



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

Write or Type Committee Name  
American Society of Association Executives APAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

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 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		16065.20
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	17036.86									
(c) Total Receipts (from Line 19) .....	27965.69	82666.32								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	45002.55	98731.52								
7. Total Disbursements (from Line 31) .....	27467.25	81196.22								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	17535.30	17535.30								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Society of Association Executives APAC

Report Covering the Period: From:    To:

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) .....	16889.50	52639.50
(ii) Unitemized .....	6071.00	17763.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	22960.50	70403.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5000.00	7250.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	27960.50	77653.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	5.19	13.32
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)) .....	27965.69	82666.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	27965.69	82666.32

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	467.25	1396.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	467.25	1396.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27000.00	79800.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	27467.25	81196.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27467.25	81196.22

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	27960.50	77653.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27960.50	77653.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	467.25	1396.22
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	467.25	1396.22

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

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

FOR LINE NUMBER: PAGE 6 / 40  
(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)  
American Society of Association Executives APAC

**A.** Full Name (Last, First, Middle Initial)  
Joel D. Albizo, APR, CAE  
Mailing Address 3949 Pender Dr #120  
City State Zip Code  
Fairfax VA 22030  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Council of Landscape Architectural Reg  
Occupation Executive Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 07 / 12 / 2010  
Transaction ID: C962348  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Camille Alexander, CFA  
Mailing Address 1050 Connecticut Ave #800  
City State Zip Code  
Washington DC 20036  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Graystone Consulting  
Occupation Institutional Consulting Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00  
Date of Receipt 07 / 23 / 2010  
Transaction ID: C962379  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Camille Alexander, CFA  
Mailing Address 1050 Connecticut Ave #800  
City State Zip Code  
Washington DC 20036  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Graystone Consulting  
Occupation Institutional Consulting Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00  
Date of Receipt 09 / 30 / 2010  
Transaction ID: C1103293  
Amount of Each Receipt this Period 250.00

**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: (check only one)	PAGE 7 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Society of Association Executives APAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Barbara Belmont, CAE	Date of Receipt MM / DD / YYYY 07 / 07 / 2010
	Mailing Address 120 Waterfront Street Suite 120	<b>Transaction ID:</b> C962353
	City National Harbor State MD Zip Code 20745	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer School Nutrition Association Occupation Executive Director and CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Barbara Belmont, CAE	Date of Receipt MM / DD / YYYY 08 / 04 / 2010
	Mailing Address 120 Waterfront Street Suite 120	<b>Transaction ID:</b> C984102
	City National Harbor State MD Zip Code 20745	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer School Nutrition Association Occupation Executive Director and CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Bob Benedict, CAE	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 3216 Shoreheight St	<b>Transaction ID:</b> C1103280
	City Las Vegas State NV Zip Code 89117	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Plumbing Heating Cooling Contractors o Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600.00
<b>TOTAL</b> 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: (check only one)	PAGE 8 / 40
	<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)  
American Society of Association Executives APAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Janegale Boyd		Date of Receipt MM / DD / YYYY 07 / 28 / 2010		
	Mailing Address 1812 Riggins Rd		<b>Transaction ID:</b> C962378		
	City Tallahassee	State FL	Zip Code 32308	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Florida Association of Homes and Servi		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation President and Chief Executive Officer			Aggregate Year-to-Date ▼ 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Janegale Boyd		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 1812 Riggins Rd		<b>Transaction ID:</b> C1103292		
	City Tallahassee	State FL	Zip Code 32308	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Florida Association of Homes and Servi		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation President and Chief Executive Officer			Aggregate Year-to-Date ▼ 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Dan S. Brandenburg, JD		Date of Receipt MM / DD / YYYY 08 / 04 / 2010		
	Mailing Address 2600 Virginia Ave NW #1000		<b>Transaction ID:</b> C984103		
	City Washington	State DC	Zip Code 20037	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Saul Ewing LLP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Partner			Aggregate Year-to-Date ▼ 350.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> 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: (check only one)	PAGE 9 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Society of Association Executives APAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel J. Buksa, JD, CAE	Date of Receipt MM / DD / YYYY 08 / 27 / 2010
	Mailing Address 211 East Chicago Ave #900	<b>Transaction ID:</b> C984129
	City State Zip Code Chicago IL 60611-1999	Amount of Each Receipt this Period 202.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Academy of General Dentistry	Occupation Associate Executive Director, Public A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Henry Chamberlain, APR, CAE	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 1101 15th St NW #800	<b>Transaction ID:</b> C1103286
	City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Building Owners and Managers Associati	Occupation President and Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John B. Cox, CAE	Date of Receipt MM / DD / YYYY 08 / 04 / 2010
	Mailing Address 1300 Army Navy Dr #217	<b>Transaction ID:</b> C984118
	City State Zip Code Arlington VA 22202	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Association Growth and Income Builders	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>702.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 10 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Society of Association Executives APAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Curtis C. Deane, CFRE, CAE	Date of Receipt MM / DD / YYYY 07 / 12 / 2010
	Mailing Address 4300 Wilson Blvd #300	<b>Transaction ID:</b> C962341
	City State Zip Code Arlington VA 22203-4168	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Association of Fundraising Professionals Occupation President, Fundraising Foundation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Neal Denton, CAE	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 431 18th Street, NW NE 10-057	<b>Transaction ID:</b> C1103282
	City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Red Cross National Headquarters Occupation SVP, Government Rels & Strategic Partn Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas C. Dolan, Ph.D., FAC	Date of Receipt MM / DD / YYYY 07 / 27 / 2010
	Mailing Address One North Franklin St #1700	<b>Transaction ID:</b> C962343
	City State Zip Code Chicago IL 60606-3424	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American College of Healthcare Executi Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600.00
<b>TOTAL</b> 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 / 40  
(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)  
American Society of Association Executives APAC

