

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Sarah PAC

ADDRESS (number and street)

PO Box 7711

☐Check if different  
than previously  
reported. (ACC)

Arlington

VA

22207

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00458588

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☒July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2010

through

06

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

Timothy Crawford

Signature of Treasurer

Electronically Filed by Timothy Crawford

Date

04

07

2011

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

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

A. Form/Schedule : **F3XA**  
Transaction ID :

This corrects designation of 6/24/2010 Koster for congress contribution from General to Primary.

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Sarah PAC

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	928436.61
(b) Cash on Hand at Beginning of Reporting Period .....	916480.15	
(c) Total Receipts (from Line 19) .....	865815.42	1266297.37
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1782295.57	2194733.98
7. Total Disbursements (from Line 31) .....	742334.31	1154772.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1039961.26	1039961.26
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Sarah PAC

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) .....	201015.00	395576.51
(ii) Unitemized .....	658800.42	862720.86
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	859815.42	1258297.37
(b) Political Party Committees .....	5000.00	5000.00
(c) Other Political Committees (such as PACs) .....	1000.00	3000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	865815.42	1266297.37
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	865815.42	1266297.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	865815.42	1266297.37

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	654584.31	1057522.72	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	654584.31	1057522.72	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	82500.00	92000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	250.00	250.00	
(b) Political Party Committees .....	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	250.00	250.00	
29. Other Disbursements.....	5000.00	5000.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	742334.31	1154772.72	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	742334.31	1154772.72	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	865815.42	1266297.37
34. Total Contribution Refunds (from Line 28(d)) .....	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	865565.42	1266047.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	654584.31	1057522.72
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	654584.31	1057522.72

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

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

FOR LINE NUMBER: PAGE 7 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

George Maxwell

Mailing Address 7740 Country Creek Dr.

City

Longmont

State

CO

Zip Code

80503-7228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: A61ED82B06CAB4EC0A25

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Lindsay Janeway

Mailing Address 4 Gillingham Court

City

Owings Mills

State

MD

Zip Code

21117-2254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Financial Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: A2F30864194BF4B3D992

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Bruce Baldwin, PC

Mailing Address 8150 N Central Expy Ste 100

City

Dallas

State

TX

Zip Code

75206-1805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: AC297431EBECF4C28BFA

Amount of Each Receipt this Period

500.00

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Glenn W Coberly

Mailing Address 696 County Road 54

City

Gove

State

KS

Zip Code

67736-6021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Farmer / Rancher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: A38EB09DCC659407A888

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Jacob Giardina

Mailing Address 212 Rue Colette

City

Thibodaux

State

LA

Zip Code

70301-3890

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: A64E2A21BDC704D5DB6D

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

James Hooten

Mailing Address 7939 Atwater Ln

City

Memphis

State

TN

Zip Code

38119-9189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
phm

Occupation

Courier

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: AAC8C105FDCD9413A8FC

Amount of Each Receipt this Period

1000.00

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

6350.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert B Allan

Mailing Address 26760 St Francis Drive

City

Los Altos Hills

State

CA

Zip Code

94022-1911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A19935A8420EB4791894

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Samuel Langberg, Trustee

Mailing Address 10114 Empyrean Way Apt 201

City

Los Angeles

State

CA

Zip Code

90067-3808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A12E39E63B6FD4BF1BC4

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Andie Bollinger

Mailing Address 212 Rue Colette

City

Thibodaux

State

LA

Zip Code

70301-3890

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
na

Occupation  
NA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: A2497EF6BDB5F4914927

Amount of Each Receipt this Period

5000.00

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

5350.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Charles Black

Mailing Address 11821 Cassandra St. Unit 201

City

New Port Richey

State

FL

Zip Code

34654-1536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N.A.

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: AD833A1E560B64E77BAD

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

David J Walter

Mailing Address PO Box 410

City

Coppell

State

TX

Zip Code

75019-0410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Primary Health Corp.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: AC4C5E2B5005B417BA2B

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gene Stunz

Mailing Address 255 S. Capitol Blvd. #1405

City

Boise

State

ID

Zip Code

83702-7292

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 1 0

Transaction ID: A1B5C0469CD814318995

Amount of Each Receipt this Period

100.00

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

5200.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Jerry Culbertson

Mailing Address P.O. Box 700

City

Roslyn

State

WA

Zip Code

98941-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
metal recycler

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.00

Date of Receipt

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

Transaction ID: A8CFD37D4780540CF974

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Jeanene Van Zandt

Mailing Address 4659 Poplar Wood Road

City

Smyrna

State

TN

Zip Code

37167-5712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
music publisher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: AA7FC07779EEB4D25A46

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

jo orzechowski

Mailing Address 2987 Franklin Oaks Dr

City

Herndon

State

VA

Zip Code

20171-2256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
homemaker

Occupation  
N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: A41389279A05648908B0

Amount of Each Receipt this Period

100.00

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

250.00

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

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

FOR LINE NUMBER: PAGE 12 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Diane Thilmont

Mailing Address 1924 S.W.21st Terrace

City

Miami

State

FL

Zip Code

33145-2612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

761.00

Date of Receipt

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

Transaction ID: A5FDFAF6B84D341D48B1

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

William Campbell

Mailing Address 10654 31st Ave SW

City

Seattle

State

WA

Zip Code

98146-1701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AEBC01F71920049D7AD3

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Nancy Windsor

Mailing Address 111 Crescent

City

Boonville

State

MO

Zip Code

65233-2408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PBMS, LLCOccupation  
Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A9F308C662E0344409C5

Amount of Each Receipt this Period

50.00

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

325.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

William Ritchie

Mailing Address 5302 Brookeway Dr

City

Bethesda

State

MD

Zip Code

20816-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A99052F96859F48C7BFD

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Gloria Williams

Mailing Address 1738 Balsam Ave

City

Kissimmee

State

FL

Zip Code

34758-2346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: AA563227FE1214B76B00

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Gloria Williams

Mailing Address 1738 Balsam Ave

City

Kissimmee

State

FL

Zip Code

34758-2346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: AE94CF4C65B4F44AFB8F

Amount of Each Receipt this Period

25.00

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Cline Handy

Mailing Address 1841 Amalfi Dr.

City

Encinitas

State

CA

Zip Code

92024-1285

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: AA5ADEE5494964366B98

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

edmund R kaim

Mailing Address 2017 merrimac dr

City

Stafford

State

VA

Zip Code

22554-2308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A093C0B66D55D4AC4A15

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Christopher May

Mailing Address 14627 E. Paradise Dr.

City

Fountain Hills

State

AZ

Zip Code

85268-6157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southwest Diagnostic Imag-  
ing

Occupation  
radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: A086E77EE60304A5FA2A

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Delbert Driskill

Mailing Address 5714 Gabor Drive

City

San Antonio

State

TX

Zip Code

78240-3407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired Admin-Providence HS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: ADC9C0298C3554135A4E

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Donna Matthews

Mailing Address 5409 Paseo Orlando

City

Santa Barbara

State

CA

Zip Code

93111-1130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Matthews & Company, CPA

Occupation

Certified Public & Forensic Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A0970278A1E9648728F8

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Frank Whitcomb

Mailing Address 354 Bay Point Rd.

City

Sunapee

State

NH

Zip Code

03782-2300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frank W. Whitcomb Const.  
Corp.

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: AA7AF9C7142C946078B1

Amount of Each Receipt this Period

250.00

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

jon sprinkle

Mailing Address 299 jewel rd

City

Lufkin

State

TX

Zip Code

75904-8416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sound Techs

Occupation  
Eng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A9C49B9E416EB4D7BAAE

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Gunnvor Tveidt

Mailing Address 4114 198th St SW

City

Lynnwood

State

WA

Zip Code

98036-6742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Human Resources / Recruiting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A56B1C5C663834B549D1

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

drew sikorski

Mailing Address 4637 willowgrove Drive

City

Ellicott City

State

MD

Zip Code

21042-5947

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Home Builder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: AE20E6917A330401999A

Amount of Each Receipt this Period

100.00

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

300.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Paul Dickson

Mailing Address PO Box 51367

City

Shreveport

State

LA

Zip Code

71135-1367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morris & Dickson Co.

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: A0E6DB078737646E5AB4

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

george sickler

Mailing Address 1110 marshall road

City

Greenwood

State

SC

Zip Code

29646-4216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: A36231884FB6C498FA11

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

RONALD CRESSWELL

Mailing Address 1968 BOULDER DR

City

Ann Arbor

State

MI

Zip Code

48104-4164

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: AB992DEDA0A20407CA10

Amount of Each Receipt this Period

100.00

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

5150.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

mike speeney

Mailing Address 855 tower view circle

City

New Hope

State

PA

Zip Code

18938-9400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Presto tape co

Occupation

Business Owner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: AB66A741DE19E43B88B0

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Susan Myshka

Mailing Address 2817 South Caraway Rd

City

Jonesboro

State

AR

Zip Code

72401-7305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Myshka Clinic, PS

Occupation

chiropractor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: A9AB77D3A4A7A4DA0B1F

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David Carr

Mailing Address P O Box 574

City

Junction City

State

KS

Zip Code

66441-0574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 6 / 2 0 1 0

Transaction ID: A35735296E52C4316821

Amount of Each Receipt this Period

500.00

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

700.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Calvin Yaden

Mailing Address 2976 East 7th Street

City

Oakland

State

CA

Zip Code

94601-2834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
NA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 6 / 2 0 1 0

Transaction ID: A0227CCE33DD54D8186D

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert S Kramer

Mailing Address 1233 N Gulfstream Ave. Unit 1403

City

Sarasota

State

FL

Zip Code

34236-8958

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 6 / 2 0 1 0

Transaction ID: A626B7A603A5A4F8E9F0

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

herbert moore

Mailing Address 2515 Cornell Dr.

City

Roanoke

State

VA

Zip Code

24012-2707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AECOM

Occupation  
Professional Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 6 / 2 0 1 0

Transaction ID: AF29486D21CE843D0847

Amount of Each Receipt this Period

500.00

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

1100.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Hollis M Kelly

Mailing Address 18811 Scenic Loop

City

Helotes

State

TX

Zip Code

78023-9260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fun Equipment Sales

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 1 0

Transaction ID: AE392DEC8275C4E4999D

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

David J Burt

Mailing Address 105 Lighthouse Dr

City

Jupiter

State

FL

Zip Code

33469-3511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suncrest Supply

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 1 0

Transaction ID: A4B483B39D2B544D19F5

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James McConnell Clark

Mailing Address 350 Seaspray Ave

City

Palm Beach

State

FL

Zip Code

33480-4231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 1 0

Transaction ID: A0EA73F889E1D4C2582D

Amount of Each Receipt this Period

500.00

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Brown

Mailing Address 49 Habersham Cove Dr.

City

Atlanta

State

GA

Zip Code

30305-5402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFL Resources

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 6 / 2 0 1 0

Transaction ID: AEED7C5A25B6D43EBB37

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Kenneth Corbin

Mailing Address P.O. Box 580

City

Iowa City

State

IA

Zip Code

52244-0580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Iowa

Occupation  
Medical Transcriptionist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 1 0

Transaction ID: ADD1AB259B4404529852

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Roger Haugo

Mailing Address 101 E 33rd St

City

Sioux Falls

State

SD

Zip Code

57105-4905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valley Exchange Bank

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A862A3DE8E81E43AA9A5

Amount of Each Receipt this Period

500.00

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

1300.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

IA Morris

Mailing Address 2867 Outlet Rd

City

Clifton Springs

State

NY

Zip Code

14432-9742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: ACCD72EFFFCE64EBE944

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Paul Sethna

Mailing Address 10622 Gawain Ln

City

Houston

State

TX

Zip Code

77024-5514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Exxon Mobil Corp

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: AF89076DB434B441A96C

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Robert W Coles

Mailing Address 2905 W Seltice Way

City

Post Falls

State

ID

Zip Code

83854-9330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Skyview Construction

Occupation  
construction

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A9290F224E64E4737964

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Tom Hurtt

Mailing Address PO Box 88

City

Hoople

State

ND

Zip Code

58243-0088

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hurtt Equipment

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AD62333F3E5AA4CA583F

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Guy J Spencer, Jr.

Mailing Address 46 Northampton Dr SE

City

Huntsville

State

AL

Zip Code

35801-2844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Spencer Cos.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A135856BB80A7401E854

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

William B Braun

Mailing Address 492 Mattingly Blvd

City

Cincinnati

State

OH

Zip Code

45233-1672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Invacare Corp.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A48AB4F19490E4A20B6B

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

FOR LINE NUMBER: PAGE 24 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Burton J. Simpson

Mailing Address 105 Brazilnut Ct.

City

Las Vegas

State

NV

Zip Code

89145-4235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: AA6A777E9F2514360A27

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Calvin D. Kyllonen

Mailing Address 411 Castlecrest Dr

City

Spring Creek

State

NV

Zip Code

89815-6710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.00

Date of Receipt

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

Transaction ID: A725B2A9DD5A344C2B06

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

David R Voelker

Mailing Address 650 Poydras St.  
Suite 2830

City

New Orleans

State

LA

Zip Code

70130-7236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frantzen Volker Investmen-  
tsOccupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: A92F81E0AA1254F96A20

Amount of Each Receipt this Period

5000.00

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

6100.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Ronald Giancristofaro

Mailing Address 26 Lower Cross Rd.

City

Saddle River

State

NJ

Zip Code

07458-3207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UBS Financial Services In-  
c.

Occupation  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A2AE21C9A55684CCBAEC

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ontavus Thomas

Mailing Address 1752 Somerfield Lane

City

Crystal Lake

State

IL

Zip Code

60014-2040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance

Occupation  
Computer Network Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A8955DAA2DE4C4DEE831

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

christopher mancuso

Mailing Address 592 broadway  
#1 North

City

Menands

State

NY

Zip Code

12204-2826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
veteran

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AE2DDBE5E23EB4A368FA

Amount of Each Receipt this Period

250.00

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Richard T Hough

Mailing Address 1100 Pembridge Dr. Apt. 125

City

Lake Forest

State

IL

Zip Code

60045-4214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A09070A9A8E4644458B4

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Todd Driver

Mailing Address 22 Stonehaven Dr.

City

Jackson

State

TN

Zip Code

38305-1912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JM Pleasants

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A01634306D80146A194B

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas Marmon

Mailing Address 515 Sanctuary Ct

City

Ada

State

MI

Zip Code

49301-8784

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A60D83873E0014ED68C0

Amount of Each Receipt this Period

500.00

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

1800.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Marc Iverson

Mailing Address 6037 Sharon Rd

City

Charlotte

State

NC

Zip Code

28210-6827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
disabled

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A12C32186FA914DD4A7E

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Don Lieske II

Mailing Address 3226 Robinson

City

Missouri City

State

TX

Zip Code

77459-3247

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fluor Enterprises Inc.

Occupation  
Proj. Mgr. IV Construction

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A215360A4922F42FEA82

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Carolyn Gilmore

Mailing Address 28709 S Cafe Line Rd

City

Albany

State

LA

Zip Code

70711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gilmore and Sons

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: AA59538592659466087C

Amount of Each Receipt this Period

300.00

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

2300.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Sue Cannon

Mailing Address 6420 W Lakeridge Rd

City

Lakewood

State

CO

Zip Code

80227-3909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A1632EE4F231C478FBF0

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph F. Hradsky

Mailing Address 7810 Daniels Ave

City

Parkville

State

MD

Zip Code

21234-5834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: ADC6DA5830A8E43DC88F

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard A Baker

Mailing Address PO BOX 972

City

Lake Oswego

State

OR

Zip Code

97034-0107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: A63B0E51ED4ED4C499F8

Amount of Each Receipt this Period

150.00

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

1650.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard A Baker

Mailing Address PO BOX 972

City

Lake Oswego

State

OR

Zip Code

97034-0107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: AABEEA80DB0D84DE1B86

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Whitten

Mailing Address 1215 E. Allen Ave.

City

Glendora

State

CA

Zip Code

91740-5347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Iacera

Occupation  
Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A3A4F976E9C694FA2908

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Martha A. Dunn, MD

Mailing Address 320 Kings Mountain Rd

City

Woodside

State

CA

Zip Code

94062-3618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AFDAD5198D6524811A6D

Amount of Each Receipt this Period

250.00

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

900.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Francis A Davis

Mailing Address PO Box 1485

City

Shawnee

State

OK

Zip Code

74802-1485

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: ACE8BD69B902E4B4CBEE

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Quang Do

Mailing Address 3504 Canyon Rd.

City

Grand Prairie

State

TX

Zip Code

75052-7851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Quang Do

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: A307EE835BD884E2C8D7

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Dorothea E Matthews

Mailing Address 809 Lancaster Rd

City

Ridgefield

State

NJ

Zip Code

07657-2515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Credit Sites Inc.

Occupation  
Securities Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A00C635CB52BE41E3A76

Amount of Each Receipt this Period

500.00

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

1025.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Ida M Lightner

Mailing Address PO Box 797647

City

Dallas

State

TX

Zip Code

75379-7647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 0

Transaction ID: A86D8E30B45FC49389A3

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Judy Muzyczyn

Mailing Address 5402 Wedgewood Ln

City

Corpus Christi

State

TX

Zip Code

78411-4833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 0

Transaction ID: AFF0DEF4CE3DC4B1581A

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Eileen L Ryan

Mailing Address 7002 S 109th St

City

La Vista

State

NE

Zip Code

68128-5729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 0

Transaction ID: A84B1692FA5DB414FAE4

Amount of Each Receipt this Period

3000.00

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

3750.00

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

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

FOR LINE NUMBER: PAGE 32 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Henry W Logan, III

Mailing Address 13 Atwater Rd

City

Chadds Ford

State

PA

Zip Code

19317-9111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired Engineer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	0

Transaction ID: AC533D8AE61A34AC8BC1

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Oley F Hedrick

Mailing Address PO Box 463

City

Midland

State

TX

Zip Code

79702-0463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	0

Transaction ID: AA9D6B8F925DB4EA39F8

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. David J. French

Mailing Address 1445 Ravean Ct

City

Encinitas

State

CA

Zip Code

92024-6206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	0

Transaction ID: A95376FCA32EA4390B07

Amount of Each Receipt this Period

500.00

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

850.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

mary rickman

Mailing Address 1167 wiswell road

City

Murray

State

KY

Zip Code

42071-4480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A6D16708011E747A3BA8

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Carla Hampton

Mailing Address 9640 W. Mesa Vista Av

City

Las Vegas

State

NV

Zip Code

89148-4613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Perini Building Company

Occupation  
construction

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A01AB72792C814001A22

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Deborah Palmer

Mailing Address 775 Twin Oaks Drive Apt 4

City

Decatur

State

GA

Zip Code

30030-4027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pediatrix Medical Group

Occupation  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: AA89D912A9ED24718B69

Amount of Each Receipt this Period

500.00

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

David Hillyer

Mailing Address 119 Westwind Drive

City

Coppell

State

TX

Zip Code

75019-7359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A196323329B8645D4BD6

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

paul mccullough

Mailing Address 1334 jacobson blvd

City

Bremerton

State

WA

Zip Code

98310-5432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
retired surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A6177F263310449EE8B8

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Wesley Crawford

Mailing Address 2720 S. River Rd

City

West Lafayette

State

IN

Zip Code

47906-4347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Purdue University

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: A136ADF20F9A64F5FB14

Amount of Each Receipt this Period

100.00

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

1350.00

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

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

FOR LINE NUMBER: PAGE 35 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Angela Lindsey

Mailing Address 106 Mullen Dr.

City

De Queen

State

AR

Zip Code

71832-8047

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
self

Occupation

SOCIAL WORKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: ADE83502B977B40AB8C0

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Angela Lindsey

Mailing Address 106 Mullen Dr.

City

De Queen

State

AR

Zip Code

71832-8047

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
self

Occupation

SOCIAL WORKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A05CD716D1F9643CABEC

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard A Baker

Mailing Address PO BOX 972

City

Lake Oswego

State

OR

Zip Code

97034-0107

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

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

Transaction ID: A3706847598C14A4C9C6

Amount of Each Receipt this Period

150.00

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

350.00

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

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

FOR LINE NUMBER: PAGE 36 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Quang Do

Mailing Address 3504 Canyon Rd.

City

Grand Prairie

State

TX

Zip Code

75052-7851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Quang DoOccupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A075232063DF04B24BD9

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael R. Shaughnessy

Mailing Address 37699 Cedar Rd

City

Gates Mills

State

OH

Zip Code

44040-9804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Color MatrixOccupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A88F491822CF444C783E

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Diane Thilmont

Mailing Address 1924 S.W.21st Terrace

City

Miami

State

FL

Zip Code

33145-2612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

861.00

Date of Receipt

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

Transaction ID: AAC0DAD66154143EE8F9

Amount of Each Receipt this Period

100.00

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

1125.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

William Campbell

Mailing Address 10654 31st Ave SW

City

Seattle

State

WA

Zip Code

98146-1701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: A554AB54774194838959

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

roger webb

Mailing Address 4 licardie

City

Edgewood

State

NM

Zip Code

87015-8119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
photojournalist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: AC530F44DD0E6473EA5D

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Sharon Kuhn

Mailing Address 215 South Water Street

City

New Oxford

State

PA

Zip Code

17350-9501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gettysburg College

Occupation  
Office Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

446.00

Date of Receipt

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

Transaction ID: ABCD8BA558C39412D81B

Amount of Each Receipt this Period

100.00

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

225.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Jonathan Morrow

Mailing Address 401 Arlene Marie Lane

City

Gardnerville

State

NV

Zip Code

89460-6553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nevada National Guard

Occupation

Civil Servant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A2E714DB3EF3E4568B07

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM JEWELL

Mailing Address 11370 LAKE SHORE DRIVE

City

Pleasant Prairie

State

WI

Zip Code

53158-5201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jewell Electric, Inc (Self)

Occupation

security contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AF03DC9B54B5F44EBAC5

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Adrienne Merrill

Mailing Address 6936 Kings Harbor Drive

City

Rancho Palos Verde

State

CA

Zip Code

90275-4624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

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

Transaction ID: AD8482DA70CDF4A898E8

Amount of Each Receipt this Period

10.00

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

360.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lyle D. Barrett

Mailing Address P. O. Box 356  
163 E Grant Ave

City State Zip Code  
Dayton PA 16222-0356

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 1 0

Transaction ID: A1F35FCAC9AC2407896D

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ross Farnsworth, Sr.

Mailing Address 460 S Greenfield Rd Ste 2

City State Zip Code  
Mesa AZ 85206-2062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Farnsworth Companies

Occupation  
Real Estate Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 1 0

Transaction ID: A5D836B67D242421AB83

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Philip H McNamee

Mailing Address 2400 Main St Ste 201

City State Zip Code  
Irvine CA 92614-6271

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
V.P.M. Mgmt

Occupation  
R.E. Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 1 0

Transaction ID: ACF13F2CEFF634C85892

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

FOR LINE NUMBER: PAGE 40 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Harry M. Stralne

Mailing Address 250 McAdoo Dr Apt 112

City	State	Zip Code
Folsom	CA	95630-7516

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	0

Transaction ID: A5DB24C28FC5945EBB45

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Gareld L Bilyew

Mailing Address 1719 E. 935th Ave.

City	State	Zip Code
Oblong	IL	62449-3307

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Pump Repair Specialist,  
Inc.Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	0

Transaction ID: A943161634C32444B96B

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

edmund R kaim

Mailing Address 2017 merrimac dr

City	State	Zip Code
Stafford	VA	22554-2308

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	0

Transaction ID: A7FEA182928D34F9A919

Amount of Each Receipt this Period

100.00

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

1600.00

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



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

FOR LINE NUMBER: PAGE 41 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Agnes V Anderson

Mailing Address 890 Wixford Way

City

Sacramento

State

CA

Zip Code

95864-6139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A0D815300734A4139838

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David M. Pederson

Mailing Address 2211 Highway 10 S

City

Saint Cloud

State

MN

Zip Code

56304-4702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pederson FarmsOccupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A55E5269B85A842C1BB2

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James F Causley, Jr.

