nicholas Rodman		Category/ Type
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: _____	

Full Name (Last, First, Middle Initial) <b>C. PayPal, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2010
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 1.03 <b>Transaction ID : SB21.28264</b>
City Omaha	State NE	
Purpose of Disbursement cc contrib. fee - Sheldon Booze		Category/ Type
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>SUBTOTAL</b> of Disbursements This Page (optional).....	3.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. REC Properties, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2010
Mailing Address 16 11 South Main St Croft Bldg Suite 1		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB21.27990</b>
City Hopkinsville	State KY Zip Code 42240	
Purpose of Disbursement office rent	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. REPUBLICAN PARTY OF KENTUCKY-FEDERAL ACCOUNT</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010
Mailing Address PO BOX 1068		Amount of Each Disbursement this Period 20000.00 <b>Transaction ID : SB21.28196</b>
City FRANKFORT	State KY Zip Code 40602	
Purpose of Disbursement transfer of excess funds	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. REPUBLICAN PARTY OF KENTUCKY-FEDERAL ACCOUNT</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2010
Mailing Address PO BOX 1068		Amount of Each Disbursement this Period 6500.00 <b>Transaction ID : SB21.28203</b>
City FRANKFORT	State KY Zip Code 40602	
Purpose of Disbursement transfer of excess funds	Category/Type	
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>SUBTOTAL</b> of Disbursements This Page (optional).....	26900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Anita C. Rittenhouse</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2010
Mailing Address 206 Apache Drive		Amount of Each Disbursement this Period 80.00 <b>Transaction ID : SB21.27754</b>
City Hopkinsville	State KY Zip Code 42240	
Purpose of Disbursement stamps	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Anita C. Rittenhouse</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2010
Mailing Address 206 Apache Drive		Amount of Each Disbursement this Period 8.00 <b>Transaction ID : SB21.27834</b>
City Hopkinsville	State KY Zip Code 42240	
Purpose of Disbursement postage	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mr. Roberto Rivas</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2010
Mailing Address 112 Miranda Road		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB21.27969</b>
City Cadiz	State KY Zip Code 42211	
Purpose of Disbursement custodian	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	138.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Mr. Roberto Rivas</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
Mailing Address 112 Miranda Road		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB21.28295</b>
City Cadiz	State KY	
Zip Code 42211	Purpose of Disbursement custodian fee	Category/ Type
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:	

Full Name (Last, First, Middle Initial) <b>B. Senate Republican Trust</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010
Mailing Address P.O. Box 1068		Amount of Each Disbursement this Period 30000.00 <b>Transaction ID : SB21.28199</b>
City Frankfort	State KY	
Zip Code 40602	Purpose of Disbursement transfer of excess funds	Category/ Type
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:	

Full Name (Last, First, Middle Initial) <b>C. Southern Printing, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2010
Mailing Address 100 Burley Ave		Amount of Each Disbursement this Period 174.90 <b>Transaction ID : SB21.27829</b>
City Hopkinsville	State KY	
Zip Code 42240	Purpose of Disbursement office paper	Category/ Type
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>SUBTOTAL</b> of Disbursements This Page (optional).....	30224.90
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 118	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Southern Printing, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2010	
Mailing Address 100 Burley Ave			Amount of Each Disbursement this Period 218.36	
City Hopkinsville	State KY	Zip Code 42240	Transaction ID : SB21.27991	
Purpose of Disbursement fundraiser invitation		Category/ Type		
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:				

Full Name (Last, First, Middle Initial) <b>B. Spalding Groupe</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2010	
Mailing Address 2306 Frankfort Avenue			Amount of Each Disbursement this Period 3899.46	
City Louisville	State KY	Zip Code 40206	Transaction ID : SB21.28228	
Purpose of Disbursement campaign expense		Category/ Type		
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:				