**A.**

Full Name (Last, First, Middle Initial)  
Thomas C. Dolan, Ph.D., FAC

Mailing Address One North Franklin St #1700

City State Zip Code  
Chicago IL 60606-3424

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

Name of Employer American College of Healthcare Executives  
Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

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

Transaction ID: C1103275

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mark N. Dorsey, MBA, CAE

Mailing Address 133 South Van Gordon St #200

City State Zip Code  
Lakewood CO 80228-1706

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

Name of Employer American Snowsports Education Association  
Occupation Executive Director and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 12 / 2010

Transaction ID: C962381

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Olivia Eudaly, MA

Mailing Address 450 E John Carpenter Fwy

City State Zip Code  
Irving TX 75062

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

Name of Employer Big Brothers Big Sisters of Texas  
Occupation State Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: C1103290

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 12 / 40  
(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)  
American Society of Association Executives APAC

**A.**

Full Name (Last, First, Middle Initial)  
David Gammel, CAE

Mailing Address 102 West William St

City State Zip Code  
Salisbury MD 21801

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

Name of Employer High Context Consulting LLC  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2010

**Transaction ID:** C962389

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
John H. Graham, IV, CAE

Mailing Address 1575 I St NW #1100

City State Zip Code  
Washington DC 20005-1103

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

Name of Employer ASAE and The Center for Association Le  
Occupation President and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2010

**Transaction ID:** C962355

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
John M. Grau

Mailing Address 3 Bethesda Metro Ctr #1100

City State Zip Code  
Bethesda MD 20814-5330

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

Name of Employer National Electrical Contractors Associ  
Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

**Transaction ID:** C1103278

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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 40  
(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)  
American Society of Association Executives APAC

**A.**

Full Name (Last, First, Middle Initial)  
Nancy Green, CAE

Mailing Address 1707 L St NW #550

City Washington State DC Zip Code 20036-4201

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

Name of Employer National Association for Gifted Childr Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2010