Mailing Address 37910 Seaway Ct

City

Harrison Township

State

MI

Zip Code

48045-6201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A66CEA4F04BE14FAAAFB

Amount of Each Receipt this Period

1000.00

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

2000.00

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

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

FOR LINE NUMBER: PAGE 42 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Dennis M Myers

Mailing Address 9420 E. Manzanita Circle

City

Prescott Valley

State

AZ

Zip Code

86314-7217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Manzanita Engineering Ser-  
vicesOccupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A832E18AD976147FD8FB

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Henry W Logan, III

Mailing Address 13 Atwater Rd

City

Chadds Ford

State

PA

Zip Code

19317-9111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: A25E8DF23B4614E69A7C

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Annora W. Williamson

Mailing Address 158 E Highland Dr

City

Canonsburg

State

PA

Zip Code

15317-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J.C. WilliamsonOccupation  
Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: A9DCEBB273C7F4E6AA49

Amount of Each Receipt this Period

350.00

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

550.00

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

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

FOR LINE NUMBER: PAGE 43 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

jerry hogan

Mailing Address 4 Hillcrest Drive

City

Cathlamet

State

WA

Zip Code

98612-9514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	0

Transaction ID: A5DB94286E52948118A5

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

James Bowen

Mailing Address 3 Cape May Pt.

City

Greensboro

State

NC

Zip Code

27455-1363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
D.A.V.Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	0

Transaction ID: AE57F6F3112224516A35

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Quang Do

Mailing Address 3504 Canyon Rd.

City

Grand Prairie

State

TX

Zip Code

75052-7851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Quang DoOccupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: AE884D9AB09B9474BAF8

Amount of Each Receipt this Period

25.00

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

375.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Daniel Johnson

Mailing Address 30131 312th Way SE

City

Ravensdale

State

WA

Zip Code

98051-9751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 0

Transaction ID: AFE9D6433159C4749A7A

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

James E Smith

Mailing Address 421 Vincent Ave

City

Metairie

State

LA

Zip Code

70005-4421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 1 0

Transaction ID: A76869F29266049E6A56

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Steven Mackellar

Mailing Address 3052 SW 27th Ct

City

Cape Coral

State

FL

Zip Code

33914-4719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
All Scrap Recycling Llc

Occupation  
Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 1 0

Transaction ID: AC459BB0DF8474C58B1D

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

James A Smith

Mailing Address 317 Trail Master Circle

City

Driftwood

State

TX

Zip Code

78619-4257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Red River Service Corp

Occupation

Govt service/Waste Haulers

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: A6456B9B86E0642C4879

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard A Baker

Mailing Address PO BOX 972

City

Lake Oswego

State

OR

Zip Code

97034-0107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

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

Transaction ID: A0676C00C9C724F1D857

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Guy M Bowers

Mailing Address 8635 W Sahara Ave # 70

City

Las Vegas

State

NV

Zip Code

89117-5858

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: AD7ABE17A5D404755B2C

Amount of Each Receipt this Period

5000.00

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

10250.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Deborah S Smith

Mailing Address 317 Trailmaster Circle

City

Driftwood

State

TX

Zip Code

78619-4257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
na

Occupation  
NA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: A655EDB7C57B642178C3

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Eugene C. Diamond

Mailing Address 12109 S 87th Ave

City

Palos Park

State

IL

Zip Code

60464-1206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SSFHS

Occupation  
Healthcare Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A28A6B0E2C78A43EBACA

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. E L Sanders

Mailing Address PO Box 5494

City

Spartanburg

State

SC

Zip Code

29304-5494

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A8129085958F84E86866

Amount of Each Receipt this Period

50.00

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

5550.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Marcilline J Nichols

Mailing Address 26134 N 93rd Avenue

City

Peoria

State

AZ

Zip Code

85383-1350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kilauea Crushers, Inc.

Occupation

Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: A2274F0A40F044354B1C

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Calvin D. Kyllonen

Mailing Address 411 Castlecrest Dr

City

Spring Creek

State

NV

Zip Code

89815-6710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: AFAEB781763E04C8985F

Amount of Each Receipt this Period

146.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard A Baker

Mailing Address PO BOX 972

City

Lake Oswego

State

OR

Zip Code

97034-0107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: AB2626E06CC7941899A5

Amount of Each Receipt this Period

150.00

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

596.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

daniel cohen

Mailing Address 3760 rice blvd

City

Houston

State

TX

Zip Code

77005-2824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
gardere wyne

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: AF2A24E6795A04D0E95A

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Samuel Langberg, Trustee

Mailing Address 10114 Empyrean Way Apt 201

City

Los Angeles

State

CA

Zip Code

90067-3808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: A86303B496C334DDF995

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Beverly A Nelson

Mailing Address 2062 Berks Rd

City

Lansdale

State

PA

Zip Code

19446-5928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nelson Steel Prods.Inc.

Occupation  
PART OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

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

Transaction ID: A23C46873B0B54519A96

Amount of Each Receipt this Period

1000.00

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

1200.00

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



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

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

FOR LINE NUMBER: PAGE 49 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Russell Hampton

Mailing Address 5 Albany Road

City

Warwick

State

RI

Zip Code

02888-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ocean State Harley-Davids-  
on

Occupation

Small Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AE41E0E416252411CAAA

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Marcilline J Nichols

Mailing Address 26134 N 93rd Avenue

City

Peoria

State

AZ

Zip Code

85383-1350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kilauea Crushers, Inc.

Occupation

Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: A5976C0C76E3E45ABA12

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Quang Do

Mailing Address 3504 Canyon Rd.

City

Grand Prairie

State

TX

Zip Code

75052-7851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Quang Do

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: A6D44FF4F808F4387919

Amount of Each Receipt this Period

25.00

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

375.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Gerardo Beni

Mailing Address 5262 King St

City

Riverside

State

CA

Zip Code

92506-1623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of California

Occupation

Prof. Electr. Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: A0CEF3980D70E4E179B6

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Max Rugemar

Mailing Address 9302 Lee Highway  
Suite 302

City

Fairfax

State

VA

Zip Code

22031-1214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A5BAE6CAD08B94908A7B

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Henry W Logan, III

Mailing Address 13 Atwater Rd

City

Chadds Ford

State

PA

Zip Code

19317-9111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: AC3B2516347BF429C9A2

Amount of Each Receipt this Period

100.00

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

400.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Charles Black

Mailing Address 11821 Cassandra St. Unit 201

City

New Port Richey

State

FL

Zip Code

34654-1536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N.A.

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: AED1ADD088E4A4671964

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Dixie J Bruggeman

Mailing Address 117 Dover St.

City

Dayton

State

OH

Zip Code

45410-1922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

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

Transaction ID: A11C76E40B9594056877

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John D Turnbull

Mailing Address PO Box 407

City

Hubbard

State

OR

Zip Code

97032-0407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Parker Bldgs.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: AE57F6308FF614B00995

Amount of Each Receipt this Period

500.00

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

620.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

jo orzechowski

Mailing Address 2987 Franklin Oaks Dr

City

Herndon

State

VA

Zip Code

20171-2256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
homemaker

Occupation

N/A

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A09B0C3E085744EC98C7

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

john howell

Mailing Address 14 pond rd

City

Easton

State

CT

Zip Code

06612-2222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IEEE

Occupation

Engineer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: A1F5C044BB0984985B73

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Gloria Williams

Mailing Address 1738 Balsam Ave

City

Kissimmee

State

FL

Zip Code

34758-2346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

RN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: A63D3CF2939464E14B31

Amount of Each Receipt this Period

25.00

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 53 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Delbert Driskill

Mailing Address 5714 Gabor Drive

City

San Antonio

State

TX

Zip Code

78240-3407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired Admin-Providence HS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A5FF4FC2AE5BB4268B6C

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

William Capron

Mailing Address PO Box 26

City

La Center

State

WA

Zip Code

98629-0026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A95CE90FA369C43B29D5

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

mike speeney

Mailing Address 855 tower view circle

City

New Hope

State

PA

Zip Code

18938-9400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Presto tape co

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A3FD2873B263240F591B

Amount of Each Receipt this Period

100.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

dean beer

Mailing Address 19662mountain meadow north

City

Hidden Valley Lake

State

CA

Zip Code

95467-8543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AEC35B8DA035748DD820

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Nancy Windsor

Mailing Address 111 Crescent

City

Boonville

State

MO

Zip Code

65233-2408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PBMS, LLC

Occupation  
Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: A822E19831B7143D7BB8

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

george sickler

Mailing Address 1110 marshall road

City

Greenwood

State

SC

Zip Code

29646-4216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

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

Transaction ID: A9ECFE98DCE6A4A6EAB6

Amount of Each Receipt this Period

50.00

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

R William McAllister

Mailing Address 623 Shadowcliff Ct

City

League City

State

TX

Zip Code

77573-1832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NASA

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: ADAAB7EE5A3D54F6C816

Amount of Each Receipt this Period

42.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas McCurdy

Mailing Address 504 A. East 8th Street

City

Port Angeles

State

WA

Zip Code

98362-6246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
optometrist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: ABD2D82701ABE4791962

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

drew sikorski

Mailing Address 4637 willowgrove Drive

City

Ellicott City

State

MD

Zip Code

21042-5947

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Home Builder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A632280711BF440CDAA8

Amount of Each Receipt this Period

100.00

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

192.00

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

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

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

FOR LINE NUMBER: PAGE 56 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Steven Saylor

Mailing Address 9003 Cincinnati Dayton Road

City

West Chester

State

OH

Zip Code

45069-3127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hunter Health Inc

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A6EABAF89631747D6AFA

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

RICHARD (RUSTY) BRUNSON

Mailing Address 2 ABANICO ROAD

City

Santa Fe

State

NM

Zip Code

87508-8700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
painting artist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AAA4955E4F91A4D288F2

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

William Ritchie

Mailing Address 5302 Brookeway Dr

City

Bethesda

State

MD

Zip Code

20816-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: AA3F5D46968AD4BDFB66

Amount of Each Receipt this Period

100.00

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

200.00

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



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

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

FOR LINE NUMBER: PAGE 57 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Todd M Sullivan

Mailing Address 17233 Barryknoll Way

City

Granger

State

IN

Zip Code

46530-9747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Metzger Mancini and Lackner

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: ADADA908EF95D4E57870

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Douglas Walsworth

Mailing Address 2130 Lacache Dr

City

Lake Charles

State

LA

Zip Code

70601-5678

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chemtech Chemical Services

Occupation  
Chemical Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A8B0BD509E5964AA897B

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Gunnvor Tveidt

Mailing Address 4114 198th St SW

City

Lynnwood

State

WA

Zip Code

98036-6742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Human Resources / Recruiting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: AFB9909D0A96B4949AF6

Amount of Each Receipt this Period

100.00

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

175.00

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

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

FOR LINE NUMBER: PAGE 58 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Frank Whitcomb

Mailing Address 354 Bay Point Rd.

City

Sunapee

State

NH

Zip Code

03782-2300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frank W. Whitcomb Const.  
Corp.Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: AA3A8DFE36464F36B89

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher May

Mailing Address 14627 E. Paradise Dr.

City

Fountain Hills

State

AZ

Zip Code

85268-6157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southwest Diagnostic Imag-  
ingOccupation  
radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: AAB7ACD9297654EAB938

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

jon sprinkle

Mailing Address 299 jewel rd

City

Lufkin

State

TX

Zip Code

75904-8416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sound TechsOccupation  
Eng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: A3779D2402F4C4B8E815

Amount of Each Receipt this Period

100.00

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

450.00

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

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

FOR LINE NUMBER: PAGE 59 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Wayne Glover

Mailing Address 3810 Thorngate Dr

City

Mason

State

OH

Zip Code

45040-7269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Systems Evolution Inc

Occupation

IT Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AC48FA968CAB7432893A

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Anna Elena Cervantes

Mailing Address 10802 Roseton Avenue

City

Santa Fe Springs

State

CA

Zip Code

90670-4344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
County of Los Angeles

Occupation

Executive Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A3DDFA6AE7896433DB25

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Johnson

Mailing Address 2535 Carlton Pl

City

Riverside

State

CA

Zip Code

92507-5766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AKAL

Occupation

CSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AE40A226FB3A04CD5B14

Amount of Each Receipt this Period

50.00

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

150.00

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

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

FOR LINE NUMBER: PAGE 60 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert Casper

Mailing Address 1720 Live Oak Trail

City

Virginia Beach

State

VA

Zip Code

23456-4081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. NavyOccupation  
Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AB2ED0FE5C0474402BF3

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Ronald Cox

Mailing Address 265 Postwood Drive

City

Fayetteville

State

GA

Zip Code

30215-7603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/aOccupation  
Police Officer (Retired)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A2EFBBC9917354B24BF6

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Darlean Hahn

Mailing Address 5259 101st Rd NW

City

Tioga

State

ND

Zip Code

58852-9301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
naOccupation  
N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: AD4445E00EEFE4BB2846

Amount of Each Receipt this Period

200.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 61 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

EUGENE DZIEKAN

Mailing Address 22650 VISTAWOOD WAY

City State Zip Code  
 Boca Raton FL 33428-5565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A5E8D1CD82E3542FA948

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Gorrie

Mailing Address 1424 Richmond Rd., C7

City State Zip Code  
 Cleveland OH 44124-2424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A16CFE904D5654E20A85

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Stephen Wetherbee

Mailing Address 240 Crestview Drive

City State Zip Code  
 Bellefonte PA 16823-8517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AF769A03325764AC18BD

Amount of Each Receipt this Period

50.00

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

150.00

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

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

FOR LINE NUMBER: PAGE 62 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

sid kelfer

Mailing Address 8917 mountain gate dr

City

Las Vegas

State

NV

Zip Code

89134-8815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A560C8DF21B524303BB2

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

edmund R kaim

Mailing Address 2017 merrimac dr

City

Stafford

State

VA

Zip Code

22554-2308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: A07A2CB134EB447278C2

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Loyd Hillman

Mailing Address 7311 Nightfall Circle

City

Ooltewah

State

TN

Zip Code

37363-5761

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A1A450FCA4BA8469780D

Amount of Each Receipt this Period

50.00

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 63 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

John Phelan

Mailing Address 633 N.E. 9th Ave #7

City

Fort Lauderdale

State

FL

Zip Code

33304-4685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
covidien

Occupation

Surgical Sales Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A419F23C64A3C4B2BA8E

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

William Kastner

Mailing Address 2346 Furman Dr

City

Charleston

State

SC

Zip Code

29414-7021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A388929B679D948AAB43

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

James Bodnar

Mailing Address 2221 Abbeywood Rd

City

Lexington

State

KY

Zip Code

40515-1157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ameripath KY

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AF4740A1E5C2E48D4B46

Amount of Each Receipt this Period

50.00

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 64 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert LaFortune

Mailing Address 11504 Middlebelt

City

Livonia

State

MI

Zip Code

48150-3055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A78325043F3BF4157A06

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Todd M Sullivan

Mailing Address 17233 Barryknoll Way

City

Granger

State

IN

Zip Code

46530-9747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Metzger Mancini and Lack-  
ner

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A8DA91E5888BC4094A80

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Bruce Rice

Mailing Address Post Office Box 1692

City

Weaverville

State

NC

Zip Code

28787-1692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Insurance Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

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

Transaction ID: A4BF99B4E6E114020BA1

Amount of Each Receipt this Period

100.00

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

175.00

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



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

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

FOR LINE NUMBER: PAGE 65 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Diane Thilmont

Mailing Address 1924 S.W.21st Terrace

City

Miami

State

FL

Zip Code

33145-2612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

886.00

Date of Receipt

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

Transaction ID: A0D0638127024400AA00

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

RONALD CRESSWELL

Mailing Address 1968 BOULDER DR

City

Ann Arbor

State

MI

Zip Code

48104-4164

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A1CCA43E03E01401B9FB

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Judith Stockton

Mailing Address 9006 Yvonne Street

City

Bakersfield

State

CA

Zip Code

93307-6134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A1F4296A4410B4A76BA7

Amount of Each Receipt this Period

50.00

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

175.00

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

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

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

FOR LINE NUMBER: PAGE 66 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Rebecca T Janelli

Mailing Address 9520 Grover Drive

City

Anchorage

State

AK

Zip Code

99507-6742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker/Self

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A6DC9141DC0B540B9886

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Gloria Williams

Mailing Address 1738 Balsam Ave

City

Kissimmee

State

FL

Zip Code

34758-2346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: AC54976F037804EFCA33

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Cline Handy

Mailing Address 1841 Amalfi Dr.

City

Encinitas

State

CA

Zip Code

92024-1285

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A4642450CFE334A55871

Amount of Each Receipt this Period

100.00

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

175.00

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

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

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

FOR LINE NUMBER: PAGE 67 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Daniel Jarrett

Mailing Address 6429 Ridgeview Drive

City State Zip Code  
 Roanoke VA 24019-2337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jarrett Electric Co., Inc.

Occupation  
Electrical Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AB60BA172AC9643CDBE4

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

lawrence jordan

Mailing Address 5105 hwy 59 north

City State Zip Code  
 Lufkin TX 75901-8525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: ABE86B06BBF5A44B3A7D

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

wallace thompson

Mailing Address 11 south 12th street

City State Zip Code  
 Saint Charles IL 60174-2633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Farming

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AC0582D10664D45F6BEE

Amount of Each Receipt this Period

50.00

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

150.00

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

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

FOR LINE NUMBER: PAGE 68 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Jeanene Van Zandt

Mailing Address 4659 Poplar Wood Road

City

Smyrna

State

TN

Zip Code

37167-5712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
music publisher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: A3944DB8A063544C08DE

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Brett Stroud

Mailing Address 2201 Ruhland Ave  
Apt D

City

Redondo Beach

State

CA

Zip Code

90278-2444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northrop Grumman CorpOccupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A6A714ADD19444FF6AA4

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

RICHARD GRUDENS

Mailing Address BOX 344

City

Stony Brook

State

NY

Zip Code

11790-0344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employedOccupation  
author

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AD2E55085298148B2B17

Amount of Each Receipt this Period

50.00

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Chuck Hansen

Mailing Address 129 South Phelps Ave  
Suite 1007

City State Zip Code  
Rockford IL 61108-2456

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SSOR LLC

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A002914D22F8C4193A8A

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Ontavus Thomas

Mailing Address 1752 Somerfield Lane

City State Zip Code  
Crystal Lake IL 60014-2040

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance

Occupation  
Computer Network Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 1 0

Transaction ID: A457D8303A5144A00B43

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert Brackett

Mailing Address 3890 Grand Ave

City State Zip Code  
West Des Moines IA 50265-5755

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Smart Property Mgmt.

Occupation  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 1 0

Transaction ID: A110DBAB475714055907

Amount of Each Receipt this Period

500.00

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

650.00

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

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

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

FOR LINE NUMBER: PAGE 70 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Sharon Kuhn

Mailing Address 215 South Water Street

City

New Oxford

State

PA

Zip Code

17350-9501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gettysburg College

Occupation  
Office Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: A0552124F9EC34E0EAAC

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Weldon Jackson

Mailing Address 40251 Benwood Ct.

City

Temecula

State

CA

Zip Code

92591-1618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
Audiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: A05AA10C7C37D4974B08

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

John Collins

Mailing Address 12950 Walnut Road

City

Elm Grove

State

WI

Zip Code

53122-1826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Criticare Systems Inc.

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: AE87BED9BE1324765950

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 71 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

D. Michael Ganley

Mailing Address PO Box 1264

City

Buckeye

State

AZ

Zip Code

85326-0093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Real Estate Appraiser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AB8C5420255CF4867832

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Ken Pring

Mailing Address 408 Wildwood Rd

City

Ronkonkoma

State

NY

Zip Code

11779-5117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Non

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: A26FCF01BFE8F4754970

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Hall M. Roberts

Mailing Address PO Box 10

City

Postville

State

IA

Zip Code

52162-0010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hall Roberts and Son

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A84C66B7D77F645E2BA5

Amount of Each Receipt this Period

250.00

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

400.00

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

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

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

FOR LINE NUMBER: PAGE 72 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Ken Pring

Mailing Address 408 Wildwood Rd

City

Ronkonkoma

State

NY

Zip Code

11779-5117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Non

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: A9F93D0E688B64517AF2

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Fred Otten

Mailing Address 122 El Camino Dr.

City

Norfolk

State

NE

Zip Code

68701-6704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A64CE5EA648B14D45AEB

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Quang Do

Mailing Address 3504 Canyon Rd.

City

Grand Prairie

State

TX

Zip Code

75052-7851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Quang Do

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: A1B8D330F775041C7864

Amount of Each Receipt this Period

25.00

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

475.00

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



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

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

FOR LINE NUMBER: PAGE 73 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Peder E Halverson

Mailing Address 110 Woodside Lane

City

Neenah

State

WI

Zip Code

54956-4335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A78968E2758F248DE9D4

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard A Baker

Mailing Address PO BOX 972

City

Lake Oswego

State

OR

Zip Code

97034-0107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

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

Transaction ID: ACD70B327DD4C4FFBBF9

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Prater

Mailing Address 711 Empire Street

City

El Campo

State

TX

Zip Code

77437-2820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sun Technical Services

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A41E773AE5DF44118954

Amount of Each Receipt this Period

100.00

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 74 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Henriette AGHZAFI

Mailing Address 113 St Edward Place

City

Palm Beach Gardens

State

FL

Zip Code

33418-4606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A8AEC7B8B3D624455A8D

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

John D Evans

Mailing Address 1307 Drexel Dr.

City

Irving

State

TX

Zip Code

75061-8603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City of Irving

Occupation  
Civil Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AFDE211F4D27443D7AB4

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Porter

Mailing Address 28858 Lexington Road

City

Temecula

State

CA

Zip Code

92591-5580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA Dept. of Corrections

Occupation  
Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A980356D03E1943BDB9F

Amount of Each Receipt this Period

100.00

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

400.00

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

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

FOR LINE NUMBER: PAGE 75 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Richard Maas

Mailing Address 21 Kentucky Dr.

City

Little Egg Harbor

State

NJ

Zip Code

08087-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A01F526D573B7450BABC

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

george sickler

Mailing Address 1110 marshall road

City

Greenwood

State

SC

Zip Code

29646-4216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	0

Transaction ID: A94E7CF88D75A42ABB1C

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Alton C Brock, USAF

Mailing Address 156 Thundering Waters Dr

City

Cornelia

State

GA

Zip Code

30531-6906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	7		2	0	1	0

Transaction ID: A3CF1147BFA7C47779C2

Amount of Each Receipt this Period

250.00

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 76 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lex C Gudmundson

Mailing Address 9329 Valencia Canyon Dr.