Full Name (Last, First, Middle Initial) <b>c. The Gula Graham Group</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2010	
Mailing Address 700 12th St. NW, Ste 700			Amount of Each Disbursement this Period 2746.70	
City Washington	State DC	Zip Code 20005	Transaction ID : SB21.27758	
Purpose of Disbursement campaign expense		Category/ Type		
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>SUBTOTAL</b> of Disbursements This Page (optional).....	6864.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Complete Campaigns</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2010
Mailing Address 3635 Ruffin Rd. 3rd floor		Amount of Each Disbursement this Period 115.00
City San Diego State CA Zip Code 92123	Purpose of Disbursement email / fax	Transaction ID : <b>SB21.27758.0</b>  <b>[MEMO ITEM]</b>
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2010
Mailing Address 222 SOUTH PROSPECT AVE C/O FINANCE DEPARTMENT		Amount of Each Disbursement this Period 300.00
City PARK RIDGE State IL Zip Code 60068	Purpose of Disbursement room rental	Transaction ID : <b>SB21.27758.1</b>  <b>[MEMO ITEM]</b>
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. VENABLE LAW FIRM</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2010
Mailing Address 575 7th st. , NW		Amount of Each Disbursement this Period 247.16
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement event exp	Transaction ID : <b>SB21.27758.2</b>  <b>[MEMO ITEM]</b>
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 <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 118	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Art &amp; Soul</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2010
Mailing Address 415 New Jersey Ave. , NW		Amount of Each Disbursement this Period 250.00
City washington	State DC	
Zip Code 20001	Purpose of Disbursement event exp	Transaction ID : SB21.27758.3
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Grille</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2010
Mailing Address 601 Pennsylvania Ave., NW		Amount of Each Disbursement this Period 1465.15
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement event exp	Transaction ID : SB21.27758.4
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Charlie Palmer's</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2010
Mailing Address 101 Constitution Ave.		Amount of Each Disbursement this Period 204.27
City N.W. Washington	State DC	
Zip Code 20001	Purpose of Disbursement event exp	Transaction ID : SB21.27758.5
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 OF 118	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Corner Bakery</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2010
Mailing Address 50 Massachusetts Ave. NE		Amount of Each Disbursement this Period 165.12
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement event exp.	Transaction ID : SB21.27758.6
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Gula Graham Group</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2010
Mailing Address 700 12th St. NW, Ste 700		Amount of Each Disbursement this Period 17435.00
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement 2nd QTR fundraising commisson for target research, phone calls,solicitation mailings, special events	Transaction ID : SB21.27876
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Gula Graham Group</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2010
Mailing Address 700 12th St. NW, Ste 700		Amount of Each Disbursement this Period 3777.01
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement July campaign expenses	Transaction ID : SB21.27975
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 <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	21212.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Complete Campaigns</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2010
Mailing Address 3635 Ruffin Rd. 3rd floor		Amount of Each Disbursement this Period 115.00
City San Diego	State CA	
Zip Code 92123	Purpose of Disbursement fax/email exp	Transaction ID : SB21.27975.0
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FedEx Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2010
Mailing Address 101 Constitution Avenue N.W. Suite 801 E		Amount of Each Disbursement this Period 26.18
City Washington	State DC	
Zip Code 20510	Purpose of Disbursement shipping	Transaction ID : SB21.27975.1
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2010
Mailing Address 2300 WILSON BLVD. SUITE 400		Amount of Each Disbursement this Period 150.00
City ARLINGTON	State VA	
Zip Code 22201	Purpose of Disbursement room exp.	Transaction ID : SB21.27975.2
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. FedEx Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2010
Mailing Address 101 Constitution Avenue N.W. Suite 801 E		Amount of Each Disbursement this Period 25.70
City Washington	State DC	
Zip Code 20510	Purpose of Disbursement shipping	Transaction ID : SB21.27975.3
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2010
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 15.58
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement event exp	Transaction ID : SB21.27975.4
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Art &amp; Soul</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2010
Mailing Address 415 New Jersey Ave. , NW		Amount of Each Disbursement this Period 528.00
City washington	State DC	
Zip Code 20001	Purpose of Disbursement event exp	Transaction ID : SB21.27975.5
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 118
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Sonoma Washington</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2010
Mailing Address 223 Pennsylvania Ave., SE		Amount of Each Disbursement this Period 638.40
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement event exp.	Transaction ID : SB21.27975.6
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Grille</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2010
Mailing Address 601 Pennsylvania Ave., NW		Amount of Each Disbursement this Period 578.78
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement event exp.	Transaction ID : SB21.27975.7
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Grille</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2010
Mailing Address 601 Pennsylvania Ave., NW		Amount of Each Disbursement this Period 869.90
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement event exp.	Transaction ID : SB21.27975.8
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. 1st &amp; Fresh Catering</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2010		
Mailing Address 1327 Kenilworth Ave., NE			Amount of Each Disbursement this Period 273.78		
City Washington	State DC	Zip Code 20019	Transaction ID : SB21.27975.9		
Purpose of Disbursement event exp		Category/ Type	[MEMO ITEM]		
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: _____				