**Transaction ID:** C962377

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Pamela Kaul Gresty

Mailing Address 1111 North Fairfax St

City Alexandria State VA Zip Code 22314-1436

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

Name of Employer Association Strategies Inc Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2010

**Transaction ID:** C984100

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Anne D. Heller

Mailing Address 4341 Montgomery Ave

City Bethesda State MD Zip Code 20814-4401

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

Name of Employer USAE Occupation Publisher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2010

**Transaction ID:** C984110

Amount of Each Receipt this Period  
250.00

**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 14 / 40

(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)  
American Society of Association Executives APAC

**A.**

Full Name (Last, First, Middle Initial)  
Wells B. Jones, CFRE, CAE

Mailing Address 371 East Jericho Tnpk

City State Zip Code  
Smithtown NY 11787-2976

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

Name of Employer Occupation  
Guide Dog Foundation for the Blind Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 27 / 2010

Transaction ID: C984108

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
J. Michael Keeling, CAE

Mailing Address 1726 M St NW #501

City State Zip Code  
Washington DC 20036-4507

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

Name of Employer Occupation  
The ESOP Association President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 20 / 2010

Transaction ID: C962347

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
J. Stephen Larkin, CAE

Mailing Address 1525 Wilson Blvd #600

City State Zip Code  
Arlington VA 22209

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

Name of Employer Occupation  
The Aluminum Association President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: C1103285

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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 40  
(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)  
American Society of Association Executives APAC

**A.**

Full Name (Last, First, Middle Initial)  
Dawn M. Mancuso, CAE

Mailing Address PO Box 34317

City State Zip Code  
West Bethesda MD 20827-0317

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

Name of Employer  
Association of Air Medical Services

Occupation  
Executive Director and Chief Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2010

Transaction ID: C962354

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dawn M. Mancuso, CAE

Mailing Address PO Box 34317

City State Zip Code  
West Bethesda MD 20827-0317

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

Name of Employer  
Association of Air Medical Services

Occupation  
Executive Director and Chief Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2010

Transaction ID: C1103284

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Greg R. Melia, CAE

Mailing Address 1575 I St NW #1100

City State Zip Code  
Washington DC 20005-1103

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

Name of Employer  
ASAE and The Center for Association Le

Occupation  
Vice President, Member Relations and C

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2010

Transaction ID: C962374

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 16 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Society of Association Executives APAC

**A.** Full Name (Last, First, Middle Initial)  
Peter J. O'Neil, CAE

Mailing Address 2700 Prosperity Ave #250

City State Zip Code  
Fairfax VA 22031-4307

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

Name of Employer American Industrial Hygiene Association      Occupation Executive Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	7	/	2	0	1	0

**Transaction ID:** C984106

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Neil H. Offen, CAE

Mailing Address 1667 K St NW #1100

City State Zip Code  
Washington DC 20006

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

Name of Employer Direct Selling Association      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	9	/	2	7	/	2	0	1	0

**Transaction ID:** C1103279

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Rob Olcott, CIMA, CAE

Mailing Address 2010 Corporate Ridge #560

City State Zip Code  
McLean VA 22102

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

Name of Employer Olcott Consulting Group      Occupation Managing Partner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  

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

**Transaction ID:** C962384

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: (check only one)	PAGE 17 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Society of Association Executives APAC

<b>A.</b>	Full Name (Last, First, Middle Initial) R. Norris Orms, FACHE, CAE	Date of Receipt MM / DD / YYYY 08 / 26 / 2010
	Mailing Address 230 East Ohio St #500	<b>Transaction ID:</b> C984114
	City State Zip Code Chicago IL 60611-3269	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Healthcare Information and Management Occupation Executive Vice President and COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Stephen E. Peeler	Date of Receipt MM / DD / YYYY 07 / 06 / 2010
	Mailing Address 2408 Byward Ct	<b>Transaction ID:</b> C962373
	City State Zip Code Mitchellville MD 20721	Amount of Each Receipt this Period 62.50
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer American Moving and Storage Associatio Occupation Vice President, Membership Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Stephen E. Peeler	Date of Receipt MM / DD / YYYY 08 / 02 / 2010
	Mailing Address 2408 Byward Ct	<b>Transaction ID:</b> C984121
	City State Zip Code Mitchellville MD 20721	Amount of Each Receipt this Period 62.50
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer American Moving and Storage Associatio Occupation Vice President, Membership Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>375.00</b>
<b>TOTAL</b> 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 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Society of Association Executives APAC