City

Las Vegas

State

NV

Zip Code

89117-7129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medco

Occupation  
Phamacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: A37FA82C478FE4868AD0

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

mary rickman

Mailing Address 1167 wiswell road

City

Murray

State

KY

Zip Code

42071-4480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: A13B39ED7BAFB45D8B92

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Maria Poirier

Mailing Address 2128 Alice Lane SW

City

Rochester

State

MN

Zip Code

55902-4237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mayo Clinic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: A6374F40316164E03AEC

Amount of Each Receipt this Period

250.00

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Steven R Auvil

Mailing Address 6247 Sauterne Dr

City

Macungie

State

PA

Zip Code

18062-8802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Air Products and Chemicals

Occupation

Commercial Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: A1E0595F9162049BAB3D

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Newton Bloch

Mailing Address 2714 Divisadero St

City

San Francisco

State

CA

Zip Code

94123-4623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: ACB11211CDFBA4D7A959

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert B Alexander

Mailing Address 1841 Nelson Ranch Loop

City

Cedar Park

State

TX

Zip Code

78613-4034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: A3B702D0711AA4287999

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mrs. James W Larson

Mailing Address 2119 Fairways Ln

City

Saint Paul

State

MN

Zip Code

55113-3812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: A2D43C3D5FAA048999A1

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Henderson

Mailing Address 4608 Slice Ct

City

College Station

State

TX

Zip Code

77845-8998

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: AF9E58506F0BA4FDB833

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Joann Ann Minshall

Mailing Address 5040 SW 9th Ln

City

Gainesville

State

FL

Zip Code

32607-3866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
none

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: AC5535AB6406144F3A08

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Reginald S Fogg

Mailing Address 1001 Crescent Bnd

City

Fallbrook

State

CA

Zip Code

92028-3668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: A76BF9D0E94A64FB186E

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard S Klarewicz

Mailing Address 280 Eldert Ln

City

Woodhaven

State

NY

Zip Code

11421-2833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: AFB5795FDBB814DFCBFC

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard A Baker

Mailing Address PO BOX 972

City

Lake Oswego

State

OR

Zip Code

97034-0107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: A9FDACB1129D1477B9C4

Amount of Each Receipt this Period

150.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 80 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Calvin D. Kyllonen

Mailing Address 411 Castlecrest Dr

City

Spring Creek

State

NV

Zip Code

89815-6710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

638.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: AFE688501296A42EB96A

Amount of Each Receipt this Period

146.00

**B.**

Full Name (Last, First, Middle Initial)

Richard W Alvord

Mailing Address 4939 NE Laurelcres Ln

City

Seattle

State

WA

Zip Code

98105-5244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Private Invenstor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: AEFC1F04E51D74D67A5E

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Dereama Sherrill

Mailing Address PO Box 121722

City

Nashville

State

TN

Zip Code

37212-1722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Business Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: A1B51C4CE7FF04258B4D

Amount of Each Receipt this Period

100.00

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

5246.00

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



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

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

FOR LINE NUMBER: PAGE 81 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert L. Toner

Mailing Address 222 Foxhound Dr

City

Lafayette Hill

State

PA

Zip Code

19444-1033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tower Cable Equipment

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: AB8195F1517604768B97

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Robert E. Miller

Mailing Address 3409 Panorama Dr SE

City

Huntsville

State

AL

Zip Code

35801-1115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: AE06EC57666D24642950

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard G Clappitt

Mailing Address 7261 Ashington Dr

City

Dallas

State

TX

Zip Code

75225-1704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clappitt Paper

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: A3E517FEA57B24998BAE

Amount of Each Receipt this Period

500.00

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

1100.00

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

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

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

FOR LINE NUMBER: PAGE 82 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

John Adams

Mailing Address 12920 63rd Ave NE

City

Yakima

State

WA

Zip Code

98903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JL Adams real estate advi-  
sors

Occupation  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: AF27909B0E8DE42338BB

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Scott B Reid

Mailing Address 1306 Manicott Dr

City

Matthews

State

NC

Zip Code

28105-1550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mechanical Supply Co

Occupation  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: ADFF20B56BBED4730A57

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jerald D Eck

Mailing Address 411 W Valley Hwy S

City

Pacific

State

WA

Zip Code

98047-1302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cedar Recycling

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: A54CFE0AF02624D719C7

Amount of Each Receipt this Period

500.00

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

825.00

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

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

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

FOR LINE NUMBER: PAGE 83 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

William H Peirson, Jr.

Mailing Address 1235 Lausanne Ave

City

Dallas

State

TX

Zip Code

75208-2731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Peirson and Patterson

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: A1DEF4B3D165D4DE2B9F

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Kay J Doverspike

Mailing Address 2373 NE 28th Ct

City

Lighthouse Point

State

FL

Zip Code

33064-8237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: A1EB6E9E0F49B4D61971

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Theodora Lynn Davis

Mailing Address 32062 Highway 94

City

Campo

State

CA

Zip Code

91906-3106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ims Recycling Services Inc

Occupation  
EVP/CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: AC8155210D4EE4C29818

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 84 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Rudolph J Kolaci

Mailing Address 3-03 Saddle River Rd

City

Fair Lawn

State

NJ

Zip Code

07410-5620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Total Comp.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: AA11B4766B8294833AFD

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

David R Sennett

Mailing Address 4841 Woodland Ave

City

Western Springs

State

IL

Zip Code

60558-1746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Strategic Solutions

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: A0075B7028A8B4C72ADC

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Robert P. Gray

Mailing Address 1380 Mountain Run Rd

City

Cascade

State

VA

Zip Code

24069-2306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: AF70C307C89EB4617922

Amount of Each Receipt this Period

1000.00

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

3000.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 85 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Carl F. Dallmeyer

Mailing Address 1205 E Washington St Apt 252

City

Washington

State

IA

Zip Code

52353-2100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: A087422A801174F62BF2

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Nancy Z Punola

Mailing Address 210 Central Ave

City

Madison

State

NJ

Zip Code

07940-1611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: A0A737B0019884A94B59

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert Budd

Mailing Address 1721 Birch Ave

City

Richland

State

WA

Zip Code

99354-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: A3DA549C5BE88478AAAF

Amount of Each Receipt this Period

300.00

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

2300.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Donna J Hetland

Mailing Address 122 April Breeze St

City

Montgomery

State

TX

Zip Code

77356-5882

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: A6F48F78C8F6E4F7697D

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Sharrock

Mailing Address 9009 Township Road 301

City

Millersburg

State

OH

Zip Code

44654-8422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: A31163160301A4F36BFA

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Pravin Shah

Mailing Address 9 Knightsbridge Manor Rd

City

Purchase

State

NY

Zip Code

10577-2606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: AF8DE5C0063144180A2D

Amount of Each Receipt this Period

500.00

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

2000.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 87 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Joann Ann Minshall

Mailing Address 5040 SW 9th Ln

City

Gainesville

State

FL

Zip Code

32607-3866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
none

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: AD798950E22E449F897D

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Zane H Robinson

Mailing Address 18524 Shelton Way

City

Dallas

State

TX

Zip Code

75252-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: AD930E49F4EDC4E718FE

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John W Fish

Mailing Address 300 San Gabriel Village Blvd Apt 2

City

Georgetown

State

TX

Zip Code

78626-6689

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: AA9F012C2E13D4F19B16

Amount of Each Receipt this Period

400.00

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

1150.00

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

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

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

FOR LINE NUMBER: PAGE 88 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. O. Douglas Johnson

Mailing Address 19606 Firesign Dr

City

Humble

State

TX

Zip Code

77346-2037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: A29CE8FCF9DCE497FA59

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Murphy

Mailing Address 4644 Las Brisas Ln

City

Sarasota

State

FL

Zip Code

34238-4527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
consulting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: A73590C8312174247B1F

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Jean A Krieger

Mailing Address 615 Graham Rd

City

Cuyahoga Falls

State

OH

Zip Code

44221-1305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Produce

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: AA16833944F404BE6976

Amount of Each Receipt this Period

500.00

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

1500.00

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



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

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

FOR LINE NUMBER: PAGE 89 / 259

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert S Kramer

Mailing Address 1233 N Gulfstream Ave. Unit 1403

City

Sarasota

State

FL

Zip Code

34236-8958

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: A500E62D4C12F4301B9C

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Loretta Collins

Mailing Address 103 Ritzman Ln

City

Kalispell

State

MT

Zip Code

59901-2782

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: A5D0D59C8E18743E3BFD

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert R Greer

Mailing Address 2901 Market Bridge Ln Apt 201

City

Raleigh

State

NC

Zip Code

27608-1393

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: AF8A8A408305442AA928

Amount of Each Receipt this Period

250.00

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

850.00

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

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

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

FOR LINE NUMBER: PAGE 90 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Bonnie E. Luckock

Mailing Address PO Box 310

City

Slippery Rock

State

PA

Zip Code

16057-0310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
none

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: AFB464AF397D747C1B97

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Horace C King

Mailing Address 1020 N State Rd

City

Flora

State

IL

Zip Code

62839-1047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: A8A3AF04ADC5442248AF

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. R L Montgomery, Jr

Mailing Address 5784 Old Lake Shore Rd

City

Lake View

State

NY

Zip Code

14085-9763

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A6BA0FE0335F04946A56

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

FOR LINE NUMBER: PAGE 91 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert W Wilson

Mailing Address 1800 Lisa Dr

City

Jefferson City

State

MO

Zip Code

65101-6058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A32CB37D7B9E34822A1F

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Myra Asplundh

Mailing Address PO Box 11

City

Bryn Athyn

State

PA

Zip Code

19009-0011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/aOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A2FD7758A5E1F461A8F8

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

B Kim Lilly

Mailing Address PO Box 1918

City

Paso Robles

State

CA

Zip Code

93447-1918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
B Kim Lilly ConstructionOccupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A2B019B69EAB84AEB33

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Judy T. Graves

Mailing Address 1076 County Road 415

City

Friedheim

State

MO

Zip Code

63747-7505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AAEE560C26B34497494C

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. E B Kersh

Mailing Address 1210 Mustang Trl

City

Kingwood

State

TX

Zip Code

77339-3208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: ACAE84D0AAF7B410CB95

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Charles K Sewell

Mailing Address 8 Woodlawn Dr NE

City

Marietta

State

GA

Zip Code

30067-4712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CKS PackagingOccupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A6AC497549F574554A2F

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 93 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Jacqueline C Hudgens

Mailing Address 4010 Pleasant Hill Rd

City

Duluth

State

GA

Zip Code

30096-4811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A9EAC8581698148E9862

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Nancy Pitorowski

Mailing Address 2414 Red Maple Ct

City

Troy

State

MI

Zip Code

48098-2219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A9841BD8C6EC146A5A46

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert F. Solimine

Mailing Address 144 Parkville Ave

City

Brooklyn

State

NY

Zip Code

11230-1112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Enforcement

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AA9E335E125674E4FA54

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 94 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Douglas R McKissack

Mailing Address 7 Bitterroot Ln

City

Savannah

State

GA

Zip Code

31419-9507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gulfstream Aerospace

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AC7B5296BCAAE4B258FC

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael J. Osgood

Mailing Address 965 Sheldon Ave

City

Staten Island

State

NY

Zip Code

10309-2229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
nypd

Occupation  
police officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: ACE7DEE79B0BD408794B

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Adrienne Merrill

Mailing Address 6936 Kings Harbor Dr

City

Rancho Palos Verde

State

CA

Zip Code

90275-4624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

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

Transaction ID: ACFAC713AD9954BA8A23

Amount of Each Receipt this Period

1000.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 95 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Brenda B. Cook

Mailing Address 2669 Holly Point Rd East

City

Orange Park

State

FL

Zip Code

32073-5634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A88CDA7B87D6A4839AB7

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

John S G Fant

Mailing Address 2122 Junius St

City

San Angelo

State

TX

Zip Code

76901-1436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A008A820ADA1C47A8A84

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Bob H O'Neal

Mailing Address 10103 Longwood Ct

City

Houston

State

TX

Zip Code

77024-5633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A80976B66C5D149289A4

Amount of Each Receipt this Period

500.00

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 96 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Marsha Gray

Mailing Address 14310 Charlottes Way

City

Disputanta

State

VA

Zip Code

23842-8505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A17E7E4A3EEBD4264A91

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Marsha Gray

Mailing Address 14310 Charlottes Way

City

Disputanta

State

VA

Zip Code

23842-8505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A0FD0E3671CCF468DBD9

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas J Row

Mailing Address 7090 Covenant Woods Dr Apt I302

City

Mechanicsville

State

VA

Zip Code

23111-7052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A32F62B48F2034D2FABD

Amount of Each Receipt this Period

300.00

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

500.00

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



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

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

FOR LINE NUMBER: PAGE 97 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Frances S. Junk

Mailing Address 1104 Countryside Dr

City

Washington Court H

State

OH

Zip Code

43160-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A2AB69BE04CDA44B892E

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Rich Cornwall

Mailing Address 10400 W Overland Rd

City

Boise

State

ID

Zip Code

83709-1433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A422426C6AB804BB5BB1

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William P. Mills, III

Mailing Address PO Box 52592

City

Lafayette

State

LA

Zip Code

70505-2592

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MPW Properties

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A9B010E5EBEDC427F93F

Amount of Each Receipt this Period

1000.00

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 98 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edward J Noble

Mailing Address 500 Starmount Ln

City

Bakersfield

State

CA

Zip Code

93309-2300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: AE005DF8CC80646EB9F7

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard G Todd

Mailing Address 6726 S Granite Ave

City

Tulsa

State

OK

Zip Code

74136-7035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: AE8E3D278E6414063A96

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Wilson

Mailing Address PO Box 1704

City

Midland

State

MI

Zip Code

48641-1704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
midland ford

Occupation  
auto dealer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A4C9223EA594B4249B40

Amount of Each Receipt this Period

500.00

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 99 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gene Stunz

Mailing Address 255 S. Capitol Blvd. #1405

City

Boise

State

ID

Zip Code

83702-7292

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: AB8052060F69F4B569EB

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William Firth

Mailing Address 13208 Old Woolmarket Rd

City

Biloxi

State

MS

Zip Code

39532-9236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
construction

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A8543F1C3BF1740F0841

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Hall M. Roberts

Mailing Address PO Box 10

City

Postville

State

IA

Zip Code

52162-0010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hall Roberts and Son

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: ADA0A785EF0CF412BA64

Amount of Each Receipt this Period

100.00

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

1300.00

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

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

FOR LINE NUMBER: PAGE 100 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Denise Scholz

Mailing Address 10222 Polk St.

City

Omaha

State

NE

Zip Code

68127-5401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HK Scholz Co.Occupation  
Office Mgr.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AC21A2ED6CF4849F4BFD

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Whitcomb, Jr.

Mailing Address 22840 N Country Club Trl

City

Scottsdale

State

AZ

Zip Code

85255-4246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/aOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A01F03BAADE1B46739FE

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Deborah B Hundley

Mailing Address 8222 Turnstone Dr

City

Manlius

State

NY

Zip Code

13104-2135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morgan StanleyOccupation  
Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: AB9DD7058962A43A2BC4

Amount of Each Receipt this Period

300.00

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

1050.00

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

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

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

FOR LINE NUMBER: PAGE 101 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. James M. Andreoli

Mailing Address 14055 Eastridge Dr

City

Whittier

State

CA

Zip Code

90602-1935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baker Commodities

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: ADF25DABACA1F479399D

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Gina Burson

Mailing Address 615 Ashbury Farms Drive

City

Vandalia

State

OH

Zip Code

45377-8734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

broadcast media

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

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

Transaction ID: A21C05E065C904BA88A2

Amount of Each Receipt this Period

211.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Paul C Ellgen

Mailing Address 7404 NW 118th St

City

Oklahoma City

State

OK

Zip Code

73162-1509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A259A4E5B78FF4F19B79

Amount of Each Receipt this Period

300.00

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

1011.00

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

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

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

FOR LINE NUMBER: PAGE 102 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

William Kastner

Mailing Address 2346 Furman Dr

City

Charleston

State

SC

Zip Code

29414-7021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: AE0363D8F17024583A91

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Joan M. Madler

Mailing Address 5846 Highway 22 S

City

New England

State

ND

Zip Code

58647-9103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AC655C11A8C204BCB8F0

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Hans J. Roebbelen

Mailing Address 2611 Seeblick Ct

City

El Dorado Hills

State

CA

Zip Code

95762-9756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: AD069D917F980441EB21

Amount of Each Receipt this Period

500.00

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

800.00

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

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

FOR LINE NUMBER: PAGE 103 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Glenda M Macomber

Mailing Address 6510 Sitta Ln

City

Granite Bay

State

CA

Zip Code

95746-8143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: AA54C6A7662B64D429D6

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Harry M. Stralne

Mailing Address 250 McAdoo Dr Apt 112

City

Folsom

State

CA

Zip Code

95630-7516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: A4C60D075AE1D4558807

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Rosemarie Tranchina

Mailing Address 15 Winnie Palmer Ct

City

Monroe Township

State

NJ

Zip Code

08831-8833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Its our Pleasure

Occupation

office worker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A0FFC4A9AA0114686A5B

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 104 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Patricia Stefanyk

Mailing Address 7087 Snow Apple Dr

City

Clarkston

State

MI

Zip Code

48346-1645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Landlord

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A1A8EE77CF97F4383839

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Laurie A Beitman

Mailing Address 2705 Inglewood Ave

City

Parkville

State

MD

Zip Code

21234-7628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
cleaning service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

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

Transaction ID: A0B8AC10FF3D4490F9BB

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Willie V. Evans

Mailing Address 104 W Lantrip St

City

Kilgore

State

TX

Zip Code

75662-5802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
machinist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A22A517554CD946C7B7B

Amount of Each Receipt this Period

250.00

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

585.00

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



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

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

FOR LINE NUMBER: PAGE 105 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Alvin Damm

Mailing Address PO Box 283

City

Mehama

State

OR

Zip Code

97384-0283

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of Oregon-Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A6E7313B24B26466F8F2

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Lanea Kelly

Mailing Address 865 Ridgeside Dr

City

Monrovia

State

CA

Zip Code

91016-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dynasty Escrow

Occupation  
Escrow Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A98A6E569908E4EA98F2

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Donald F. Chandler

Mailing Address 1 Triphammer Ln

City

Ithaca

State

NY

Zip Code

14850-2503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Precision Filters, Inc.

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A496B9B2BAF6A40E294A

Amount of Each Receipt this Period

1000.00

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

1350.00

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

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

FOR LINE NUMBER: PAGE 106 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. David D. Cribbs

Mailing Address PO Box 782

City

Bolivar

State

MO

Zip Code

65613-0782

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A54E4F4448DD149C99DF

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Edward Bohne, II

Mailing Address 990 W State Road 84

City

Fort Lauderdale

State

FL

Zip Code

33315-2432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Owner/Boat Center

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A2BE3DF4FC2F243E999F

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Edward T Robinson

Mailing Address 3502 N 216th St

City

Elkhorn

State

NE

Zip Code

68022-2919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A2F3A5B95E9FFB48209DE

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 107 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert W Frater

Mailing Address 1800 West Loop S Ste 1980

City

Houston

State

TX

Zip Code

77027-3212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Certified Financial Planner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A424488933DB04B85971

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles Markopoulos

Mailing Address 1742 Larkdale Rd

City

Northbrook

State

IL

Zip Code

60062-5931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Akton Realty

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A3D6886B3267944E7BD4

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Quang Do

Mailing Address 3504 Canyon Rd.

City

Grand Prairie

State

TX

Zip Code

75052-7851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Quang Do

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: A04E2C4A1629E4CC785F

Amount of Each Receipt this Period

25.00

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

1025.00

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

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

FOR LINE NUMBER: PAGE 108 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. William McClanahan, Ph D

Mailing Address 297 Overlook Dr

City

Beckley

State

WV

Zip Code

25801-9257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highland Machining Corp

Occupation

Business Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: AB69648CEC6B4495789C

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Zoe Dell Nutter

Mailing Address 986 Trebein Rd

City

Xenia

State

OH

Zip Code

45385-9534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A14B2BBB13DA14D9CA03

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Donald B. Ayres, Jr.

Mailing Address 355 Bristol St Ste A

City

Costa Mesa

State

CA

Zip Code

92626-7968

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ayres Group

Occupation

Owner

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A266C40E70302484EB96

Amount of Each Receipt this Period

1000.00

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

2500.00

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

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

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

FOR LINE NUMBER: PAGE 109 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Nyle B Marvin

Mailing Address 3639 W Sequim Bay Rd

City

Sequim

State

WA

Zip Code

98382-8427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A935CC874DFFF4520BDB

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Evelyn Graham

Mailing Address 61 Coxe St

City

Hazleton

State

PA

Zip Code

18201-7551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A3D2775E9708C4DF3897

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Jansheski

Mailing Address 4 Elizabeth Cir

City

Greenbrae

State

CA

Zip Code

94904-3032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A107889D7727143F0B2C

Amount of Each Receipt this Period

500.00

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 110 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Barbara V Sproull

Mailing Address 100 Raemon Ave

City

Anniston

State

AL

Zip Code

36207-6304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: AA75CC5FA6FA84A55BA7

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Patricia G. Libby

Mailing Address 505 E Highland View Dr

City

Boise

State

ID

Zip Code

83702-1916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A5BC635C9D2584DA79EE

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Patrick Adams

Mailing Address 8 Oakmont Ln

City

Bay Shore

State

NY

Zip Code

11706-8849

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AD6D568E627E34CE1A04

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 111 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

A.

Full Name (Last, First, Middle Initial)

Father L R Linnebur

Mailing Address 2101 W Macarthur Rd Lot 902

City

Wichita

State

KS

Zip Code

67217-6031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Reverend

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: A642E27B007034E98AF8

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard D. Myers

Mailing Address 11404 W Dodge Rd

City

Omaha

State

NE

Zip Code

68154-2576

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McGill, GotsdinerOccupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A18578D4E0D914DC2AFC

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

William C Skuba

Mailing Address 66 Allen Ln

City

Drums

State

PA

Zip Code

18222-2607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 0

Transaction ID: AD4E00A2C1F2740E6B1D

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

FOR LINE NUMBER: PAGE 112 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gary D Hoover

Mailing Address 11424 E Dreyfus Ave

City

Scottsdale

State

AZ

Zip Code

85259-2526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	0

Transaction ID: A59F5AA43117248DDA4A

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James McConnell Clark

Mailing Address 350 Seaspray Ave

City

Palm Beach

State

FL

Zip Code

33480-4231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	0

Transaction ID: A62EE8A7B65A942A8B4D

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Janice M Wetzel

Mailing Address 7550 Coder Rd

City

Maumee

State

OH

Zip Code

43537-9345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	0

Transaction ID: A38AC1B50A9AD4DC2B3C

Amount of Each Receipt this Period

250.00

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

1250.00

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



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

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

FOR LINE NUMBER: PAGE 113 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Patrick R Rutherford

Mailing Address 5 Greenway Plz Ste 220

City

Houston

State

TX

Zip Code

77046-0597

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rutherford Oil Corp

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 0

Transaction ID: AB58B23BA95B74D1DAE1

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Frisbie

Mailing Address 7793 E Highway K4

City

Gypsum

State

KS

Zip Code

67448-9734

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Frisbie Const Co

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 0

Transaction ID: A716F13A2326045BBBC3

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Paul J Schierl

Mailing Address 111 N. Washington St.  
Suite 450

City

Green Bay

State

WI

Zip Code

54301-4257

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 0

Transaction ID: A7F98CFA5FEB44208B05

Amount of Each Receipt this Period

1000.00

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

2250.00

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

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

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

FOR LINE NUMBER: PAGE 114 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

David Pendery

Mailing Address 326 N. Grand Ave.

City

Waxahachie

State

TX

Zip Code

75165-2220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Magna Bled

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 1 0

Transaction ID: AEB8ECC1B5D324BADB3E

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Donald Gumpertz, Ret

Mailing Address PO Box 2450

City

Toluca Lake

State

CA

Zip Code

91610-0450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IEE, Inc.