Full Name (Last, First, Middle Initial) <b>B. Congressional Liquors</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2010		
Mailing Address 3435 Connecticut Ave., NW			Amount of Each Disbursement this Period 67.21		
City Washington	State DC	Zip Code 20008	Transaction ID : SB21.27975.10		
Purpose of Disbursement event exp		Category/ Type	[MEMO ITEM]		
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: _____				

Full Name (Last, First, Middle Initial) <b>c. Charlie Palmer's</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2010		
Mailing Address 101 Constitution Ave.			Amount of Each Disbursement this Period 488.48		
City N.W. Washington	State DC	Zip Code 20001	Transaction ID : SB21.27975.11		
Purpose of Disbursement event exp		Category/ Type	[MEMO ITEM]		
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>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. The Gula Graham Group</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2010		
Mailing Address 700 12th St. NW, Ste 700			Amount of Each Disbursement this Period 500.41		
City Washington	State DC	Zip Code 20005	Transaction ID : SB21.28173		
Purpose of Disbursement august campaign expenses		Category/ Type			
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: _____					

Full Name (Last, First, Middle Initial) <b>B. Complete Campaigns</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2010		
Mailing Address 3635 Ruffin Rd. 3rd floor			Amount of Each Disbursement this Period 85.00		
City San Diego	State CA	Zip Code 92123	Transaction ID : SB21.28173.0		
Purpose of Disbursement e-mail/fax expenses		Category/ Type	[MEMO ITEM]		
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: _____					

Full Name (Last, First, Middle Initial) <b>C. Seasons Culinary</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2010		
Mailing Address 715 Princess Street			Amount of Each Disbursement this Period 299.97		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SB21.28173.2		
Purpose of Disbursement event expenses		Category/ Type	[MEMO ITEM]		
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>SUBTOTAL</b> of Disbursements This Page (optional).....	500.41
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. The Patriot Guard</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2010
Mailing Address 70 Skyline Drive		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB21.28230</b>
City Murray	State KY	
Zip Code 42071	Purpose of Disbursement donation	Category/ Type
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:	

Full Name (Last, First, Middle Initial) <b>B. Todd County Standard</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2010
Mailing Address P. O. Box 308		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : SB21.27828</b>
City Elkton	State KY	
Zip Code 42220	Purpose of Disbursement grad ad.	Category/ Type
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:	

Full Name (Last, First, Middle Initial) <b>c. Tranquility Farm</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2010
Mailing Address P.O. BOX 210		Amount of Each Disbursement this Period 2400.00 <b>Transaction ID : SB21.27868</b>
City TEHACHAPI	State CA	
Zip Code 93581	Purpose of Disbursement donation	Category/ Type
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>SUBTOTAL</b> of Disbursements This Page (optional).....	2850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 115 OF 118	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Treasurer, KUI Fund</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2010
Mailing Address P.O. BOX 2003		Amount of Each Disbursement this Period 656.49 <b>Transaction ID : SB21.27881</b>
City FRANKFORT	State KY	
Zip Code 40602	Purpose of Disbursement KUI 2009 pymt	Category/ Type
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:	