**A.** Full Name (Last, First, Middle Initial)  
Stephen E. Peeler  
Mailing Address 2408 Byward Ct  
City Mitchellville State MD Zip Code 20721  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Moving and Storage Associatio Occupation Vice President, Membership  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00  
Date of Receipt 09 / 03 / 2010  
Transaction ID: C1103288  
Amount of Each Receipt this Period 62.50

**B.** Full Name (Last, First, Middle Initial)  
David E. Poisson, Esq., CAE  
Mailing Address 2 Pidgeon Hill Dr #340  
City Sterling State VA Zip Code 20165-6129  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Jenkins Hill Partners Occupation President  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 09 / 29 / 2010  
Transaction ID: C1103281  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Paul Pomerantz, CAE  
Mailing Address 800 Enterprise Rd #200  
City Horsham State PA Zip Code 19044-3595  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Drug Information Associat-ion Occupation Worldwide Executive Director  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00  
Date of Receipt 07 / 01 / 2010  
Transaction ID: C962350  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 562.50  
**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 / 40  
(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)  
American Society of Association Executives APAC

**A.**

Full Name (Last, First, Middle Initial)  
Thomas D. Quattlebaum, RCE, CAE

Mailing Address 1521 Ritchie Hwy #300  
Suite 300

City State Zip Code  
Arnold MD 21012

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

Name of Employer Occupation  
Anne Arundel County Association of REA Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

Transaction ID: C1103277

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Bruce A. Ramirez, Ed.D.

Mailing Address 1110 North Glebe Rd #300

City State Zip Code  
Arlington VA 22201-9415

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

Name of Employer Occupation  
Council for Exceptional Children Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2010

Transaction ID: C962386

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Trey Richardson

Mailing Address 4308 North Classen Dr

City State Zip Code  
Oklahoma City OK 73118

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

Name of Employer Occupation  
Sagac Public Affairs Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2010

Transaction ID: C1103302

Amount of Each Receipt this Period  
250.00

**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 20 / 40  
(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
							17

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NAME OF COMMITTEE (In Full)  
American Society of Association Executives APAC

**A.**

Full Name (Last, First, Middle Initial)  
Susan Robertson, CAE

Mailing Address 276 Murtha St

City State Zip Code  
Alexandria VA 22304-8672

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

Name of Employer ASAE and The Center for Association Le  
Occupation Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2010

**Transaction ID:** C962358

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
B. Denise Roosendaal, RCE, CAE

Mailing Address 4545 Daisy Reid Avenue

City State Zip Code  
Woodbridge VA 22192

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

Name of Employer Prince William Association of Realtors  
Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2010

**Transaction ID:** C984130

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Edward Segal, RCE

Mailing Address 40 Mitchell Blvd

City State Zip Code  
San Rafael CA 94903-2035

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

Name of Employer Marin Association of Real-tors  
Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
09 / 01 / 2010

**Transaction ID:** C1103300

Amount of Each Receipt this Period  
1100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1850.00**

**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 / 40  
(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)  
American Society of Association Executives APAC

**A.**

Full Name (Last, First, Middle Initial)  
Jodie Hirsch Slaughter

Mailing Address 2233 Wisconsin Ave NW #525

City Washington State DC Zip Code 20007

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

Name of Employer McKinley Marketing Inc Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 04 / 2010