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: A255CA9EA808F43889E2

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Robert A Clausen

Mailing Address 16901 Pacland Ridge Dr

City

Chesterfield

State

MO

Zip Code

63005-4326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: A8B5156524C164357980

Amount of Each Receipt this Period

200.00

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

1200.00

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

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

FOR LINE NUMBER: PAGE 115 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Agnes V Anderson

Mailing Address 890 Wixford Way

City

Sacramento

State

CA

Zip Code

95864-6139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	0

Transaction ID: A056A7AA2419C4B6C809

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James N. Marker

Mailing Address 311 Stewart Dr

City

Lewiston

State

ID

Zip Code

83501-4255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Idaho Truck SalesOccupation  
Dealer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	0

Transaction ID: A4F7E57BD5FDB4E22A28

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Don Marable

Mailing Address 11775 Fm 2559

City

Brownwood

State

TX

Zip Code

76801-8476

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TDIOccupation  
Geophysicallog Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	0

Transaction ID: A36E2926648314418BE0

Amount of Each Receipt this Period

200.00

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 116 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Lawrence Beal

Mailing Address PO Box 99

City

Richview

State

IL

Zip Code

62877-0099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NREC

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: AB6A74200226F4D528C0

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Donald Gunden

Mailing Address 64874 Orchard Dr

City

Goshen

State

IN

Zip Code

46526-9118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Forest River Inc.

Occupation  
General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: A5E15E835099944729B2

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Janice Sizemore

Mailing Address 269 Henson Rd

City

Manchester

State

KY

Zip Code

40962-8915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: A64B4773DAFED464B861

Amount of Each Receipt this Period

170.00

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

1670.00

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

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

FOR LINE NUMBER: PAGE 117 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert W. Liggett

Mailing Address 54 Durango Way

City

Hot Springs Villag

State

AR

Zip Code

71909-3036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hot Springs Village VoiceOccupation  
Columnist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	0

Transaction ID: A62172EDF02354DE38A6

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert S Kramer

Mailing Address 1233 N Gulfstream Ave. Unit 1403

City

Sarasota

State

FL

Zip Code

34236-8958

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	0

Transaction ID: AD42DD3DEDBAC4E63842

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

jerry hogan

Mailing Address 4 Hillcrest Drive

City

Cathlamet

State

WA

Zip Code

98612-9514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: A7907EC4F88B04D65B91

Amount of Each Receipt this Period

100.00

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

850.00

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

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

FOR LINE NUMBER: PAGE 118 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

David Silsbee

Mailing Address 296 W. Candor Rd.

City	State	Zip Code
Candor	NY	13743-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A360B091F9FA648EA98C

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Kerri Bainter

Mailing Address 13611 Neils Branch

City	State	Zip Code
Houston	TX	77077-3413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HusbandOccupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A81EFAAF4110242918E9

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Victor C. Martinez

Mailing Address 107 Rosalynn Dr

City	State	Zip Code
Glendora	CA	91740-5169

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: ADF0C584356114EC0B5D

Amount of Each Receipt this Period

250.00

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

650.00

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

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

FOR LINE NUMBER: PAGE 119 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Ralph F Chapman

Mailing Address 7955 Caruth Ct

City

Dallas

State

TX

Zip Code

75225-8125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: AC6333F4FB74F4FC1848

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Henry W Logan, III

Mailing Address 13 Atwater Rd

City

Chadds Ford

State

PA

Zip Code

19317-9111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: A4D7B7A4A29E94C28BEF

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Henry W Logan, III

Mailing Address 13 Atwater Rd

City

Chadds Ford

State

PA

Zip Code

19317-9111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: ACFD39130F4394AFB860

Amount of Each Receipt this Period

100.00

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

700.00

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

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

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

FOR LINE NUMBER: PAGE 120 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Ed McDonald

Mailing Address 20 Landsdowne Lane

City

Rochester

State

NY

Zip Code

14618-3846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Edtech

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: A5C523A3D7EF54A3880A

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mary L Welz

Mailing Address 345 Spencerport Road Apt 111

City

Rochester

State

NY

Zip Code

14606-5251

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rochester City School Dis-  
trict

Occupation  
Retired Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A619C43B31A0D41D39E8

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Susan V. Nunnally

Mailing Address 435 West 57th St #3C

City

New York

State

NY

Zip Code

10019-1724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: AF2687941AFDA4243A82

Amount of Each Receipt this Period

500.00

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

1250.00

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



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

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

FOR LINE NUMBER: PAGE 121 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edwin C Sandham, Ttee

Mailing Address 1964 SW Saint Andrews Dr

City

Palm City

State

FL

Zip Code

34990-2210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: AE7347842141F41A9B20

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Samuel Langberg, Trustee

Mailing Address 10114 Empeyan Way Apt 201

City

Los Angeles

State

CA

Zip Code

90067-3808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A6ACF6FCBE9A0450B898

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William P Murphy, Jr.

Mailing Address 10601 Snapper Creek Rd

City

Coral Gables

State

FL

Zip Code

33156-3454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: A1ED9318CA9F34C4BBB8

Amount of Each Receipt this Period

200.00

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 122 / 259  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Donald F. Chandler

Mailing Address 1 Triphammer Ln

City

Ithaca

State

NY

Zip Code

14850-2503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Precision Filters, Inc.

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: A704BC3DE585D49BF84A

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dennis M Myers

Mailing Address 9420 E. Manzanita Circle

City

Prescott Valley

State

AZ

Zip Code

86314-7217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Manzanita Engineering Ser-  
vices

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: A6D7E1E3C48034869B2D

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Steven Moore

Mailing Address 5910 N. Monroe Ave.

City

Fresno

State

CA

Zip Code

93723-9309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Rancher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: ACA8140B3CBB641E7B90

Amount of Each Receipt this Period

500.00

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

700.00

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

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

FOR LINE NUMBER: PAGE 123 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

mary rickman

Mailing Address 1167 wiswell road

City

Murray

State

KY

Zip Code

42071-4480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: A7A34FF0CAEA64F53867

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

William Campbell

Mailing Address 10654 31st Ave SW

City

Seattle

State

WA

Zip Code

98146-1701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A7DC8D9A89D154932A22

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Bruce Rice

Mailing Address Post Office Box 1692

City

Weaverville

State

NC

Zip Code

28787-1692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Insurance Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

Transaction ID: ABEBFA3A55C8043C0BC8

Amount of Each Receipt this Period

100.00

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

175.00

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

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

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

FOR LINE NUMBER: PAGE 124 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Blythe Exley

Mailing Address PO BOX 953

City

Robert Lee

State

TX

Zip Code

76945-0953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

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

Transaction ID: A6D21C90D6E1A4929906

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Marjorie B Morris

Mailing Address 2867 Outlet Rd

City

Clifton Springs

State

NY

Zip Code

14432-9742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: AE486861953504D3784B

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Homer L Perry

Mailing Address 1491 SE Sunshine Ave

City

Port Saint Lucie

State

FL

Zip Code

34952-6003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: A26E2EFDA81D141F0851

Amount of Each Receipt this Period

100.00

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

650.00

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

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

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

FOR LINE NUMBER: PAGE 125 / 259

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Larry Dennis

Mailing Address 4601 Lon Stephenson Rd

City State Zip Code  
 Forest Hill TX 76140-2123

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Larry Dennis Co.

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 4 / 2 0 1 0

Transaction ID: A75A716AC247441EBA99

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Wendy Martinez

Mailing Address 404 Pond View Dr

City State Zip Code  
 Moorestown NJ 08057-4301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Womens Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 4 / 2 0 1 0

Transaction ID: A826775864B4B40F68A3

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Charles Black

Mailing Address 11821 Cassandra St. Unit 201

City State Zip Code  
 New Port Richey FL 34654-1536

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N.A.

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 4 / 2 0 1 0

Transaction ID: A390102CF536A4F989BC

Amount of Each Receipt this Period

100.00

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

1100.00

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

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

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

FOR LINE NUMBER: PAGE 126 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Patrick H. Oilar

Mailing Address 641-310 Highway 299 E

City

McArthur

State

CA

Zip Code

96056-8644

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: A824FEEF1EEA44F5999B

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ronald Maier

Mailing Address 1095 Chase Pkwy

City

Waterbury

State

CT

Zip Code

06708-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Veterinarian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: AC1402B619F0D439DA1D

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Barbara A Brown

Mailing Address PO Box 1098

City

Prairie Grove

State

AR

Zip Code

72753-1098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: ABD931111D5084E2F9AC

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

James A. Gillis

Mailing Address 31 Vallejo Dr

City

Millbrae

State

CA

Zip Code

94030-2833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: A773152721E884A6B8EF

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Harold B. Beldt

Mailing Address 2672 Lily Ave

City

Sheldon

State

IA

Zip Code

51201-7004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: A942DBBF214B046F688B

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Robert L. Toner

Mailing Address 222 Foxhound Dr

City

Lafayette Hill

State

PA

Zip Code

19444-1033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tower Cable Equipment

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: A1A776A8AA6664971A6B

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Brett Stroud

Mailing Address 2201 Ruhland Ave  
Apt D

City State Zip Code  
Redondo Beach CA 90278-2444

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northrop Grumman Corp

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: A16EF1719EAC8498DAD1

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

john howell

Mailing Address 14 pond rd

City State Zip Code  
Easton CT 06612-2222

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
IEEE

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: A3850832F853E415AAAA

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

EUGENE DZIEKAN

Mailing Address 22650 VISTAWOOD WAY

City State Zip Code  
Boca Raton FL 33428-5565

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
n/a

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: AAC5C2DACE07643A6AC1

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 129 / 259  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

sid kelfer

Mailing Address 8917 mountain gate dr

City

Las Vegas

State

NV

Zip Code

89134-8815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	0

Transaction ID: AF9C2536141184B62A54

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Loyd Hillman

Mailing Address 7311 Nightfall Circle

City

Ooltewah

State

TN

Zip Code

37363-5761

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	0

Transaction ID: AB88ACB9DD28B421CB74

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Goerner

Mailing Address 4173 County Road 240

City

Hallettsville

State

TX

Zip Code

77964-4035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	0

Transaction ID: A74ECCFC825AD4B598DF

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

edmund R kaim

Mailing Address 2017 merrimac dr

City

Stafford

State

VA

Zip Code

22554-2308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	0

Transaction ID: A355206702ABA4FC29E1

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Casper

Mailing Address 1720 Live Oak Trail

City

Virginia Beach

State

VA

Zip Code

23456-4081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. NavyOccupation  
Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	0

Transaction ID: A56DB7E45C69C4E09B19

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Johnson

Mailing Address 2535 Carlton Pl

City

Riverside

State

CA

Zip Code

92507-5766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AKALOccupation  
CSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	0

Transaction ID: AA84AFDD7011943CCAA4

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Wayne Glover

Mailing Address 3810 Thorngate Dr

City

Mason

State

OH

Zip Code

45040-7269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Systems Evolution Inc

Occupation

IT Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: A8E5F2B8A6A944EE1ACF

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

jon sprinkle

Mailing Address 299 jewel rd

City

Lufkin

State

TX

Zip Code

75904-8416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sound Techs

Occupation

Eng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: A05CF8AF22580424B97D

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Delbert Driskill

Mailing Address 5714 Gabor Drive

City

San Antonio

State

TX

Zip Code

78240-3407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired Admin-Providence HS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: AB7E016245ABA4AA3926

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

William Capron

Mailing Address PO Box 26

City

La Center

State

WA

Zip Code

98629-0026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: AB9A1F9AAC85E4780A00

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Gloria Williams

Mailing Address 1738 Balsam Ave

City

Kissimmee

State

FL

Zip Code

34758-2346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: AFEB123833D1D40BD9F1

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Cline Handy

Mailing Address 1841 Amalfi Dr.

City

Encinitas

State

CA

Zip Code

92024-1285

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: A68037F8499BF4C17A09

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Rebecca T Janelli

Mailing Address 9520 Grover Drive

City

Anchorage

State

AK

Zip Code

99507-6742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker/Self

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	0

Transaction ID: A080E37B151A3443FAA8

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Nancy Windsor

Mailing Address 111 Crescent

City

Boonville

State

MO

Zip Code

65233-2408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PBMS, LLC

Occupation

Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	0

Transaction ID: A2E97D027468846EEBB4

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Jeanene Van Zandt

Mailing Address 4659 Poplar Wood Road

City

Smyrna

State

TN

Zip Code

37167-5712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

music publisher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	0

Transaction ID: A65FE2E2DB34C4EF2920

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Thomas McCurdy

Mailing Address 504 A. East 8th Street

City

Port Angeles

State

WA

Zip Code

98362-6246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
optometrist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: A0CF90718E9604961A5E

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Robert LaFortune

Mailing Address 11504 Middlebelt

City

Livonia

State

MI

Zip Code

48150-3055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: A607244D67A6B48E5938

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Todd M Sullivan

Mailing Address 17233 Barryknoll Way

City

Granger

State

IN

Zip Code

46530-9747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Metzger Mancini and Lackner

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: AFC2523DB81614FFFB5B

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Todd M Sullivan

Mailing Address 17233 Barryknoll Way

City

Granger

State

IN

Zip Code

46530-9747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Metzger Mancini and Lackner

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: AB3645B34B28643548FC

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Laurie A Beitman

Mailing Address 2705 Inglewood Ave

City

Parkville

State

MD

Zip Code

21234-7628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
cleaning service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: A202B23AF4A3644A6A68

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

lawrence jordan

Mailing Address 5105 hwy 59 north

City

Lufkin

State

TX

Zip Code

75901-8525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: A53C82A31E89E4335A0D

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

95.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

wallace thompson

Mailing Address 11 south 12th street

City

Saint Charles

State

IL

Zip Code

60174-2633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Farming

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: A7933023D8A6E4265B53

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

jo orzechowski

Mailing Address 2987 Franklin Oaks Dr

City

Herndon

State

VA

Zip Code

20171-2256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
homemaker

Occupation  
N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: AB855C7BC2671499B929

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Chuck Hansen

Mailing Address 129 South Phelps Ave  
Suite 1007

City

Rockford

State

IL

Zip Code

61108-2456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SSOR LLC

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: A440CA4CEE9E543BFAE7

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert E. Miller

Mailing Address 3409 Panorama Dr SE

City

Huntsville

State

AL

Zip Code

35801-1115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: AE9B2F95083384793B46

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Steven Saylor

Mailing Address 9003 Cincinnati Dayton Road

City

West Chester

State

OH

Zip Code

45069-3127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hunter Health Inc

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: ACA1A012DB4F441A8A29

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Diane Thilmont

Mailing Address 1924 S.W.21st Terrace

City

Miami

State

FL

Zip Code

33145-2612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

911.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: A3C98707109F046CDA29

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

William Ritchie

Mailing Address 5302 Brookeway Dr

City

Bethesda

State

MD

Zip Code

20816-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: A928A33C98BB54264AC3

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

RONALD CRESSWELL

Mailing Address 1968 BOULDER DR

City

Ann Arbor

State

MI

Zip Code

48104-4164

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: AC81F9AFD41C64547B2D

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

george sickler

Mailing Address 1110 marshall road

City

Greenwood

State

SC

Zip Code

29646-4216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: A49F871BA399D4E49A48

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

dean beer

Mailing Address 19662mountain meadow north

City State Zip Code  
 Hidden Valley Lake CA 95467-8543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 5 / 2 0 1 0

Transaction ID: AEAB5DADA31804F2D8F2

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Judith Stockton

Mailing Address 9006 Yvonne Street

City State Zip Code  
 Bakersfield CA 93307-6134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 5 / 2 0 1 0

Transaction ID: A775472320F8D4EF1824

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

mike speeney

Mailing Address 855 tower view circle

City State Zip Code  
 New Hope PA 18938-9400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Presto tape co

Occupation  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 5 / 2 0 1 0

Transaction ID: A2578A79A96EE489BB1A

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

R William McAllister

Mailing Address 623 Shadowcliff Ct

City

League City

State

TX

Zip Code

77573-1832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NASA

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: A04723006760E46D1AE7

Amount of Each Receipt this Period

42.00

**B.**

Full Name (Last, First, Middle Initial)

Gloria Williams

Mailing Address 1738 Balsam Ave

City

Kissimmee

State

FL

Zip Code

34758-2346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: A14808F4A04064605923

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Daniel Jarrett

Mailing Address 6429 Ridgeview Drive

City

Roanoke

State

VA

Zip Code

24019-2337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jarrett Electric Co., Inc.

Occupation  
Electrical Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: A9CC0ACBB38544CE09D5

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

117.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Ronald Cox

Mailing Address 265 Postwood Drive

City

Fayetteville

State

GA

Zip Code

30215-7603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation

Police Officer (Retired)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: A625CFBC0360844489C4

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher May

Mailing Address 14627 E. Paradise Dr.

City

Fountain Hills

State

AZ

Zip Code

85268-6157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southwest Diagnostic Imag-  
ing

Occupation  
radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: ADA82EDD6CF5546CDA5B

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Frank Whitcomb

Mailing Address 354 Bay Point Rd.

City

Sunapee

State

NH

Zip Code

03782-2300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frank W. Whitcomb Const.  
Corp.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: A2BE363F89A9A49A4B66

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Anna Elena Cervantes

Mailing Address 10802 Roseton Avenue

City

Santa Fe Springs

State

CA

Zip Code

90670-4344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
County of Los Angeles

Occupation

Executive Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: A9FD5DF0342AF4DEE8CB

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

William Kastner

Mailing Address 2346 Furman Dr

City

Charleston

State

SC

Zip Code

29414-7021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: AA20920013F4846A89F3

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Stephen Wetherbee

Mailing Address 240 Crestview Drive

City

Bellefonte

State

PA

Zip Code

16823-8517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: A68029DC9E0C54992B7B

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

James Bodnar

Mailing Address 2221 Abbeywood Rd

City

Lexington

State

KY

Zip Code

40515-1157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ameripath KY

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: A92D160ADE433404192B

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

John Phelan

Mailing Address 633 N.E. 9th Ave #7

City

Fort Lauderdale

State

FL

Zip Code

33304-4685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
covidien

Occupation  
Surgical Sales Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 1 0

Transaction ID: ABEF2E30F44AC4E1F9EF

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. E L Sanders

Mailing Address PO Box 5494

City

Spartanburg

State

SC

Zip Code

29304-5494

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: A03050542FC2B43FAB38

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 144 / 259  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

John Beattie

Mailing Address 331 N Hague Ave

City

Columbus

State

OH

Zip Code

43204-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

496.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: AA6E23E179BAA4B35B1F

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Anonymous Donations

Mailing Address Spac Anonymous Donation

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/aOccupation  
N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: A9D69DE33FF814493BBE

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Anonymous Donations

Mailing Address Spac Anonymous Donation

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/aOccupation  
N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: AC360608EF754450F965

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

370.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

James H. Posey

Mailing Address PO Box 249

329 Adams Rd.

City

Double Springs

State

AL

Zip Code

35553-0249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Posey Supply

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	1	0

Transaction ID: A97F1D06E77C54C3BADD

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Marino

Mailing Address 6105 Preston Ct

City

Bakersfield

State

CA

Zip Code

93309-1470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

planning consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	1	0

Transaction ID: AE121807381854B1F912

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Calvin D. Kyllonen

Mailing Address 411 Castlecrest Dr

City

Spring Creek

State

NV

Zip Code

89815-6710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

784.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	1	0

Transaction ID: ABE6293A7287542EFA36

Amount of Each Receipt this Period

146.00

SUBTOTAL of Receipts This Page (optional) .....

496.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Fred Cluskey

Mailing Address 3511 Wedgewood Lane  
PMB 216

City State Zip Code  
The Villages FL 32162-7187

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: AF109E07A96F7492FAEF

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Carolyn Walters

Mailing Address 104 E. Timberline Rd.

City State Zip Code  
Marion IL 62959-6118

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: A86FCA2C4C8214DF9912

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Quang Do

Mailing Address 3504 Canyon Rd.

City State Zip Code  
Grand Prairie TX 75052-7851

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Quang Do

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: A135B97F59EB34AB2BF2

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Karrie Shroyer

Mailing Address 8275 Kelzer Pond Dr

City

Victoria

State

MN

Zip Code

55386-4500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shroyer AdventuresOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	1	0

Transaction ID: A057B3CF669E046F6A88

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Anonymous Donations

Mailing Address Spac Anonymous Donation

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/aOccupation  
N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	1	0

Transaction ID: AF01F097170EB46EBB29

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Deborah Palmer

Mailing Address 775 Twin Oaks Drive Apt #4

City

Decatur

State

GA

Zip Code

30030-4027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pediatrix Medical GroupOccupation  
Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	0

Transaction ID: A4315A0542EB941F6BA1

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

360.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Gilbert Anthony

Mailing Address 10598 Huntersfield Drive

City

Carmel

State

IN

Zip Code

46032-9452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 0

Transaction ID: A2CC48DF99CAD4818A55

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Dewey

Mailing Address 211 W Mountain Rd

City

Ridgefield

State

CT

Zip Code

06877-3627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 0

Transaction ID: A5B7CDF6894E0429BB38

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Anonymous Donations

Mailing Address Spac Anonymous Donation

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation  
N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 0

Transaction ID: A0E17B04CDDC34140A91

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

620.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard A Baker

Mailing Address PO BOX 972

City

Lake Oswego

State

OR

Zip Code

97034-0107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 0

Transaction ID: ADAF63FC4EAF4451AB16

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Krause

Mailing Address 931 Khingan Court

City

Apopka

State

FL

Zip Code

32712-4712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Krause Enterprises, LLC

Occupation  
self

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 0

Transaction ID: AEF4A8BBE617C4934980

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Jean Nelson

Mailing Address 306 Triple Crown Ct.

City

Newark

State

DE

Zip Code

19702-2035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
E.I duPont & Company

Occupation  
System Tech.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 0

Transaction ID: AA774AA7E56224D01B89

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

5250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Ronald Wise

Mailing Address 1141 Stetson Rd. Apt. 4

City

Prescott

State

AZ

Zip Code

86303-3300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	0

Transaction ID: A52FDF4A9898B470E9A6

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Donald R. Scifres

Mailing Address 26700 Palo Hills Dr

City

Los Altos Hills

State

CA

Zip Code

94022-1927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	0

Transaction ID: A4BDA3A20BA064E28BB3

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dian Graves Stai

Mailing Address 1286 Cherry Spring Rd

City

Fredericksburg

State

TX

Zip Code

78624-6270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/aOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	0

Transaction ID: A9ED960FA5DB748B18B6

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. William Lowenberg

Mailing Address 44 Montgomery St Ste 1560

City

San Francisco

State

CA

Zip Code

94104-4702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 0

Transaction ID: AD1C964EB7F9C471B978

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Vincent Schmitz

Mailing Address 4207 Montview Blvd

City

Denver

State

CO

Zip Code

80207-3725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Citywide Banks

Occupation

Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 0

Transaction ID: A8E70AB0E27AA4975936

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Rodney Daw

Mailing Address 3614 Lynn Rd

City

Raleigh

State

NC

Zip Code

27613-3833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 0

Transaction ID: A80297ABB97374D829D7

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 152 / 259  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Charles Graham

Mailing Address PO Box 310

City

Southmayd

State

TX

Zip Code

76268-0310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	0

Transaction ID: AE311742183D342BE812

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

jon sprinkle

Mailing Address 299 jewel rd

City

Lufkin

State

TX

Zip Code

75904-8416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sound TechsOccupation  
Eng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	0

Transaction ID: A912552A1CC5B470F8A2

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Janice Sizemore

Mailing Address 269 Henson Rd

City

Manchester

State

KY

Zip Code

40962-8915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

531.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	0

Transaction ID: A29C91AF4D9B94113B39

Amount of Each Receipt this Period

161.00

SUBTOTAL of Receipts This Page (optional) .....