Full Name (Last, First, Middle Initial) <b>B. United States Postal Service, Stamp Fulfillment Services</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2010
Mailing Address 8300 NE Underground Drive Pillar 210		Amount of Each Disbursement this Period 440.00 <b>Transaction ID : SB21.28179</b>
City Kansas City	State MO	
Zip Code 64144-0001	Purpose of Disbursement stamps	Category/ Type
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:	

Full Name (Last, First, Middle Initial) <b>c. West Kentucky Xerographics</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2010
Mailing Address 805 South Main Street		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : SB21.28050</b>
City Hopkinsville	State KY	
Zip Code 42240	Purpose of Disbursement copier rental	Category/ Type
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>SUBTOTAL</b> of Disbursements This Page (optional).....	1696.49
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 116 OF 118	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Edward Whitfield</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2010
Mailing Address 108 Alumni Ave		Amount of Each Disbursement this Period 832.40 <b>Transaction ID : SB21.27972</b>
City Hopkinsville	State KY Zip Code 42240	
Purpose of Disbursement reimbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Southwest Airlines Co</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2010
Mailing Address P.O. Box 36647 Love Field		Amount of Each Disbursement this Period 832.40 <b>Transaction ID : SB21.27972.0</b> <b>[MEMO ITEM]</b>
City Dallas	State TX Zip Code 75235-1647	
Purpose of Disbursement plane ticket	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WAYNE EDWARD WHITFIELD</b>		Date of Disbursement MM / DD / YYYY 09 / 13 / 2010
Mailing Address 108 ALUMNI AVENUE		Amount of Each Disbursement this Period 341.36 <b>Transaction ID : SB21.28201</b>
City HOPKINSVILLE	State KY Zip Code 42240	
Purpose of Disbursement campaign reimbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: KY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1173.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. UPS Store - # 3953</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010
Mailing Address 4044 Fort Campbell Blvd.		Amount of Each Disbursement this Period 13.87
City Hopkinsville	State KY	
Zip Code 42240		[MEMO ITEM]
Purpose of Disbursement postage	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. USAirways</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010
Mailing Address P.O. Box 2502		Amount of Each Disbursement this Period 100.00
City Winston Salem	State NC	
Zip Code 27102-2502		[MEMO ITEM]
Purpose of Disbursement plane fee	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Grille</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010
Mailing Address 601 Pennsylvania Ave., NW		Amount of Each Disbursement this Period 36.90
City Washington	State DC	
Zip Code 20004		[MEMO ITEM]
Purpose of Disbursement meals	Category/ Type	
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>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 118			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. WAYNE EDWARD WHITFIELD</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2010
Mailing Address 108 ALUMNI AVENUE		Amount of Each Disbursement this Period 141.87
City HOPKINSVILLE	State KY	
Zip Code 42240	Purpose of Disbursement campaign reimb.	Transaction ID : SB21.28229
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: KY	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Kemble Park Tavern</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2010
Mailing Address 5125 MacArthur Boulevard Northwest		Amount of Each Disbursement this Period 62.69
City Washington	State DC	
Zip Code 20016-3300	Purpose of Disbursement meal	Transaction ID : SB21.28229.1
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 <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. WYMC Radio 1430 AM</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2010
Mailing Address P.O. Box V 197 WYMC Road		Amount of Each Disbursement this Period 250.00
City Mayfield	State KY	
Zip Code 42066	Purpose of Disbursement advertising	Transaction ID : SB21.28178
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 <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	391.87
<b>TOTAL</b> This Period (last page this line number only).....	190779.92