1261.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Betty Jacobs

Mailing Address 3340 197th St W

City

Farmington

State

MN

Zip Code

55024-9507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: AC55CB9C34D304343ACF

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

David S Cammack

Mailing Address 313 S Union St

City

Alexandria

State

VA

Zip Code

22314-3823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: A4CAA34934C994723B58

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Rita E. Dorey

Mailing Address 1371 57th St

City

Sacramento

State

CA

Zip Code

95819-4241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: AF2CE9F80EB0F4A79B05

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Ruth Morse

Mailing Address 3410 E 76th St

City

Tulsa

State

OK

Zip Code

74136-8040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
none

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: A4F4446F1BD4E463F86E

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Anonymous Donations

Mailing Address Spac Anonymous Donation

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation  
N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: A87283FE450F04890B97

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Richard S Griffith

Mailing Address 3417 Milam St

City

Houston

State

TX

Zip Code

77002-9531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Richard S Griffith

Occupation  
Investor / Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: A6B0149ECC87B4172A43

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Peder E Halverson

Mailing Address 110 Woodside Lane

City

Neenah

State

WI

Zip Code

54956-4335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	0

Transaction ID: AA67F605F5F8C4D8A9A8

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Laurie A Beitman

Mailing Address 2705 Inglewood Ave

City

Parkville

State

MD

Zip Code

21234-7628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
cleaning service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	0

Transaction ID: A68C25DB5AFFC4216B59

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Penny Minnick

Mailing Address 8007 Kempwood  
5143 Greentree

City

Houston

State

TX

Zip Code

77055-1027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
composer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	0

Transaction ID: A6053F2AF84AF48F1AA2

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

730.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gene Stunz

Mailing Address 255 S. Capitol Blvd. #1405

City

Boise

State

ID

Zip Code

83702-7292

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: A744E9B5BB12C4E0ABE7

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Bill Malesich

Mailing Address 6 Bentford Ct

City

Simpsonville

State

SC

Zip Code

29681-4872

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
private investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: A48CCE0E6D12A43E290D

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Gerardo Beni

Mailing Address 5262 King St

City

Riverside

State

CA

Zip Code

92506-1623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of California

Occupation  
Prof. Electr. Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: A9013164A95CB4E0CA53

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mitchell Adler, D.D.S.

Mailing Address 5525 Independence Ave.

City

Bronx

State

NY

Zip Code

10471-1275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: A5BCD364B5FCF461B94D

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mary G Heagney Smart

Mailing Address 94-210 Kakaili Pl

City

Mililani

State

HI

Zip Code

96789-2120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Real Estate Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: ADE6A7A1BEDEA4B31877

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mary G Heagney Smart

Mailing Address 94-210 Kakaili Pl

City

Mililani

State

HI

Zip Code

96789-2120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Real Estate Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: A82C2C4FB95A74BD0B79

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Walker Chhim

Mailing Address 169 Holly Circle

City

Lyman

State

SC

Zip Code

29365-1210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

railroad manufacture

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	0

Transaction ID: AA1520DC5BCF74A10A69

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Donald Miller

Mailing Address 155 S Queenscliff Cir

City

Spring

State

TX

Zip Code

77382-1769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	0

Transaction ID: A7F7599770CE446A4AB2

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Helen C Esser

Mailing Address 2478 Provence Cir

City

Weston

State

FL

Zip Code

33327-1305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	0

Transaction ID: A5C5BAAE6CEA84F34A36

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1350.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Henry W Logan, III

Mailing Address 13 Atwater Rd

City

Chadds Ford

State

PA

Zip Code

19317-9111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: AB16140D7BBE1435B87E

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Donald J Chailland

Mailing Address PO Box 8627

City

Metairie

State

LA

Zip Code

70011-8627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chailland and Ass.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: AECF8E4EFFC074E84A81

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

luc beauchemin

Mailing Address 720 park glen

City

Martinez

State

CA

Zip Code

94553-4006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
severn-trent

Occupation

operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: A1FA963A217CB489A81F

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

marida lin

Mailing Address 8196 pembroke terrace

City

Jonesboro

State

GA

Zip Code

30236-4179

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
tenet & wal martOccupation  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	0

Transaction ID: A53EC338AD41A446288F

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Robert E. Miller

Mailing Address 3409 Panorama Dr SE

City

Huntsville

State

AL

Zip Code

35801-1115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employedOccupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	0

Transaction ID: A9AB9920034B74D408D8

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

W. Ross Little, Jr.

Mailing Address 100 Harwell Dr.

City

Lafayette

State

LA

Zip Code

70503-4855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Teche Federal BankOccupation  
Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	0

Transaction ID: A72F3930246724F44A67

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2100.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

W. Ross Little, Jr.

Mailing Address 100 Harwell Dr.

City

Lafayette

State

LA

Zip Code

70503-4855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Teche Federal Bank

Occupation  
Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 2 / 2 0 1 0

Transaction ID: AAE35C1FC98B342FAAC6

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Quang Do

Mailing Address 3504 Canyon Rd.

City

Grand Prairie

State

TX

Zip Code

75052-7851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Quang Do

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 2 / 2 0 1 0

Transaction ID: A441C98E8AAED457FAA3

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Bonnie Armstrong

Mailing Address 942 Foye Drive

City

Lafayette

State

CA

Zip Code

94549-4602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Home maker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 0

Transaction ID: A5F35D605D485473786A

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

195.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert L Penrod

Mailing Address 13820 Fairway Dr.

City

Ocean Springs

State

MS

Zip Code

39564-2257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 0

Transaction ID: AD53FFC9B738F4A61804

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

mary rickman

Mailing Address 1167 wiswell road

City

Murray

State

KY

Zip Code

42071-4480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 0

Transaction ID: AFBCE267D3D974F10A70

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

sid kelfer

Mailing Address 8917 mountain gate dr

City

Las Vegas

State

NV

Zip Code

89134-8815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 0

Transaction ID: ADED0EDA252EA4B22B7F

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

335.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Anonymous Donations

Mailing Address Spac Anonymous Donation

City State Zip Code  
 Arlington VA 22207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
n/a

Occupation  
N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 4 / 2 0 1 0

Transaction ID: AA605384AAEE3450686E

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Carla J Hampton

Mailing Address 9640 W Mesa Vista Ave

City State Zip Code  
 Las Vegas NV 89148-4613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Unemployed

Occupation  
construction

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 4 / 2 0 1 0

Transaction ID: A51F7D90890524B4EA9C

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Phyllis Wessling

Mailing Address 2925 Oak Ave

City State Zip Code  
 Garner IA 50438

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 4 / 2 0 1 0

Transaction ID: AA9D3FD6B3A404502A5B

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

370.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Anonymous Donations

Mailing Address Spac Anonymous Donation

City State Zip Code  
Arlington VA 22207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
n/a

Occupation  
N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 0

Transaction ID: A83691FCFE5B94A34886

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Constance Barton

Mailing Address 7355 S. Alkire St  
305

City State Zip Code  
Littleton CO 80127-7529

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Exempla Healthcare

Occupation  
software engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 0

Transaction ID: A37401544CD7843268F6

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Don Marable

Mailing Address 11775 Fm 2559

City State Zip Code  
Brownwood TX 76801-8476

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TDI

Occupation  
Geophysicallog Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 0

Transaction ID: A33E44F659FEA4B9E9D3

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Adrienne Merrill

Mailing Address 6936 Kings Harbor Dr

City

Rancho Palos Verde

State

CA

Zip Code

90275-4624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 0

Transaction ID: AE904FA62AE3F4560BEA

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul C Ellgen

Mailing Address 7404 NW 118th St

City

Oklahoma City

State

OK

Zip Code

73162-1509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 0

Transaction ID: A39B0BEF6D0504136B77

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Roy J Kruska

Mailing Address 623 Alvarado St

City

San Francisco

State

CA

Zip Code

94114-3221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 0

Transaction ID: A8E5FC5FC84AC4635BE0

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

760.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard A Baker

Mailing Address PO BOX 972

City

Lake Oswego

State

OR

Zip Code

97034-0107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 0

Transaction ID: AD96F7DF3FF374BB4BC0

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stanley Fuchs

Mailing Address 270 Oxford Rd

City

New Rochelle

State

NY

Zip Code

10804-3323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 0

Transaction ID: A69345CE153504931BB8

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

John D Evans

Mailing Address 1307 Drexel Dr.

City

Irving

State

TX

Zip Code

75061-8603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City of Irving

Occupation  
Civil Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 0

Transaction ID: A38D8FDCBB8E245029CA

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Donald Gumpertz, Ret

Mailing Address PO Box 2450

City

Toluca Lake

State

CA

Zip Code

91610-0450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IEE, Inc.

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 0

Transaction ID: AF53752A645674928B91

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Beverly A Nelson

Mailing Address 2062 Berks Rd

City

Lansdale

State

PA

Zip Code

19446-5928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nelson Steel Prods.Inc.

Occupation  
PART OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 0

Transaction ID: AC9DFFCC54A894B869BC

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. C. T. Froscher

Mailing Address 95258 Wilder Blvd

City

Fernandina Beach

State

FL

Zip Code

32034-9482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 0

Transaction ID: A45A338B0B3644B01B53

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Hollis M Kelly

Mailing Address 18811 Scenic Loop

City

Helotes

State

TX

Zip Code

78023-9260

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Fun Equipment SalesOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	0

Transaction ID: A06C2C2F4FAE24910BAE

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

John Sieberth

Mailing Address 4439 Lake Lawrence Dr

City

Baton Rouge

State

LA

Zip Code

70816-4425

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self EmployedOccupation  
patent attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	0

Transaction ID: A712493D5FB634179928

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Alan Rickertsen

Mailing Address 717 8th St

City

Gothenburg

State

NE

Zip Code

69138-2004

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	0

Transaction ID: A40A0471A30D5409D839

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Wesley Crawford

Mailing Address 2720 S. River Rd

City

West Lafayette

State

IN

Zip Code

47906-4347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Purdue University

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 0

Transaction ID: AEFFA5CB629A54557A66

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Sharon A Kuhn

Mailing Address 215 S Water St

City

New Oxford

State

PA

Zip Code

17350-9501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gettysburg College

Occupation  
Office Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 0

Transaction ID: AE02DAFE5700B4CDF936

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Makoto Ogata

Mailing Address 2164 Burris Hill Drive  
NV

City

Henderson

State

NV

Zip Code

89052-7132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
none

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 0

Transaction ID: A8851A52768094192B3E

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Dixie J Bruggeman

Mailing Address 117 Dover St.

City

Dayton

State

OH

Zip Code

45410-1922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	0

Transaction ID: A3A6DCE9F404C48958EB

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James M Protich

Mailing Address 601 Buttonwood Ave

City

Maple Shade

State

NJ

Zip Code

08052-2940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	0

Transaction ID: AB6C30F003575426D9A3

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

John Adams

Mailing Address 12920 63rd Ave NE

City

Yakima

State

WA

Zip Code

98903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JL Adams real estate advi-  
sorsOccupation  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	0

Transaction ID: ABB98920481EB416EB8A

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

115.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Mary Lou Watson

Mailing Address 8855 Sheridan Rd

City

Melbourne

State

FL

Zip Code

32904-1951

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: A0DD569DE74FB43A1AD3

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Sonia A Logsdon

Mailing Address 1113 Belvoir Ln

City

Virginia Beach

State

VA

Zip Code

23464-6766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth Health Care

Occupation  
NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: AEA5BA642153242CDB56

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

SHARON WALTERS

Mailing Address 7836 EAST 79th PLACE

City

Tulsa

State

OK

Zip Code

74133-3619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RICK RENNER MINISTRIES,  
INC.

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: A5CA8C2CBA01B4547939

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 172 / 259  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. David Bittenbinder

Mailing Address PO Box 171

City

Stephenville

State

TX

Zip Code

76401-0003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	0

Transaction ID: ADB0596AA38244285A48

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Todd M Sullivan

Mailing Address 17233 Barryknoll Way

City

Granger

State

IN

Zip Code

46530-9747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Metzger Mancini and Lack-  
nerOccupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	0

Transaction ID: A4729786232CA4DEFA31

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Raymond Connor

Mailing Address 1218 N Grove Ave

City

Oak Park

State

IL

Zip Code

60302-1241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	0

Transaction ID: A40E84B05A3F24407AE2

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1535.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joel Taylor

Mailing Address 1725 Main St Unit D-9

City

Fort Myers Beach

State

FL

Zip Code

33931-2901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: A816094FE2BE5411CAED

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William P Geisenkotter

Mailing Address 2012 Westchester Ave

City

Catonsville

State

MD

Zip Code

21228-4060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: AF2AF4C17A5494053A9D

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

James Hooten

Mailing Address 7939 Atwater Ln

City

Memphis

State

TN

Zip Code

38119-9189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
phm

Occupation  
Courier

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: AE40D55FEF02140E49B9

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Jon Mortensen

Mailing Address 12736 La Mirada Ln

City

Melba

State

ID

Zip Code

83641-5094

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
F&M CATTLE CO. LLC

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: A76D0818DD3D04CCBAC2

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Quang Do

Mailing Address 3504 Canyon Rd.

City

Grand Prairie

State

TX

Zip Code

75052-7851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Quang Do

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: AB20F278DD04F4911B27

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas J Young

Mailing Address 11629 Corona Ln

City

Houston

State

TX

Zip Code

77072-3408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: A0954C38A8127424E88A

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

F. Imogene White, MD

Mailing Address 10 East Steele Street

City

Orlando

State

FL

Zip Code

32804-3923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: A53A5ABB4B17C4F09AAB

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Calvin D. Kyllonen

Mailing Address 411 Castlecrest Dr

City

Spring Creek

State

NV

Zip Code

89815-6710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: A2F635BD7449F4520B9E

Amount of Each Receipt this Period

146.00

**C.**

Full Name (Last, First, Middle Initial)

Anonymous Donations

Mailing Address Spac Anonymous Donation

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation  
N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: A3CF7820A4FBE40E3906

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

1156.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Anonymous Donations

Mailing Address Spac Anonymous Donation

City State Zip Code  
Arlington VA 22207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
n/a

Occupation  
N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: A74FF78D201FF42D4993

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Wesley Crawford

Mailing Address 2720 S. River Rd

City State Zip Code  
West Lafayette IN 47906-4347

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Purdue University

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: A4F2D198D93D44672BC5

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Adrienne Merrill

Mailing Address 6936 Kings Harbor Dr

City State Zip Code  
Rancho Palos Verde CA 90275-4624

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self

Occupation  
Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1070.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: A9AACEBA6636A424CBEE

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. William H Stevens

Mailing Address 2504 Pebble Dr

City

Granbury

State

TX

Zip Code

76048-2619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: A8054D5BB019A47B094C

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

William Jackson

Mailing Address 309 Circle Drive

City

Fayetteville

State

NC

Zip Code

28305-4901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Accent Home Builders

Occupation  
Home Builder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 0

Transaction ID: A6932982901614EEDA99

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Charles Limbert

Mailing Address 30 Parkridge  
#11

City

San Francisco

State

CA

Zip Code

94131-1432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SFPD

Occupation  
police officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: A5A52205937874F849E4

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard A Baker

Mailing Address PO BOX 972

City

Lake Oswego

State

OR

Zip Code

97034-0107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

Transaction ID: A602AEB606A014911B17

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David B Longo

Mailing Address 820 Del Rio Way Apt 504

City

Merritt Island

State

FL

Zip Code

32953-3550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harris IT Services

Occupation  
System Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

Transaction ID: A8748AC6D08E14145AA1

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles W Seely

Mailing Address 815 W 10th St

City

Fort Worth

State

TX

Zip Code

76102-3528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Seely Oil Co.

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

Transaction ID: A9E28DA65256D4DE9859

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Garnett Leonard

Mailing Address 9515 Hwy 161 South

City

Scott

State

AR

Zip Code

72142-9531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

Transaction ID: A8FE9617F11344C55B82

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Anonymous Donations

Mailing Address Spac Anonymous Donation

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation  
N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

Transaction ID: AE58A3C97DCCC4FBABE4

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert E Thomas

Mailing Address PO Box 4679

City

Tulsa

State

OK

Zip Code

74159-0679

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation  
Retired CEO Mapco

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

Transaction ID: A74AA4E89F9FC41898E9

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1075.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 259

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

John Malone

Mailing Address 7442 Oxford Avenue

City

Philadelphia

State

PA

Zip Code

19111-3023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	0

Transaction ID: A0197AEF4CCBD4FDD8C6

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Jean Nelson

Mailing Address 306 Triple Crown Ct.

City

Newark

State

DE

Zip Code

19702-2035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
E.I duPont & CompanyOccupation  
System Tech.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Transaction ID: AC95385AF66E84B9D85A

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

daniel cohen

Mailing Address 3760 rice blvd

City

Houston

State

TX

Zip Code

77005-2824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
gardere wyneOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Transaction ID: A6A3286BA0C814103821

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional) .....

275.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Denise Joyner

Mailing Address 205 Park Royale Ln

City

Cary

State

NC

Zip Code

27519-6633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Husband

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: A67677DB2C8844AB3B86

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Noel Devin

Mailing Address 2104 Chippendale St

City

College Station

State

TX

Zip Code

77845-5581

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
12th Man Foundation

Occupation  
Associate VP - Resource Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: A3A4ACF776BAF44B589A

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

mary rickman

Mailing Address 1167 wiswell road

City

Murray

State

KY

Zip Code

42071-4480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: A6B5D2CCD88CF40A9A0A

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Susan V. Nunnally

Mailing Address 435 West 57th St #3C

City

New York

State

NY

Zip Code

10019-1724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: AC52FCD6F33844D6D955

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dereama Sherrill

Mailing Address PO Box 121722

City

Nashville

State

TN

Zip Code

37212-1722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Business Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: A3079A2F70DB242A4885

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Lindsay Janeway

Mailing Address 4 Gillingham Court

City

Owings Mills

State

MD

Zip Code

21117-2254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Financial Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: AB65142423060426198B

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

rhett anthony

Mailing Address 12 crooked creek

City

Hattiesburg

State

MS

Zip Code

39402-7766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Marshall Service

Occupation  
Marshall

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: A11E94E4BE8124533BCE

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Sharon Kuhn

Mailing Address 215 South Water Street

City

New Oxford

State

PA

Zip Code

17350-9501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gettysburg College

Occupation  
Office Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: ABB6F4A11A5AA4D1D9B2

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Prater

Mailing Address 711 Empire Street

City

El Campo

State

TX

Zip Code

77437-2820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sun Technical Services

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: AD84CF2258B42424A833

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Ronald Devito

Mailing Address 26 Clinton Ave.

City

Staten Island

State

NY

Zip Code

10301-1105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Con Edison of NY

Occupation

LAN Infrastructure Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.99

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: A75252E454211467D9D2

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Chanteloup

Mailing Address 11301 Village Brook Drive  
2417

City

Cincinnati

State

OH

Zip Code

45249-2094

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Omya, Inc.

Occupation

SAP Application Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: A8734B22052DC4636AC4

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Maria Poirier

Mailing Address 2128 Alice Lane SW

City

Rochester

State

MN

Zip Code

55902-4237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mayo Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: ABA17F9A6AAED4EF8988

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 185 / 259  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

SHARON WALTERS

Mailing Address 7836 EAST 79th PLACE

City

Tulsa

State

OK

Zip Code

74133-3619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RICK RENNER MINISTRIES,  
INC.

Occupation

Accountant

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Transaction ID: A87E6EC6C2DE74B5193B

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

201015.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 186 / 259

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	---	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Illinois Republican Party

Mailing Address PO box 64897

City

Chicago

State

IL

Zip Code

60664

FEC ID number of contributing  
federal political committee.**C**

C00005926

Name of Employer

Occupation

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	0

**Transaction ID:** A50087BBC52D142288C5

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

5000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 / 259

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Friends of Dolores Gresham

Mailing Address PO Box 877

City

Somerville

State

TN

Zip Code

38068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: A43CAFB1CC67744F09C1

Amount of Each Receipt this Period

1000.00

Contribution from TN State  
Senate Committee

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

1000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 188 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Chain Bridge Bank	<b>Transaction ID:</b> B0C8B71BC7A324C23B52 <b>Date of Disbursement</b>																				
Mailing Address 1445-A McLaughlin Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	1	0												
City McLean State VA Zip Code 22101 Purpose of Disbursement bank fee Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>10.27</td> </tr> </table>	10.27																			
10.27																					
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) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) EDONATION.COM/Campaign Solutions	<b>Transaction ID:</b> B82E19220FE0C4599BFD <b>Date of Disbursement</b>																				
Mailing Address 118 N. St. Asaph St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	4		2	0	1	0												
City Alexandria State VA Zip Code 22314-3110 Purpose of Disbursement Internet Fundraising Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>823.46</td> </tr> </table>	823.46																			
823.46																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) Postmaster, USPS	<b>Transaction ID:</b> BFADF79227EEC446EBC1 <b>Date of Disbursement</b>																				
Mailing Address North Station 2200 N. George Mason Dr.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	5		2	0	1	0												
City Arlington State VA Zip Code 22207 Purpose of Disbursement BRE Postage Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

SUBTOTAL of Disbursements This Page (optional) .....

2833.73

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 189 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Upstream Communications</p> <p>Mailing Address 1609 Shoal Creek Blvd. Suite 203</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Internet and credit card fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B990FA5A20FA24BB6B63</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 5 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>23980.83</div> </div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Harper Collins Publishers</p> <p>Mailing Address 10 E 53rd St. 20th Floor</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Travel, Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B1B95150AEB94F69B1C</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 5 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>999.16</div> </div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Indian Valley Meats</p> <p>Mailing Address HC 52 Box 8809</p> <p>City Indian State AK Zip Code 99540</p> <p>Purpose of Disbursement Gift Bag Items</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B5CDD879EA787462FA54</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 6 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>3807.90</div> </div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**28787.89**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 190 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Grey Strategies</p> <p>Mailing Address 386 Eastmoor Blvd.</p> <p>City Columbus State OH Zip Code 43209</p> <p>Purpose of Disbursement Consulting Media, Logistics, Political</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B8CFDE824542F4E0AAD6</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10000.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Chain Bridge Bank</p> <p>Mailing Address 1445-A McLaughlin Ave.</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement wire fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B5B5DF9A5027942F89E7</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) New Flight Charters</p> <p>Mailing Address PMB 4067</p> <p>City Jackson Hole State WY Zip Code 83001</p> <p>Purpose of Disbursement Air Charter</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BE8BACBBC13154E72875</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10508.66"/></p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► <input type="text" value="20528.66"/></p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ► <input type="text"/></p>	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 191 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) True North L'Attitudes</p> <p>Mailing Address 140 W 10th St. #10</p> <p>City Anchorage State AK Zip Code 99501</p> <p>Purpose of Disbursement Consulting, Scheduling</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B6E9639013FA74E39A41</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 5416.66</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Orion Strategies</p> <p>Mailing Address 918 Pennsylvania Ave., SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Consulting, National and International Issues</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B0475D85235CE403493D</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 10000.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Izzylene Consulting</p> <p>Mailing Address 16235 Headlands Circle</p> <p>City Anchorage State AK Zip Code 99516-7561</p> <p>Purpose of Disbursement media consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B77F3C9AFE0424983A62</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 2500.00</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

17916.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 192 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Clapp, Peterson, Van Flein, Tiemessen, Thorsness LLC

Mailing Address 711 H St.  
Suite 620

City Anchorage State AK Zip Code 99501

Purpose of Disbursement  
Legal Retainer

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** BF06E34D5745A4D168DC

Date of Disbursement

04 / 06 / 2010

Amount of Each Disbursement this Period

10000.00

**B.**

Full Name (Last, First, Middle Initial)

Timothy Crawford

Mailing Address 6165 Mori St.

City Mc Lean State VA Zip Code 22101-3148

Purpose of Disbursement  
Finance, Treasurer consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** B173750F1AFAA4CF7BD2

Date of Disbursement

04 / 06 / 2010

Amount of Each Disbursement this Period

10000.00

**C.**

Full Name (Last, First, Middle Initial)

AT & T Mobility

Mailing Address PO Box 6463

City Carol Stream State IL Zip Code 60197-6463

Purpose of Disbursement  
Mobile Phones

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** BBF88A5EB91BB4A4BA92

Date of Disbursement

04 / 06 / 2010

Amount of Each Disbursement this Period

337.53

**SUBTOTAL** of Disbursements This Page (optional) .....

20337.53

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 193 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) NorthStar Strategies	Transaction ID: B9CE9D49FD77646D6844 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 0
	Mailing Address 36B Fountainebleau Drive	
	City New Orleans State LA Zip Code 70125	Amount of Each Disbursement this Period 10000.00
	Purpose of Disbursement logistics, political consulting	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b>	Full Name (Last, First, Middle Initial) Aries Petra Consulting LLC	Transaction ID: BE32484FFB3AA4819AE8 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 0
	Mailing Address 12728 Directors Loop	
	City Woodbridge State VA Zip Code 22192	Amount of Each Disbursement this Period 6000.00
	Purpose of Disbursement Consulting Internet, Message	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b>	Full Name (Last, First, Middle Initial) Pamela Pryor	Transaction ID: B0FDE838C724C4E918CA Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 0
	Mailing Address 5300 Columbia Pike #102	
	City Arlington State VA Zip Code 22204-3118	Amount of Each Disbursement this Period 6000.00
	Purpose of Disbursement Consulting, Coalitions	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
SUBTOTAL of Disbursements This Page (optional) .....		22000.00
TOTAL This Period (last page this line number only) .....		

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 194 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Ivy Frye

Mailing Address 201 E Danna Ave #D

City  
Wasilla

State  
AK

Zip Code  
99654-6421

Purpose of Disbursement  
clerical

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BA933C99949814A7E874

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Andrew Davis

Mailing Address 1020 12th St.  
#309

City  
Sacramento

State  
CA

Zip Code  
95814-3988

Purpose of Disbursement  
Consulting, Political

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B0B31F783A8BF4967B18

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7500.00

**C.**

Full Name (Last, First, Middle Initial)

Kim Daniels

Mailing Address 7821 Stratford Rd.

City  
Bethesda

State  
MD

Zip Code  
20814-1339

Purpose of Disbursement  
Consulting, National Policy

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B5C5A968B225A4B1C862

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

19500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 195 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

HSP Direct

Mailing Address 13755 Sunrise Valley Drive  
Suite 450

City Herndon State VA Zip Code 20171

Purpose of Disbursement  
Direct Mail: Printing, Mailshop, list rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B85CF5E3AF968432E860

Date of Disbursement

04 / 12 / 2010

Amount of Each Disbursement this Period

40453.38

**B.**

Full Name (Last, First, Middle Initial)

Chain Bridge Bank

Mailing Address 1445-A McLaughlin Ave.

City McLean State VA Zip Code 22101

Purpose of Disbursement  
fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BE517CCBF4CEE4084A32

Date of Disbursement

04 / 12 / 2010

Amount of Each Disbursement this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Hemphill Brothers Coach Company

Mailing Address PO Box 78099

City Nashville State TN Zip Code 37207

Purpose of Disbursement  
shipping

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BEFAD2ABF8C75474A807

Date of Disbursement

04 / 13 / 2010

Amount of Each Disbursement this Period

635.63

**SUBTOTAL** of Disbursements This Page (optional) .....

41094.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 196 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Lindsay Hayes	<b>Transaction ID:</b> BF23A15D314A448F1948 <b>Date of Disbursement</b>																				
Mailing Address 414 E. Nelson Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	3		2	0	1	0												
City Alexandria State VA Zip Code 22301-1613	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement speechwriting Candidate Name	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Chain Bridge Bank	<b>Transaction ID:</b> BD5F33E4CEC4E4CA3854 <b>Date of Disbursement</b>																				
Mailing Address 1445-A McLaughlin Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	4		2	0	1	0												
City McLean State VA Zip Code 22101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement fee Candidate Name	<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	10.00																			
10.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) RHA Marketing	<b>Transaction ID:</b> BBBDAAA1C90DC4625BF2 <b>Date of Disbursement</b>																				
Mailing Address 5301 Buckeystown Pike #200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	6		2	0	1	0												
City Frederick State MD Zip Code 21704	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Postage Candidate Name	<table border="1"> <tr> <td colspan="10">75000.00</td> </tr> </table>	75000.00																			
75000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">78010.00</td> </tr> </table>	78010.00																			
78010.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<b>A.</b> Full Name (Last, First, Middle Initial) AT & T Mobility	<b>Transaction ID:</b> B10C70B9BB329463A88C <b>Date of Disbursement</b>
Mailing Address PO Box 6463	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 7 / 2 0 1 0</div> </div>
City Carol Stream State IL Zip Code 60197-6463	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Mobile Phones Candidate Name	<div> <div>332.68</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Postmaster, USPS	<b>Transaction ID:</b> BF3E32099318D47BEA1A <b>Date of Disbursement</b>
Mailing Address North Station 2200 N. George Mason Dr.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 8 / 2 0 1 0</div> </div>
City Arlington State VA Zip Code 22207	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement BRE Postage Candidate Name	<div> <div>4000.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Chain Bridge Bank	<b>Transaction ID:</b> BC1B9ACD2B6184286BB1 <b>Date of Disbursement</b>
Mailing Address 1445-A McLaughlin Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 1 0</div> </div>
City McLean State VA Zip Code 22101	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement fee Candidate Name	<div> <div>5.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

4337.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 198 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Clapp, Peterson, Van Flein, Tiemessen, Thorsness LLC</p> <p>Mailing Address 711 H St. Suite 620</p> <p>City Anchorage State AK Zip Code 99501</p> <p>Purpose of Disbursement Legal Retainer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B5240E7207D7847B2990</p> <p>Date of Disbursement 05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 10000.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) True North L'Attitudes</p> <p>Mailing Address 140 W 10th St. #10</p> <p>City Anchorage State AK Zip Code 99501</p> <p>Purpose of Disbursement Consulting, Scheduling</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B86631D24BDC14591B2E</p> <p>Date of Disbursement 05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 5416.66</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Nico &amp; LaLa</p> <p>Mailing Address 4502 Idaho Ave.</p> <p>City Nashville State TN Zip Code 37209</p> <p>Purpose of Disbursement Shipping, Printing and Design</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BE1C95677F16D4C5E9E1</p> <p>Date of Disbursement 05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 10045.56</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► 25462.22</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p>	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 199 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Aries Petra Consulting LLC	<b>Transaction ID:</b> B08EAF61697140DD9A9 <b>Date of Disbursement</b>
Mailing Address 12728 Directors Loop	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 3 / 2 0 1 0</div> </div>
City Woodbridge State VA Zip Code 22192 Purpose of Disbursement Consulting, Internet Messaging Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>6000.00</div>
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) ▼	<div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) NorthStar Strategies	<b>Transaction ID:</b> B743CBB86F8FC475DB77 <b>Date of Disbursement</b>
Mailing Address 36B Fountainebleau Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 3 / 2 0 1 0</div> </div>
City New Orleans State LA Zip Code 70125 Purpose of Disbursement logistics, political consulting Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>10000.00</div>
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) ▼	<div>Category/Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Lindsay Hayes	<b>Transaction ID:</b> B6BA0F0D0DA0A41FB92D <b>Date of Disbursement</b>
Mailing Address 414 E. Nelson Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 3 / 2 0 1 0</div> </div>
City Alexandria State VA Zip Code 22301-1613 Purpose of Disbursement speechwriting Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>2700.00</div>
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) ▼	<div>Category/Type</div>
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>18700.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 200 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Pamela Pryor</p> <p>Mailing Address 5300 Columbia Pike #102</p> <p>City Arlington State VA Zip Code 22204-3118</p> <p>Purpose of Disbursement consulting coalitions</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B28BE942CB59C49919F1</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 6000.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Andrew Davis</p> <p>Mailing Address 1020 12th St. #309</p> <p>City Sacramento State CA Zip Code 95814-3988</p> <p>Purpose of Disbursement Consulting, Political</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BD1507807173F400E91A</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 7500.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Kim Daniels</p> <p>Mailing Address 7821 Stratford Rd.</p> <p>City Bethesda State MD Zip Code 20814-1339</p> <p>Purpose of Disbursement Consulting, National Issues</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B3228C93FACE24208A26</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ►</p> <p>18500.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p>	



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 201 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Grey Strategies	<b>Transaction ID:</b> B350879310FE842C198C <b>Date of Disbursement</b>																				
Mailing Address 386 Eastmoor Blvd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	3		2	0	1	0												
City Columbus State OH Zip Code 43209 Purpose of Disbursement Consulting, Media, Logistics, Political Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </table>	1	0	0	0	0	0														
1	0	0	0	0	0																
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) ▼	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) Chain Bridge Bank	<b>Transaction ID:</b> B011C3F047F4A4892A06 <b>Date of Disbursement</b>																				
Mailing Address 1445-A McLaughlin Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	4		2	0	1	0												
City McLean State VA Zip Code 22101 Purpose of Disbursement credit card processing fee Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>7</td><td>9</td><td>5</td><td></td><td></td><td></td> </tr> </table>	7	9	5																	
7	9	5																			
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) ▼	Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) Chain Bridge Bank	<b>Transaction ID:</b> B827A78BDCF764312827 <b>Date of Disbursement</b>																				
Mailing Address 1445-A McLaughlin Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	4		2	0	1	0												
City McLean State VA Zip Code 22101 Purpose of Disbursement fee Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>3</td><td>1</td><td>8</td><td>5</td><td></td><td></td> </tr> </table>	3	1	8	5																
3	1	8	5																		
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) ▼	Category/ Type																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td>1</td><td>0</td><td>0</td><td>3</td><td>9</td><td>8</td><td>0</td> </tr> </table>	1	0	0	3	9	8	0													
1	0	0	3	9	8	0															
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 202 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Chain Bridge Bank</p> <p>Mailing Address 1445-A McLaughlin Ave.</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement credit card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B26180EA37B3A4BFF9B7</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="69.92"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Upstream Communications</p> <p>Mailing Address 1609 Shoal Creek Blvd. Suite 203</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Internet and credit card fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B09899A2ED40447DE820</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7872.80"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Chain Bridge Bank</p> <p>Mailing Address 1445-A McLaughlin Ave.</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement wire fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BE6D96A0B968446F8BB0</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**7962.72**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 203 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Timothy Crawford	<b>Transaction ID:</b> BCA4D8AAA8D204073AC9 <b>Date of Disbursement</b>																				
Mailing Address 6165 Mori St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	6		2	0	1	0												
City Mc Lean State VA Zip Code 22101-3148	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Finance, Treasurer Consulting Candidate Name	<table border="1"> <tr> <td colspan="10">10000.00</td> </tr> </table>	10000.00																			
10000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) New Flight Charters	<b>Transaction ID:</b> BF1FAA3F093534E8C97C <b>Date of Disbursement</b>																				
Mailing Address PMB 4067	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	8		2	0	1	0												
City Jackson Hole State WY Zip Code 83001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Airplane Charter Candidate Name	<table border="1"> <tr> <td colspan="10">6755.80</td> </tr> </table>	6755.80																			
6755.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) EDONATION.COM/Campaign Solutions	<b>Transaction ID:</b> B024F63A0FEC641709C2 <b>Date of Disbursement</b>																				
Mailing Address 118 N. St. Asaph St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	9		2	0	1	0												
City Alexandria State VA Zip Code 22314-3110	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Internet and Credit Card Fundraising Candidate Name	<table border="1"> <tr> <td colspan="10">2748.08</td> </tr> </table>	2748.08																			
2748.08																					
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) .....	<table border="1"> <tr> <td colspan="10">19503.88</td> </tr> </table>	19503.88																			
19503.88																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 204 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) RHA Marketing</p> <p>Mailing Address 5301 Buckeystown Pike #200</p> <p>City Frederick State MD Zip Code 21704</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B1402950EEF0249B7BF4</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 677.81</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Chain Bridge Bank</p> <p>Mailing Address 1445-A McLaughlin Ave.</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement merchant fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B1D6489FA1D494CAC815</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 465.48</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Orion Strategies</p> <p>Mailing Address 918 Pennsylvania Ave., SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Consulting, National and International Issues</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B67A57ACBB7B84506B0A</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 10000.00</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► 11143.29</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p>	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 205 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Postmaster, USPS	Transaction ID: B78AB4232571543098E5 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 1 0
	Mailing Address North Station 2200 N. George Mason Dr.	
	City Arlington State VA Zip Code 22207	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement BRE Postage	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>B.</b>	Full Name (Last, First, Middle Initial) Formost Graphic Company	Transaction ID: B1AE1C9C645494CC6B88 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 1 0
	Mailing Address 7564 Standish Place #115	
	City Rockville State MD Zip Code 20855-2745	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Thank You Letters	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>C.</b>	Full Name (Last, First, Middle Initial) HSP Direct	Transaction ID: BA5315934353B4560852 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 1 0
	Mailing Address 13755 Sunrise Valley Drive Suite 450	
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period 113226.45
	Purpose of Disbursement Letterhead, Envelopes, List Rental, Mail Shop, Caging	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) ▼
SUBTOTAL of Disbursements This Page (optional) .....		121226.45
TOTAL This Period (last page this line number only) .....		

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 206 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Chain Bridge Bank	<b>Transaction ID:</b> B57FFA77FEE274923842 <b>Date of Disbursement</b>
Mailing Address 1445-A McLaughlin Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 1 0</div> </div>
City McLean State VA Zip Code 22101 Purpose of Disbursement fee Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>10.00</div>
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) ▼	<div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) NorthStar Strategies	<b>Transaction ID:</b> BFA8E6AD9930D4CDC942 <b>Date of Disbursement</b>
Mailing Address 36B Fountainebleau Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 1 0</div> </div>
City New Orleans State LA Zip Code 70125 Purpose of Disbursement Consulting, Political & Logistical Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>15000.00</div>
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) ▼	<div>Category/Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Clapp, Peterson, Van Flein, Tiemessen, Thorsness LLC	<b>Transaction ID:</b> BE8EAB1BCB43A4F7898B <b>Date of Disbursement</b>
Mailing Address 711 H St. Suite 620	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 1 0</div> </div>
City Anchorage State AK Zip Code 99501 Purpose of Disbursement Legal Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>10000.00</div>
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) ▼	<div>Category/Type</div>
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>25010.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 207 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Pamela Pryor</p> <p>Mailing Address 5300 Columbia Pike #102</p> <p>City Arlington State VA Zip Code 22204-3118</p> <p>Purpose of Disbursement consulting coalitions</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B36FE08CC1C384EB2BA8</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 6000.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Orion Strategies</p> <p>Mailing Address 918 Pennsylvania Ave., SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement consulting, national and foreign affairs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B821FA6599E89408E84F</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 10000.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Timothy Crawford</p> <p>Mailing Address 6165 Mori St.</p> <p>City Mc Lean State VA Zip Code 22101-3148</p> <p>Purpose of Disbursement Treasurer/Fundraising Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BE0848F4912B04128A47</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 10000.00</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► 26000.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p>	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 208 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Robyn Engibous</p> <p>Mailing Address 140 W 10th Ave. #10</p> <p>City Anchorage State AK Zip Code 99501-3659</p> <p>Purpose of Disbursement Milage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BEDD46B7383524DD0B75</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Grey Strategies</p> <p>Mailing Address 386 Eastmoor Blvd.</p> <p>City Columbus State OH Zip Code 43209</p> <p>Purpose of Disbursement Consulting, Media, Logistics</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B5DBCFC2703E294B3D850</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15000.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Chain Bridge Bank</p> <p>Mailing Address 1445-A McLaughlin Ave.</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B94A19E0815E942F3AA4</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5.00"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**15205.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 209 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) RHA Marketing</p> <p>Mailing Address 5301 Buckeystown Pike #200</p> <p>City Frederick State MD Zip Code 21704</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BCAA67FD37CC948C2ADA</p> <p>Date of Disbursement 06 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 5700.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Aries Petra Consulting LLC</p> <p>Mailing Address 12728 Directors Loop</p> <p>City Woodbridge State VA Zip Code 22192</p> <p>Purpose of Disbursement Grassroots/Communication Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B5535BB7F91CB427382D</p> <p>Date of Disbursement 06 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 8000.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Aristotle International</p> <p>Mailing Address 205 Pennsylvania Ave., SE</p> <p>City Washington State DC Zip Code 20003-1164</p> <p>Purpose of Disbursement PAC Software/compliance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B06EDCB428FDB4678A02</p> <p>Date of Disbursement 06 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 6000.00</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► 19700.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p>	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 210 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Postmaster, USPS</p> <p>Mailing Address North Station 2200 N. George Mason Dr.</p> <p>City Arlington State VA Zip Code 22207</p> <p>Purpose of Disbursement BRE Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BD258C3DD543D49BA817</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4000.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Chain Bridge Bank</p> <p>Mailing Address 1445-A McLaughlin Ave.</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B05826B216A294E389B8</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="32.21"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) 338 Industries</p> <p>Mailing Address 101 Colorado St. #3201</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Fundraising Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BB0D5A3897879431297E</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**5532.21**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 211 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Chain Bridge Bank</p> <p>Mailing Address 1445-A McLaughlin Ave.</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B962C9D86B73E4598BC5</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7.95"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Upstream Communications</p> <p>Mailing Address 1609 Shoal Creek Blvd. Suite 203</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Internet and Credit Card Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BB68E7E5FCA3B4CC2956</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2751.20"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Chain Bridge Bank</p> <p>Mailing Address 1445-A McLaughlin Ave.</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement credit card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B8892988EB12D4859A88</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="87.57"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2846.72**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
Sarah PAC

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 213 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Chain Bridge Bank</p> <p>Mailing Address 1445-A McLaughlin Ave.</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement merchant fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B8410BEF7C3D34A69B8E</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="420.97"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Kristan Cole</p> <p>Mailing Address 5131 E. Mayflower</p> <p>City Wasilla State AK Zip Code 99654-7710</p> <p>Purpose of Disbursement Book Purchases</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BD7E456C4F7744FEE96F</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1040.39"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Walden Books</p> <p>Mailing Address 1801 E. Parks Hwy.</p> <p>City Wasilla State AK Zip Code 99654</p> <p>Purpose of Disbursement Books</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B1013CAF85DEF44A7AF9</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="827.95"/></p> <p><b>[MEMO ITEM]</b> Books</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1461.36**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 214 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Robyn Engibous</p> <p>Mailing Address 140 W 10th Ave. #10</p> <p>City Anchorage State AK Zip Code 99501-3659</p> <p>Purpose of Disbursement Computer, Office Supplies, Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BA9EF05C882D34116920</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1189.73"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Best Buy</p> <p>Mailing Address 1200 N. Muldoon St.</p> <p>City Anchorage State AK Zip Code 99504</p> <p>Purpose of Disbursement Computer &amp; Software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B05F9F6BBC7A540FA9CA</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="544.26"/></p> <p><b>[MEMO ITEM]</b> Computer &amp; Software</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) MGM Grande</p> <p>Mailing Address 145 E. Harmon</p> <p>City Las Vegas State NV Zip Code 89109</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B2D67F490CC3A4999A9C</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="222.88"/></p> <p><b>[MEMO ITEM]</b> Lodging</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1189.73**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 215 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ceasars Palace

Mailing Address 3570 S. Las Vegas Blvd.

City Las Vegas State NV Zip Code 89109

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B40EEE73ED9AB4534A31

Date of Disbursement

/   /

Amount of Each Disbursement this Period

224.00

**[MEMO ITEM]**

Lodging

**B.**

Full Name (Last, First, Middle Initial)  
Ivy Frye

Mailing Address 201 E Danna Ave #D

City Wasilla State AK Zip Code 99654-6421

Purpose of Disbursement  
Reimburse Expenses, Postage, Copies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B4756055A80C549E0BB6

Date of Disbursement

/   /

Amount of Each Disbursement this Period

411.56

**C.**

Full Name (Last, First, Middle Initial)  
Postmaster, Wasilla

Mailing Address Wasilla MPO

City Wasilla State AK Zip Code 99654

Purpose of Disbursement  
postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BAB32B47BAB084F598B5

Date of Disbursement

/   /

Amount of Each Disbursement this Period

27.59

**[MEMO ITEM]**

postage

**SUBTOTAL** of Disbursements This Page (optional) .....

411.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 216 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Postmaster, Wasilla	<b>Transaction ID:</b> B19511EDF77C94D2988E <b>Date of Disbursement</b>																				
Mailing Address Wasilla MPO	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	8		2	0	1	0												
City Wasilla State AK Zip Code 99654	Amount of Each Disbursement this Period																				
Purpose of Disbursement postage Candidate Name	<table border="1"> <tr> <td colspan="10">104.53</td> </tr> </table>	104.53																			
104.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> postage																				
<b>B.</b> Full Name (Last, First, Middle Initial) Postmaster, Wasilla	<b>Transaction ID:</b> BA67FD209A6C44E67861 <b>Date of Disbursement</b>																				
Mailing Address Wasilla MPO	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	9		2	0	1	0												
City Wasilla State AK Zip Code 99654	Amount of Each Disbursement this Period																				
Purpose of Disbursement postage Candidate Name	<table border="1"> <tr> <td colspan="10">68.50</td> </tr> </table>	68.50																			
68.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> postage																				
<b>C.</b> Full Name (Last, First, Middle Initial) Postmaster, Wasilla	<b>Transaction ID:</b> B23D4976241D44D4F89D <b>Date of Disbursement</b>																				
Mailing Address Wasilla MPO	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	0		2	0	1	0												
City Wasilla State AK Zip Code 99654	Amount of Each Disbursement this Period																				
Purpose of Disbursement postage Candidate Name	<table border="1"> <tr> <td colspan="10">10.45</td> </tr> </table>	10.45																			
10.45																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> postage																				

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 217 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)  
UPS Store

Mailing Address 1150 S. Colony Way  
Suite 3

City Palmer State AK Zip Code 99645

Purpose of Disbursement  
copies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** B339EFC26695140FD9C6

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2010

Amount of Each Disbursement this Period

78.92

**[MEMO ITEM]**  
copies

**B.**

Full Name (Last, First, Middle Initial)  
Postmaster, Wasilla

Mailing Address Wasilla MPO

City Wasilla State AK Zip Code 99654

Purpose of Disbursement  
postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** B96FB20B6E404423FBA5

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2010

Amount of Each Disbursement this Period

34.28

**[MEMO ITEM]**  
postage

**C.**

Full Name (Last, First, Middle Initial)  
Postmaster, Wasilla

Mailing Address Wasilla MPO

City Wasilla State AK Zip Code 99654

Purpose of Disbursement  
postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** B79F93EF19C2448F4B2E

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2010

Amount of Each Disbursement this Period

88.44

**[MEMO ITEM]**  
postage

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 218 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Visa/Bankcard Center</p> <p>Mailing Address PO Box 569200</p> <p>City Dallas State TX Zip Code 75356</p> <p>Purpose of Disbursement Travel, Lodging, SUV Rental, Meals,</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B7FF4B238ADA341649C4</p> <p>Date of Disbursement 05 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 24661.85</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) U.S. Airways</p> <p>Mailing Address 111 West Rio Salado Parkway</p> <p>City Tempe State AZ Zip Code 85281</p> <p>Purpose of Disbursement Air Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B3E26B67FD2974BEBBEE</p> <p>Date of Disbursement 04 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 534.00</p> <p><b>[MEMO ITEM]</b> Air Travel</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Windsor Court Hotel</p> <p>Mailing Address 300 Gravier Street</p> <p>City New Orleans State LA Zip Code 70130</p> <p>Purpose of Disbursement meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B6D6F3FB245754B35A9A</p> <p>Date of Disbursement 04 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 99.96</p> <p><b>[MEMO ITEM]</b> meals</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► 24661.85</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p>	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 219 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mother's Restaurant	<b>Transaction ID:</b> BE980D43D63D54520A15 <b>Date of Disbursement</b>																				
Mailing Address 401 Poydras St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	8		2	0	1	0												
City New Orleans State LA Zip Code 70130-3207	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Dinner/Meeting Candidate Name	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Dinner/Meeting																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>B.</b> Full Name (Last, First, Middle Initial) JetBlue Airways	<b>Transaction ID:</b> BAB1234220B984B95A73 <b>Date of Disbursement</b>																				
Mailing Address 118-29 Queens Blvd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	9		2	0	1	0												
City Forest Hills State NY Zip Code 11375-7212	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Air Travel Candidate Name	<table border="1"> <tr> <td colspan="10">357.40</td> </tr> </table>	357.40																			
357.40																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Air Travel																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b> Full Name (Last, First, Middle Initial) Hilton Hotel Minneapolis Airport	<b>Transaction ID:</b> B7913C65A2CAA44E5957 <b>Date of Disbursement</b>																				
Mailing Address 3800 American Blvd. East	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	9		2	0	1	0												
City Bloomington State MN Zip Code 55425	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Lodging Candidate Name	<table border="1"> <tr> <td colspan="10">328.16</td> </tr> </table>	328.16																			
328.16																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Lodging																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 220 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Windsor Court Hotel

Mailing Address 300 Gravier Street

City State Zip Code  
New Orleans LA 70130

Purpose of Disbursement  
meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BDB92B790FC404C0BA5C

Date of Disbursement

04 / 12 / 2010

Amount of Each Disbursement this Period

62.53

**[MEMO ITEM]**  
meals

**B.**

Full Name (Last, First, Middle Initial)

American Airlines

Mailing Address PO Box 619616

City State Zip Code  
DFW Airport TX 75261

Purpose of Disbursement  
Air Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B7AC85583784D4D83A48

Date of Disbursement

04 / 12 / 2010

Amount of Each Disbursement this Period

1690.00

**[MEMO ITEM]**  
Air Travel

**C.**

Full Name (Last, First, Middle Initial)

Compass Travel

Mailing Address 1904 3rd Ave.  
Suite 900

City State Zip Code  
Seattle WA 98101

Purpose of Disbursement  
Travel Agent Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BF1AB9F2782D64B0D95F

Date of Disbursement

04 / 12 / 2010

Amount of Each Disbursement this Period

60.00

**[MEMO ITEM]**  
Travel Agent Fees

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 221 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 77 West Wacker Drive</p> <p>City Chicago State IL Zip Code 60601</p> <p>Purpose of Disbursement Air Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BD67296D145F542E49D1</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 3 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>761.70</div> </p> <p><b>[MEMO ITEM]</b> Air Travel</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Compass Travel</p> <p>Mailing Address 1904 3rd Ave. Suite 900</p> <p>City Seattle State WA Zip Code 98101</p> <p>Purpose of Disbursement Travel Agent Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BC8E83523000E46BBA37</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>42.00</div> </p> <p><b>[MEMO ITEM]</b> Travel Agent Fees</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address PO Box 619616</p> <p>City DFW Airport State TX Zip Code 75261</p> <p>Purpose of Disbursement Air Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BFF1D6483804F4845945</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>689.40</div> </p> <p><b>[MEMO ITEM]</b> Air Travel</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**0.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 222 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Hilton Back Bay	<b>Transaction ID:</b> B3BE1D5739A9E49318C9 <b>Date of Disbursement</b>																				
Mailing Address 40 Dalton Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	4		2	0	1	0												
City Boston State MA Zip Code 02115-3155	<b>Amount of Each Disbursement this Period</b> <div>525.30</div>																				
Purpose of Disbursement Lodging Candidate Name	<div>Category/Type</div>																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Lodging																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>B.</b> Full Name (Last, First, Middle Initial) International Limousine Service Inc.	<b>Transaction ID:</b> B4FF5E4D5D203452AA62 <b>Date of Disbursement</b>																				
Mailing Address 2300 T Street NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	1	0												
City Washington State DC Zip Code 20002-1938	<b>Amount of Each Disbursement this Period</b> <div>2081.04</div>																				
Purpose of Disbursement SUV's Rental and Driver Fees Candidate Name	<div>Category/Type</div>																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> SUV's Rental and Driver Fees																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b> Full Name (Last, First, Middle Initial) Marriott Longwharf	<b>Transaction ID:</b> BEEAEC4FAB361420A886 <b>Date of Disbursement</b>																				
Mailing Address 296 State Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	1	0												
City Boston State MA Zip Code 02109-2607	<b>Amount of Each Disbursement this Period</b> <div>2161.20</div>																				
Purpose of Disbursement Lodging Candidate Name	<div>Category/Type</div>																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Lodging																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 223 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
Sarah PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Marriott Longwharf	<b>Transaction ID:</b> B49227133CAB749ED83C <b>Date of Disbursement</b>																				
Mailing Address 296 State Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	6		2	0	1	0												
City Boston State MA Zip Code 02109-2607	<b>Amount of Each Disbursement this Period</b> <div>1778.70</div>																				
Purpose of Disbursement Lodging Candidate Name <div>Category/Type</div>	<div>[MEMO ITEM]</div>																				
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) ▼	Lodging																				
<b>B.</b> Full Name (Last, First, Middle Initial) National Allstate Limousine	<b>Transaction ID:</b> BB39712A28E864EA59CB <b>Date of Disbursement</b>																				
Mailing Address 3000 E. Main St. Ste. B117	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	6		2	0	1	0												
City Columbus State OH Zip Code 43209-3717	<b>Amount of Each Disbursement this Period</b> <div>681.76</div>																				
Purpose of Disbursement SUV Rentals and Drivers Candidate Name <div>Category/Type</div>	<div>[MEMO ITEM]</div>																				
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) ▼	SUV Rentals and Drivers																				
<b>C.</b> Full Name (Last, First, Middle Initial) Compass Travel	<b>Transaction ID:</b> B6BA5669AA8D046E6B20 <b>Date of Disbursement</b>																				
Mailing Address 1904 3rd Ave. Suite 900	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	1		2	0	1	0												
City Seattle State WA Zip Code 98101	<b>Amount of Each Disbursement this Period</b> <div>30.00</div>																				
Purpose of Disbursement Travel Agent Fees Candidate Name <div>Category/Type</div>	<div>[MEMO ITEM]</div>																				
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) ▼	Travel Agent Fees																				

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 224 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)  
International Limousine Service Inc.

Mailing Address 2300 T Street NE

City Washington State DC Zip Code 20002-1938

Purpose of Disbursement  
SUV's Rentals and Driver's Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BBDCC71716FB64A34970

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1968.66

**[MEMO ITEM]**

SUV's Rentals and Driver's Fees

**B.**

Full Name (Last, First, Middle Initial)  
American Airlines

Mailing Address PO Box 619616

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement  
Air Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B82A98E411C4B4401ABA

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1237.70

**[MEMO ITEM]**

Air Travel

**C.**

Full Name (Last, First, Middle Initial)  
International Limousine Service Inc.

Mailing Address 2300 T Street NE

City Washington State DC Zip Code 20002-1938

Purpose of Disbursement  
SUV Rentals and Drivers Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B11B3B7B3EC9847AA82C

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1336.69

**[MEMO ITEM]**

SUV Rentals and Drivers Fees

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 225 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Delta Airlines	<b>Transaction ID:</b> B067787482C364049BED <b>Date of Disbursement</b>																				
Mailing Address 1030 Delta Blvd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	2		2	0	1	0												
City Atlanta State GA Zip Code 30320	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td colspan="10">2875.50</td> </tr> </table>	2875.50																			
2875.50																					
Purpose of Disbursement Air Travel Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Air Travel																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>B.</b> Full Name (Last, First, Middle Initial) United Airlines	<b>Transaction ID:</b> B8F68216A55B042BE851 <b>Date of Disbursement</b>																				
Mailing Address 77 West Wacker Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	2		2	0	1	0												
City Chicago State IL Zip Code 60601	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td colspan="10">915.90</td> </tr> </table>	915.90																			
915.90																					
Purpose of Disbursement Air Travel Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Air Travel																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b> Full Name (Last, First, Middle Initial) Compass Travel	<b>Transaction ID:</b> BD3F51F3627734789A32 <b>Date of Disbursement</b>																				
Mailing Address 1904 3rd Ave. Suite 900	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	2		2	0	1	0												
City Seattle State WA Zip Code 98101	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td colspan="10">84.00</td> </tr> </table>	84.00																			
84.00																					
Purpose of Disbursement Travel Agent Fees Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Travel Agent Fees																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00																			
0.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 226 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Compass Travel	<b>Transaction ID:</b> BECF118D194B640C5871 <b>Date of Disbursement</b>																				
Mailing Address 1904 3rd Ave. Suite 900	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	2		2	0	1	0												
City State Zip Code Seattle WA 98101	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">90.00</td> </tr> </table>	90.00																			
90.00																					
Purpose of Disbursement Travel Agent Fees Candidate Name	<b>[MEMO ITEM]</b> Travel Agent Fees																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>B.</b> Full Name (Last, First, Middle Initial) Delta Airlines	<b>Transaction ID:</b> B9D70A077AE084D938D7 <b>Date of Disbursement</b>																				
Mailing Address 1030 Delta Blvd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	2		2	0	1	0												
City State Zip Code Atlanta GA 30320	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">960.90</td> </tr> </table>	960.90																			
960.90																					
Purpose of Disbursement Air Travel Candidate Name	<b>[MEMO ITEM]</b> Air Travel																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b> Full Name (Last, First, Middle Initial) International Limousine Service Inc.	<b>Transaction ID:</b> BD33E2BA157FB47D48BA <b>Date of Disbursement</b>																				
Mailing Address 2300 T Street NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	4		2	0	1	0												
City State Zip Code Washington DC 20002-1938	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">1559.41</td> </tr> </table>	1559.41																			
1559.41																					
Purpose of Disbursement SUV Rentals and Drivers Fees Candidate Name	<b>[MEMO ITEM]</b> SUV Rentals and Drivers Fees																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 227 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Visa/Bankcard Center</p> <p>Mailing Address PO Box 569200</p> <p>City Dallas State TX Zip Code 75356</p> <p>Purpose of Disbursement Air Travel, Lodging, Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B7422C1A8CD8C451C8A5</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7181.57"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) AirTran Airways</p> <p>Mailing Address 9955 AirTran Blvd.</p> <p>City Orlando State FL Zip Code 32827</p> <p>Purpose of Disbursement Air Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B3FF982A91BC54CAD96D</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="457.70"/></p> <p><b>[MEMO ITEM]</b> Air Travel</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address 1030 Delta Blvd.</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement Air Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B483646147083499CA16</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1621.44"/></p> <p><b>[MEMO ITEM]</b> Air Travel</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► <input type="text" value="7181.57"/></p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ► <input type="text"/></p>	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 228 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
Sarah PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ritz Carlton Grand Lakes	<b>Transaction ID:</b> B7CD33951F8894E0687E <b>Date of Disbursement</b>																				
Mailing Address 400 Central Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	4		2	0	1	0												
City Orlando State FL Zip Code 32837	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Lodging	<table border="1"> <tr> <td colspan="10">900.36</td> </tr> </table>	900.36																			
900.36																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Lodging																					
<b>B.</b> Full Name (Last, First, Middle Initial) Delta Airlines	<b>Transaction ID:</b> B9EAD2051862C4CBF84C <b>Date of Disbursement</b>																				
Mailing Address 1030 Delta Blvd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	1	0												
City Atlanta State GA Zip Code 30320	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Air Travel	<table border="1"> <tr> <td colspan="10">687.40</td> </tr> </table>	687.40																			
687.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Air Travel																					
<b>C.</b> Full Name (Last, First, Middle Initial) Federal Express	<b>Transaction ID:</b> BAC4709BA14E5451C876 <b>Date of Disbursement</b>																				
Mailing Address 6829 Elm St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	1		2	0	1	0												
City McLean State VA Zip Code 22101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement shipping	<table border="1"> <tr> <td colspan="10">180.84</td> </tr> </table>	180.84																			
180.84																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> shipping																					
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">0.00</td> </tr> </table>	0.00																			
0.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 229 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)  
MGM Grande

Mailing Address 145 E. Harmon

City Las Vegas State NV Zip Code 89109

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BD69BDEBD9D7D4D738E9

Date of Disbursement

03 / 28 / 2010

Amount of Each Disbursement this Period

360.88

**[MEMO ITEM]**

Lodging

**B.**

Full Name (Last, First, Middle Initial)  
American Airlines

Mailing Address PO Box 619616

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement  
Air Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B39130C7D473344D1893

Date of Disbursement

03 / 30 / 2010

Amount of Each Disbursement this Period

969.20

**[MEMO ITEM]**

Air Travel

**C.**

Full Name (Last, First, Middle Initial)  
Delta Airlines

Mailing Address 1030 Delta Blvd.

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Air Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B9D9611EAACB44C6C913

Date of Disbursement

04 / 01 / 2010

Amount of Each Disbursement this Period

699.10

**[MEMO ITEM]**

Air Travel

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 230 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)  
Delta Airlines

Mailing Address 1030 Delta Blvd.

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Air Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** BE64D8780DAA34A0F9D7

Date of Disbursement

/   /

Amount of Each Disbursement this Period

837.40

**[MEMO ITEM]**  
Air Travel

**B.**

Full Name (Last, First, Middle Initial)  
Compass Travel

Mailing Address 1904 3rd Ave.  
Suite 900

City Seattle State WA Zip Code 98101

Purpose of Disbursement  
Travel Agent Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** BAD6C155E1E9F4198B7A

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

**[MEMO ITEM]**  
Travel Agent Fee

**C.**

Full Name (Last, First, Middle Initial)  
Timothy Crawford

Mailing Address 6165 Mori St.

City Mc Lean State VA Zip Code 22101-3148

Purpose of Disbursement  
Postage, Travel, Printing, Lodging, Meals, Storage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** BDA44342CDAD5422589F

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3638.83

**SUBTOTAL** of Disbursements This Page (optional) .....

3638.83

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 231 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) United States Postal Service	Transaction ID: BE9D180F51E0C4B43B25 Date of Disbursement MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 6841 Elm St.	
	City McLean State VA Zip Code 22102	Amount of Each Disbursement this Period 13.01
	Purpose of Disbursement postage	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b>	Full Name (Last, First, Middle Initial) United States Postal Service	Transaction ID: B241AADC05B8F47AFBB5 Date of Disbursement MM / DD / YYYY 03 / 22 / 2010
	Mailing Address 6841 Elm St.	
	City McLean State VA Zip Code 22102	Amount of Each Disbursement this Period 123.70
	Purpose of Disbursement Postage	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b>	Full Name (Last, First, Middle Initial) United States Postal Service	Transaction ID: B8947116C51444D05BE3 Date of Disbursement MM / DD / YYYY 03 / 24 / 2010
	Mailing Address 6841 Elm St.	
	City McLean State VA Zip Code 22102	Amount of Each Disbursement this Period 53.00
	Purpose of Disbursement postage	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
SUBTOTAL of Disbursements This Page (optional) .....		0.00
TOTAL This Period (last page this line number only) .....		

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 232 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 77 West Wacker Drive</p> <p>City Chicago State IL Zip Code 60601</p> <p>Purpose of Disbursement Air Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B79765ED47E4C4449BCC</p> <p>Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 801.40</p> <p><b>[MEMO ITEM]</b> Air Travel</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address 6829 Elm St.</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B26AADD74315A416B921</p> <p>Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 78.37</p> <p><b>[MEMO ITEM]</b> shipping</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) United States Postal Service</p> <p>Mailing Address 6841 Elm St.</p> <p>City McLean State VA Zip Code 22102</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B4A6F65CF49894C09B83</p> <p>Date of Disbursement 03 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 120.77</p> <p><b>[MEMO ITEM]</b> postage</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► 0.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p>	



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 233 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Windsor Court Hotel</p> <p>Mailing Address 300 Gravier Street</p> <p>City New Orleans State LA Zip Code 70130</p> <p>Purpose of Disbursement Business Center, Printer Rental, Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B7ADA062C0BFF42C0B3E</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>259.00</td> </tr> </table> <p><b>[MEMO ITEM]</b> Business Center, Printer Rental, Printing</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	1	0	259.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	1		2	0	1	0													
259.00																						
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Windsor Court Hotel</p> <p>Mailing Address 300 Gravier Street</p> <p>City New Orleans State LA Zip Code 70130</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B373DD99BB33F4C4D82B</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>205.57</td> </tr> </table> <p><b>[MEMO ITEM]</b> Lodging</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	1	0	205.57
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	2		2	0	1	0													
205.57																						
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) United States Postal Service</p> <p>Mailing Address 6841 Elm St.</p> <p>City McLean State VA Zip Code 22102</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BD5215DD134DB444E944</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>42.33</td> </tr> </table> <p><b>[MEMO ITEM]</b> postage</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	1	0	42.33
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	2		2	0	1	0													
42.33																						
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ►</p> <table border="1"> <tr> <td>0.00</td> </tr> </table>		0.00																				
0.00																						
<p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p> <table border="1"> <tr> <td></td> </tr> </table>																						

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 234 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

**A.** Full Name (Last, First, Middle Initial)  
Mat Valley Mini Storage/Silver Tip Design

Mailing Address 585 S. Valley Way

City Palmer State AK Zip Code 99645

Purpose of Disbursement  
storage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BC51C9F9C713C407496F

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2010

Amount of Each Disbursement this Period

715.12

**[MEMO ITEM]**  
storage

**B.** Full Name (Last, First, Middle Initial)  
Kwik Kopy

Mailing Address 1356 Old Chain Bridge Rd.

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Printing, Stationary and Envelopes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B95C66785433B4D4A9AF

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2010

Amount of Each Disbursement this Period

576.45

**[MEMO ITEM]**  
Printing, Stationary and  
Envelopes

**C.** Full Name (Last, First, Middle Initial)  
NorthStar Strategies

Mailing Address 36B Fountainebleau Drive

City New Orleans State LA Zip Code 70125

Purpose of Disbursement  
Travel, Cabs, Fed Ex

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BDC6E39B1B39B4F0DA79

Date of Disbursement

MM / DD / YYYY  
04 / 06 / 2010

Amount of Each Disbursement this Period

1008.80

**SUBTOTAL** of Disbursements This Page (optional) .....

1008.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 235 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Amtrak	<b>Transaction ID:</b> B61498D4D979846A7A34 <b>Date of Disbursement</b>																				
Mailing Address 60 Massachusetts Ave., NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	0		2	0	1	0												
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Train Travel	<table border="1"> <tr> <td colspan="10">406.00</td> </tr> </table>	406.00																			
406.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] Train Travel																					
<b>B.</b> Full Name (Last, First, Middle Initial) Todd Palin	<b>Transaction ID:</b> BF74EE3DFA7DA4D06838 <b>Date of Disbursement</b>																				
Mailing Address PO Box 871235	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	9		2	0	1	0												
City Wasilla State AK Zip Code 99687-1235	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Lodging, Cab	<table border="1"> <tr> <td colspan="10">310.11</td> </tr> </table>	310.11																			
310.11																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] Lodging																					
<b>C.</b> Full Name (Last, First, Middle Initial) The Georgetown Inn	<b>Transaction ID:</b> B21874F471D71448CA74 <b>Date of Disbursement</b>																				
Mailing Address 1310 Wisconsin Ave. NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	6		2	0	1	0												
City Washington State DC Zip Code 20007	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Lodging	<table border="1"> <tr> <td colspan="10">285.11</td> </tr> </table>	285.11																			
285.11																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] Lodging																					

**SUBTOTAL** of Disbursements This Page (optional) .....

310.11

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Timothy Crawford Mailing Address 6165 Mori St.	<b>Transaction ID:</b> B52A8D753E21F4DC782D <b>Date of Disbursement</b> <div> <div>MM / DD / YY</div> <div>04 / 06 / 2010</div> </div>
City Mc Lean State VA Zip Code 22101-3148 Purpose of Disbursement Travel, Lodging, Car Rental, Postage, Office Supplies 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>Amount of Each Disbursement this Period</b> <div>14358.97</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) United States Postal Service Mailing Address 6841 Elm St. City McLean State VA Zip Code 22102 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BC5F5DC8EA6CF435890E <b>Date of Disbursement</b> <div>MM / DD / YY</div> <div>02 / 24 / 2010</div> <b>Amount of Each Disbursement this Period</b> <div>37.62</div> <div>Category/Type</div> <p><b>[MEMO ITEM]</b> postage</p>
<b>C.</b> Full Name (Last, First, Middle Initial) United Airlines Mailing Address 77 West Wacker Drive City Chicago State IL Zip Code 60601 Purpose of Disbursement Air Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B8ACBEC5186C14B60834 <b>Date of Disbursement</b> <div>MM / DD / YY</div> <div>02 / 28 / 2010</div> <b>Amount of Each Disbursement this Period</b> <div>799.40</div> <div>Category/Type</div> <p><b>[MEMO ITEM]</b> Air Travel</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

14358.97

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 237 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)  
United States Postal Service

Mailing Address 6841 Elm St.

City State Zip Code  
McLean VA 22102

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B32C404676EB5495D97F

Date of Disbursement

/   /

Amount of Each Disbursement this Period

89.25

**[MEMO ITEM]**

Postage

**B.**

Full Name (Last, First, Middle Initial)  
Enterprise Rental Car

Mailing Address 600 Corporate Park Dr.

City State Zip Code  
St. Louis MO 63105

Purpose of Disbursement  
Rental Car

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B3A0331286F954E62B7E

Date of Disbursement

/   /

Amount of Each Disbursement this Period

302.81

**[MEMO ITEM]**

Rental Car

**C.**

Full Name (Last, First, Middle Initial)  
Beverly Wilshire Hotel

Mailing Address 9500 Wilshire Blvd.

City State Zip Code  
Beverly Hills CA 90212

Purpose of Disbursement  
Payment for meeting room

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BEC1B56B4A2FF483E93C

Date of Disbursement

/   /

Amount of Each Disbursement this Period

784.34

**[MEMO ITEM]**

Payment for meeting room

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 238 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) United States Postal Service</p> <p>Mailing Address 6841 Elm St.</p> <p>City McLean State VA Zip Code 22102</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B3DCE75D3B03843C89FD</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>21.93</div> </p> <p><b>[MEMO ITEM]</b> postage</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) United States Postal Service</p> <p>Mailing Address 6841 Elm St.</p> <p>City McLean State VA Zip Code 22102</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BD92B5B4C3C4E4887BD3</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 9 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>46.43</div> </p> <p><b>[MEMO ITEM]</b> postage</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 77 West Wacker Drive</p> <p>City Chicago State IL Zip Code 60601</p> <p>Purpose of Disbursement Air Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B4FD177C8682C4F69BC2</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 9 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>1669.00</div> </p> <p><b>[MEMO ITEM]</b> Air Travel</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**0.00**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 239 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address 1030 Delta Blvd.</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement Air Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B480D0245D4274C3B8BF</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="475.40"/></p> <p><b>[MEMO ITEM]</b> Air Travel</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) U.S. Airways</p> <p>Mailing Address 111 West Rio Salado Parkway</p> <p>City Tempe State AZ Zip Code 85281</p> <p>Purpose of Disbursement Air Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B52660B5418BC44D392E</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="349.40"/></p> <p><b>[MEMO ITEM]</b> Air Travel</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Beverly Wilshire Hotel</p> <p>Mailing Address 9500 Wilshire Blvd.</p> <p>City Beverly Hills State CA Zip Code 90212</p> <p>Purpose of Disbursement Hotel Room, Catering for Meeting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BBCAF969B9BFC43BDBF7</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="935.78"/></p> <p><b>[MEMO ITEM]</b> Hotel Room, Catering for Meeting</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► <input type="text" value="0.00"/></p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ► <input type="text"/></p>	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 240 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Compass Travel</p> <p>Mailing Address 1904 3rd Ave. Suite 900</p> <p>City Seattle State WA Zip Code 98101</p> <p>Purpose of Disbursement Travel Booking Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B944459365DBA430C88E</p> <p>Date of Disbursement 03 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 270.00</p> <p><b>[MEMO ITEM]</b> Travel Booking Fees</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address PO Box 619616</p> <p>City DFW Airport State TX Zip Code 75261</p> <p>Purpose of Disbursement Air Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B7C8F5FAD691746FCB3B</p> <p>Date of Disbursement 03 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 918.19</p> <p><b>[MEMO ITEM]</b> Air Travel</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address PO Box 619616</p> <p>City DFW Airport State TX Zip Code 75261</p> <p>Purpose of Disbursement Air Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B2B334F01578041CF815</p> <p>Date of Disbursement 03 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 1871.39</p> <p><b>[MEMO ITEM]</b> Air Travel</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► 0.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p>	



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 241 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<b>A.</b> Full Name (Last, First, Middle Initial) U.S. Airways	<b>Transaction ID:</b> BB25E98392092410F954 <b>Date of Disbursement</b>
Mailing Address 111 West Rio Salado Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 1 0</div> </div>
City State Zip Code Tempe AZ 85281	<b>Amount of Each Disbursement this Period</b> <div>319.40</div>
Purpose of Disbursement Air Travel Candidate Name	<div>Category/Type</div>
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>[MEMO ITEM]</b> Air Travel
<b>B.</b> Full Name (Last, First, Middle Initial) Staples Inc.	<b>Transaction ID:</b> B0B7DEFD3131C4ACA83B <b>Date of Disbursement</b>
Mailing Address 1104 West Broad St.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 1 0</div> </div>
City State Zip Code Falls Church VA 22046	<b>Amount of Each Disbursement this Period</b> <div>57.71</div>
Purpose of Disbursement office supplies Candidate Name	<div>Category/Type</div>
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>[MEMO ITEM]</b> office supplies
<b>C.</b> Full Name (Last, First, Middle Initial) United States Postal Service	<b>Transaction ID:</b> BA4B36350038245109BB <b>Date of Disbursement</b>
Mailing Address 6841 Elm St.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 1 0</div> </div>
City State Zip Code McLean VA 22102	<b>Amount of Each Disbursement this Period</b> <div>19.94</div>
Purpose of Disbursement postage Candidate Name	<div>Category/Type</div>
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>[MEMO ITEM]</b> postage
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>0.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 242 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Alaska Airlines</p> <p>Mailing Address PO Box 68900-SEAE</p> <p>City Seattle State WA Zip Code 98168</p> <p>Purpose of Disbursement Air Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B245CC819FA1C49F3834</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 808.50</p> <p><b>[MEMO ITEM]</b> Air Travel</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) U.S. Airways</p> <p>Mailing Address 111 West Rio Salado Parkway</p> <p>City Tempe State AZ Zip Code 85281</p> <p>Purpose of Disbursement Air Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B94A55B52625B43A59DF</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 475.40</p> <p><b>[MEMO ITEM]</b> Air Travel</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 77 West Wacker Drive</p> <p>City Chicago State IL Zip Code 60601</p> <p>Purpose of Disbursement Air Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BF4AD242D35E949B390F</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 1328.80</p> <p><b>[MEMO ITEM]</b> Air Travel</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► 0.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p>	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 243 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Orbitz</p> <p>Mailing Address 111 W. Washington #2100</p> <p>City Chicago State IL Zip Code 60602</p> <p>Purpose of Disbursement Air Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BEEE46E396F8246A1974</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 575.23</p> <p><b>[MEMO ITEM]</b> Air Travel</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Timothy Crawford</p> <p>Mailing Address 6165 Mori St.</p> <p>City Mc Lean State VA Zip Code 22101-3148</p> <p>Purpose of Disbursement Travel, Lodging, Postage, parking, Fed Ex</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B78DAEC2B92704AB7A4E</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 8025.29</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address 6829 Elm St.</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B766DB87A3F7649F48D8</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 21.27</p> <p><b>[MEMO ITEM]</b> shipping</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

8025.29

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 244 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Compass Travel</p> <hr/> <p>Mailing Address 1904 3rd Ave. Suite 900</p> <hr/> <p>City Seattle State WA Zip Code 98101</p> <hr/> <p>Purpose of Disbursement travel agent fee</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BE585E2EAFB764646A76</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>30.00</td> </tr> </table> <p><b>[MEMO ITEM]</b> travel agent fee</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	5		2	0	1	0	30.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	5		2	0	1	0													
30.00																						
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) American Airlines</p> <hr/> <p>Mailing Address PO Box 619616</p> <hr/> <p>City DFW Airport State TX Zip Code 75261</p> <hr/> <p>Purpose of Disbursement Airfare</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BCB043224DF744B50AA7</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>2702.80</td> </tr> </table> <p><b>[MEMO ITEM]</b> Airfare</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	5		2	0	1	0	2702.80
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	5		2	0	1	0													
2702.80																						
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) U.S. Airways</p> <hr/> <p>Mailing Address 111 West Rio Salado Parkway</p> <hr/> <p>City Tempe State AZ Zip Code 85281</p> <hr/> <p>Purpose of Disbursement airfare</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BCE136EBB17394F07B8D</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>697.80</td> </tr> </table> <p><b>[MEMO ITEM]</b> airfare</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	1	0	697.80
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	7		2	0	1	0													
697.80																						
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ►</p> <table border="1"> <tr> <td>0.00</td> </tr> </table>		0.00																				
0.00																						
<p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p> <table border="1"> <tr> <td></td> </tr> </table>																						

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 245 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) United States Postal Service</p> <p>Mailing Address 6841 Elm St.</p> <p>City McLean State VA Zip Code 22102</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B16D0F731E4CC49ABBFD</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 8 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>101.85</div> </p> <p><b>[MEMO ITEM]</b> postage</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 77 West Wacker Drive</p> <p>City Chicago State IL Zip Code 60601</p> <p>Purpose of Disbursement airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BB6832C1528B8439DB28</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 3 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>504.40</div> </p> <p><b>[MEMO ITEM]</b> airfare</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Hilton Hotel Austin</p> <p>Mailing Address 500 East 4th St.</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Event and Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B11D5E0F81E3245299DC</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 3 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>2544.17</div> </p> <p><b>[MEMO ITEM]</b> Event and Lodging</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► <div>0.00</div></p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p>	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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PAGE 246 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<b>A.</b> Full Name (Last, First, Middle Initial) United States Postal Service	<b>Transaction ID:</b> B98053118DA3D4AC8851 <b>Date of Disbursement</b>																				
Mailing Address 6841 Elm St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	0												
City McLean State VA Zip Code 22102	<b>Amount of Each Disbursement this Period</b> <div>11.60</div>																				
Purpose of Disbursement postage Candidate Name <div>Category/Type</div>	<b>[MEMO ITEM]</b> postage																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>B.</b> Full Name (Last, First, Middle Initial) Federal Express	<b>Transaction ID:</b> BA20DE40928A142F498D <b>Date of Disbursement</b>																				
Mailing Address 6829 Elm St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	0		2	0	1	0												
City McLean State VA Zip Code 22101	<b>Amount of Each Disbursement this Period</b> <div>20.94</div>																				
Purpose of Disbursement shipping Candidate Name <div>Category/Type</div>	<b>[MEMO ITEM]</b> shipping																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b> Full Name (Last, First, Middle Initial) Westin O'Hare	<b>Transaction ID:</b> BD6BDA875618942FCA05 <b>Date of Disbursement</b>																				
Mailing Address 6100 N. River Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	3		2	0	1	0												
City Rosemont State IL Zip Code 60018	<b>Amount of Each Disbursement this Period</b> <div>843.96</div>																				
Purpose of Disbursement lodging Candidate Name <div>Category/Type</div>	<b>[MEMO ITEM]</b> lodging																				
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) ..... ►	<div>0.00</div>																				
<b>TOTAL</b> This Period (last page this line number only) ..... ►																					

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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PAGE 247 / 259

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ivy Frye	<b>Transaction ID:</b> B475B8FD917F24383B4E <b>Date of Disbursement</b>																				
Mailing Address 201 E Danna Ave #D	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	1	0												
City Wasilla State AK Zip Code 99654-6421	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Storage and Postage	<table border="1"> <tr> <td colspan="10">1056.38</td> </tr> </table>	1056.38																			
1056.38																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Postmaster, Wasilla	<b>Transaction ID:</b> B8E421619BAAA43D9A01 <b>Date of Disbursement</b>																				
Mailing Address Wasilla MPO	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	0		2	0	1	0												
City Wasilla State AK Zip Code 99654	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement postage	<table border="1"> <tr> <td colspan="10">184.36</td> </tr> </table>	184.36																			
184.36																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Matt Hall	<b>Transaction ID:</b> B2F797A65E64644608EF <b>Date of Disbursement</b>																				
Mailing Address 801 N. Monroe St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	3		2	0	1	0												
City Arlington State VA Zip Code 22201-2367	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem, Travel, Lodging, Parking	<table border="1"> <tr> <td colspan="10">2779.25</td> </tr> </table>	2779.25																			
2779.25																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">3835.63</td> </tr> </table>	3835.63																			
3835.63																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
Sarah PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address 1030 Delta Blvd.	<b>Transaction ID:</b> B32DFA1A5C49743C1A86 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 6 / 2 0 1 0</div> </div>
City Atlanta State GA Zip Code 30320 Purpose of Disbursement Travel 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>Amount of Each Disbursement this Period</b> <div>170.00</div> <b>[MEMO ITEM]</b> Travel
<b>B.</b> Full Name (Last, First, Middle Initial) Enterprise Rental Car Mailing Address 600 Corporate Park Dr.	<b>Transaction ID:</b> B923C8AA09A394298875 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 6 / 2 0 1 0</div> </div>
City St. Louis State MO Zip Code 63105 Purpose of Disbursement Rental Car 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>Amount of Each Disbursement this Period</b> <div>682.05</div> <b>[MEMO ITEM]</b> Rental Car
<b>C.</b> Full Name (Last, First, Middle Initial) Hetz Rental Car Mailing Address 225 Brae Blvd.	<b>Transaction ID:</b> B35888CF789BB4FE8BC9 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 1 / 2 0 1 0</div> </div>
City Park Ridge State NJ Zip Code 07656 Purpose of Disbursement Rental Car 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>Amount of Each Disbursement this Period</b> <div>660.80</div> <b>[MEMO ITEM]</b> Rental Car
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ►	
<div>0.00</div>	
<b>TOTAL</b> This Period (last page this line number only) ..... ►	
<div></div>	



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Kristan Cole	<b>Transaction ID:</b> BA1226A8C9ABC4803993 <b>Date of Disbursement</b>																				
Mailing Address 5131 E. Mayflower	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	7		2	0	1	0												
City Wasilla State AK Zip Code 99654-7710	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Books Candidate Name	<table border="1"> <tr> <td>297.15</td> </tr> </table>	297.15																			
297.15																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Borders Books	<b>Transaction ID:</b> B19675BD86A5A4989A72 <b>Date of Disbursement</b>																				
Mailing Address Carr's Mall	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	7		2	0	1	0												
City Wasilla State AK Zip Code 99654	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Books Candidate Name	<table border="1"> <tr> <td>297.15</td> </tr> </table>	297.15																			
297.15																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Visa/Bankcard Center	<b>Transaction ID:</b> BB459253F34004C268D3 <b>Date of Disbursement</b>																				
Mailing Address PO Box 569200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	6		2	0	1	0												
City Dallas State TX Zip Code 75356	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Lodging, Travel Candidate Name	<table border="1"> <tr> <td>3307.81</td> </tr> </table>	3307.81																			
3307.81																					
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) .....	<table border="1"> <tr> <td>3604.96</td> </tr> </table>	3604.96																			
3604.96																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Beverly Wilshire Hotel

Mailing Address 9500 Wilshire Blvd.

City State Zip Code  
Beverly Hills CA 90212

Purpose of Disbursement  
lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** B053D2EB4EE074688952

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2348.24

**[MEMO ITEM]**  
lodging

**B.**

Full Name (Last, First, Middle Initial)

Delta Airlines

Mailing Address 1030 Delta Blvd.

City State Zip Code  
Atlanta GA 30320

Purpose of Disbursement  
Air Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** BC2D9DF9EF77044A5980

Date of Disbursement

/   /

Amount of Each Disbursement this Period

455.40

**[MEMO ITEM]**  
Air Travel

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

654584.31

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Berg for Congress	<b>Transaction ID:</b> B22AFB6DC73E9473494C <b>Date of Disbursement</b>
Mailing Address PO Box 9394	<div> <div>MM / DD / YY</div> <div>06 / 24 / 2010</div> </div>
City Fargo State ND Zip Code 58106	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement US House, ND at large	<div> <div></div> <div>3500.00</div> </div>
Candidate Name Richard Berg	Category/ Type
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	
<b>B.</b> Full Name (Last, First, Middle Initial) Koster for Congress	<b>Transaction ID:</b> BAFE1CD457EF24ABB988 <b>Date of Disbursement</b>
Mailing Address PO Box 231	<div> <div>MM / DD / YY</div> <div>06 / 24 / 2010</div> </div>
City Arlington State WA Zip Code 98223	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement US House, WA 2	<div> <div></div> <div>5000.00</div> </div>
Candidate Name John Koster	Category/ Type
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	
<b>C.</b> Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers for Congress	<b>Transaction ID:</b> BEA782AB3C3BD4887BD5 <b>Date of Disbursement</b>
Mailing Address Box 137	<div> <div>MM / DD / YY</div> <div>06 / 24 / 2010</div> </div>
City Spokane State WA Zip Code 99210	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement US House, WA 5	<div> <div></div> <div>5000.00</div> </div>
Candidate Name Rep. Cathy McMorris Rodgers	Category/ Type
<div> <div>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: WA District: 05</div> </div>	
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div> <div></div> <div>13500.00</div> </div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div> <div></div> <div></div> </div>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Clint Didier for Senate	<b>Transaction ID:</b> BCAD0D79A0D6347108C1 <b>Date of Disbursement</b>																				
Mailing Address 8770 N. Glade Rd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	1	0												
City Pasco State WA Zip Code 99301	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement US Senate, WA	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Marino for Congress	<b>Transaction ID:</b> B0DDAC835F9844B03877 <b>Date of Disbursement</b>																				
Mailing Address PO Box 653	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	1	0												
City Williamsport State PA Zip Code 17703	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement US House, PA 10	<table border="1"> <tr> <td colspan="10">3500.00</td> </tr> </table>	3500.00																			
3500.00																					
Candidate Name Tom Marino	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) McKinley for Congress	<b>Transaction ID:</b> B5698B60DF1A94DE5B6F <b>Date of Disbursement</b>																				
Mailing Address 32 20th St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	1	0												
City Wheeling State WV Zip Code 26003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement US House, WV 1	<table border="1"> <tr> <td colspan="10">3500.00</td> </tr> </table>	3500.00																			
3500.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">12000.00</td> </tr> </table>	12000.00																			
12000.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mulvaney for Congress	<b>Transaction ID:</b> BD451BE3C4A2143CEB3F <b>Date of Disbursement</b>
Mailing Address 9789 Charlotte Hwy. Suite 400-255	<div> <div>MM / DD / YY</div> <div>06 / 24 / 2010</div> </div>
City Indian Land State SC Zip Code 29707	Amount of Each Disbursement this Period
Purpose of Disbursement US House, SC Cong. District 5	<div>3500.00</div>
Candidate Name Mick Mulvaney	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	
<b>B.</b> Full Name (Last, First, Middle Initial) Grassley Committee Inc.	<b>Transaction ID:</b> B1A271391462F4B8DB4D <b>Date of Disbursement</b>
Mailing Address PO Box 1000	<div> <div>MM / DD / YY</div> <div>06 / 24 / 2010</div> </div>
City Des Moines State IA Zip Code 50304	Amount of Each Disbursement this Period
Purpose of Disbursement US Senate Iowa	<div>5000.00</div>
Candidate Name Sen. Chuck E. Grassley	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District:	
<b>C.</b> Full Name (Last, First, Middle Initial) Bucshon for Congress	<b>Transaction ID:</b> BB53E2521F335469F992 <b>Date of Disbursement</b>
Mailing Address PO Box 250	<div> <div>MM / DD / YY</div> <div>06 / 24 / 2010</div> </div>
City Newburgh State IN Zip Code 47629	Amount of Each Disbursement this Period
Purpose of Disbursement US House, IN 8	<div>3500.00</div>
Candidate Name larry bucshon	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>12000.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div></div>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<b>A.</b>	<b>Transaction ID:</b> BAA48A270E1F747C89B1 <b>Date of Disbursement</b>																				
Full Name (Last, First, Middle Initial) Joe Miller for US Senate	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td> <td>0</td><td>2</td><td></td> <td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	2		2	0	1	0												
Mailing Address PO Box 72838	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right;">5000.00</div>																				
City Fairbanks State AK Zip Code 99707	<div style="border: 1px solid black; padding: 5px; text-align: right;">5000.00</div>																				
Purpose of Disbursement US Senate Alaska Candidate Name Joe Miller Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<div style="border: 1px solid black; padding: 5px; text-align: right;">5000.00</div>																				
<b>B.</b>	<b>Transaction ID:</b> B6293E5E0CA1F4965824 <b>Date of Disbursement</b>																				
Full Name (Last, First, Middle Initial) Carly for California	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td> <td>0</td><td>9</td><td></td> <td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	9		2	0	1	0												
Mailing Address 455 Capitol Mall Suite 801	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right;">2500.00</div>																				
City Sacramento State CA Zip Code 95814	<div style="border: 1px solid black; padding: 5px; text-align: right;">2500.00</div>																				
Purpose of Disbursement US Senate California Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<div style="border: 1px solid black; padding: 5px; text-align: right;">2500.00</div>																				
<b>C.</b>	<b>Transaction ID:</b> BEE9E7417454944BFA2F <b>Date of Disbursement</b>																				
Full Name (Last, First, Middle Initial) Star Parker for Congress	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td> <td>2</td><td>4</td><td></td> <td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	1	0												
Mailing Address PO Box 4625	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right;">5000.00</div>																				
City Carson State CA Zip Code 90749	<div style="border: 1px solid black; padding: 5px; text-align: right;">5000.00</div>																				
Purpose of Disbursement US House, CA 37 Candidate Name Star Parker Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<div style="border: 1px solid black; padding: 5px; text-align: right;">5000.00</div>																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 5px; text-align: right;">12500.00</div>																				
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; padding: 5px; text-align: right;">12500.00</div>																				

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mike Kelly for Congress	<b>Transaction ID:</b> B4EC39128B9E04861869 Date of Disbursement MM / DD / YYYY 06 / 24 / 2010
	Mailing Address PO Box 476	
	City Lyndora State PA Zip Code 16045	Amount of Each Disbursement this Period
	Purpose of Disbursement US House, PA 3	3500.00
	Candidate Name Mike Kelly	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>B.</b>	Full Name (Last, First, Middle Initial) Spike Maynard for Congress	<b>Transaction ID:</b> BCF41BC2D93A6427D94B Date of Disbursement MM / DD / YYYY 06 / 24 / 2010
	Mailing Address PO Box 1	
	City Williamson State WV Zip Code 25661	Amount of Each Disbursement this Period
	Purpose of Disbursement US House, WV 3	3500.00
	Candidate Name Spike Maynard	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>C.</b>	Full Name (Last, First, Middle Initial) Tim Scott for Congress	<b>Transaction ID:</b> B84EB0E349A9A4A778C4 Date of Disbursement MM / DD / YYYY 06 / 24 / 2010
	Mailing Address 1405 Ashley River Rd.	
	City Charleston State SC Zip Code 29407	Amount of Each Disbursement this Period
	Purpose of Disbursement US House, SC 1	5000.00
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		12000.00
<b>TOTAL</b> This Period (last page this line number only) .....		

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Jim Renacci for Congress	<b>Transaction ID:</b> B59654CA786104D76937 <b>Date of Disbursement</b>
Mailing Address 150 Smokerise Dr.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 4 / 2 0 1 0</div> </div>
City Wasdsworth State OH Zip Code 44281	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement US House, OH 16	<div> <div></div> <div>3500.00</div> </div>
Candidate Name James Renacci	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>B.</b> Full Name (Last, First, Middle Initial) Robert Hurt for Congress	<b>Transaction ID:</b> B838A23CD4FE546A48D4 <b>Date of Disbursement</b>
Mailing Address PO Box 2	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 4 / 2 0 1 0</div> </div>
City Chatham State VA Zip Code 24531	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement US House, VA 5 contribution	<div> <div></div> <div>3500.00</div> </div>
Candidate Name Robert Hurt	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>C.</b> Full Name (Last, First, Middle Initial) Vaughn Ward for Congress	<b>Transaction ID:</b> B33107A0D323348E4900 <b>Date of Disbursement</b>
Mailing Address PO Box 1058	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 1 / 2 0 1 0</div> </div>
City Eagle State ID Zip Code 83616	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement House, Idaho District 1	<div> <div></div> <div>4000.00</div> </div>
Candidate Name Vaughn Ward	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div> <div></div> <div>11000.00</div> </div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div> <div></div> <div></div> </div>



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 257 / 259

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> B0B2BD42D3F5A436CADC <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	4		2	0	1	0												
City Reno State NV Zip Code 89533	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement US Senate Nevada	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Sharron Angle	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Tim Griffin for Congress Campaign Committee	<b>Transaction ID:</b> BC6393F3ADAF14788B71 <b>Date of Disbursement</b>																				
Mailing Address PO Box 7526	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	1	0												
City Little Rock State AR Zip Code 72217	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement US House, AR 2	<table border="1"> <tr> <td colspan="10">3500.00</td> </tr> </table>	3500.00																			
3500.00																					
Candidate Name Tim Griffin	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Todd Young	<b>Transaction ID:</b> BA81A7D8F10C54EDCB6E <b>Date of Disbursement</b>																				
Mailing Address PO Box 1053	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	1	0												
City Bloomington State IN Zip Code 47402	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement US House, IN 9	<table border="1"> <tr> <td colspan="10">3500.00</td> </tr> </table>	3500.00																			
3500.00																					
Candidate Name Todd Young	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td>9500.00</td> </tr> </table>	9500.00																			
9500.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td>82500.00</td> </tr> </table>	82500.00																			
82500.00																					

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Sarah PAC

**A.**

Full Name (Last, First, Middle Initial)

Phillip Isaacson

Mailing Address 5603 Paul Talbott Circle

City State Zip Code  
Grove City OH 43123-9473

Purpose of Disbursement  
contribution refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** BBF26E00D73D5414D873

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Gloria Lafferty

Mailing Address PO Box 196300

City State Zip Code  
Anchorage AK 99519-6300

Purpose of Disbursement  
contribution refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** BF5E4BB0443AE417EB49

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

**SUBTOTAL** of Disbursements This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

250.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 259 / 259

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Sarah PAC

A.

Full Name (Last, First, Middle Initial)

Governor Branstad 2010

Mailing Address 3590 109th St.

City  
Uniondale

State  
NY

Zip Code  
50322

Purpose of Disbursement  
Iowa Governor

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B939D361444C34BCDA5B

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

5000.00