Transaction ID: C984112

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael J. Stanton

Mailing Address 2111 Wilson Blvd #1150

City Arlington State VA Zip Code 22201

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

Name of Employer Association of International Automobile Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2010

Transaction ID: C1103298

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Brian D. Stevens

Mailing Address PO Box 69777

City Los Angeles State CA Zip Code 90069

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

Name of Employer ConferenceDirect Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 20 / 2010

Transaction ID: C962346

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 22 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Society of Association Executives APAC

**A.** Full Name (Last, First, Middle Initial)  
Charles F. Tate, CPA  
 Mailing Address 805 15th St NW 9th Fl  
 City State Zip Code  
 Washington DC 20006-1813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Tate & Tryon CPAs and Consultants  
 Occupation: Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00  
 Date of Receipt: MM / DD / YYYY  
 07 / 06 / 2010  
**Transaction ID:** C962345  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Constance E. Tipton  
 Mailing Address 1250 H St NW #900  
 City State Zip Code  
 Washington DC 20005-3952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: International Dairy Foods Association  
 Occupation: President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00  
 Date of Receipt: MM / DD / YYYY  
 09 / 30 / 2010  
**Transaction ID:** C1103289  
 Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Stephen A. Turkiewicz, CAE  
 Mailing Address 1 North Last Chance Gulch #4  
 City State Zip Code  
 Helena MT 59601-4100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Montana Bankers Association  
 Occupation: President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00  
 Date of Receipt: MM / DD / YYYY  
 08 / 27 / 2010  
**Transaction ID:** C984101  
 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: (check only one)	PAGE 23 / 40
	<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)  
American Society of Association Executives APAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Susan B. Waters, Ph.D., CAE		Date of Receipt MM / DD / YYYY 07 / 09 / 2010		
	Mailing Address 2901 Telestar Ct		<b>Transaction ID:</b> C962344		
	City Falls Church	State VA	Zip Code 22042-1205	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer National Association of Insurance and Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President & Chief Executive Officer Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Shannon M. Watson, CMP, CAE		Date of Receipt MM / DD / YYYY 08 / 27 / 2010		
	Mailing Address 575 7th St NW #400		<b>Transaction ID:</b> C984133		
	City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Solar Energy Industries Association Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director of Meetings Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Todd Wurschmidt, CFRE, Ph.D.		Date of Receipt MM / DD / YYYY 07 / 13 / 2010		
	Mailing Address 324 North Chillicothe St		<b>Transaction ID:</b> C962352		
	City Plain City	State OH	Zip Code 43064-1062	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Transition Management Consulting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Interim Executive Director & Consultant Aggregate Year-to-Date ▼ 750.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 / 40

(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)  
American Society of Association Executives APAC

**A.**

Full Name (Last, First, Middle Initial)  
Todd Wurschmidt, CFRE, Ph.D.

Mailing Address 324 North Chillicothe St

City State Zip Code  
Plain City OH 43064-1062

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

Name of Employer Occupation  
Transition Management Consulting Interim Executive Director & Consultant

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 27 / 2010

Transaction ID: C1103283

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
James J. Zaniello

Mailing Address 888 16th St NW #800

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation  
VettedSolutions President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 850.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 27 / 2010

Transaction ID: C1103276

Amount of Each Receipt this Period  
250.00

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

500.00

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

16889.50



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 25 / 40	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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)  
American Society of Association Executives APAC

<b>A.</b>	Full Name (Last, First, Middle Initial) National Association of Realtors		Date of Receipt	
	Mailing Address 500 New Jersey Ave NW		M M / D D / Y Y Y Y 07 / 20 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> C962034
	Washington	DC	20001-2005	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C C00030718		5000.00	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00		

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

**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 26 / 40

<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)  
American Society of Association Executives APAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) American Express Travel Related Service Co., Inc.</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Credit Card Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D100890</p> <p>Date of Disbursement 07 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 7.38</p> <p>Category/Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) American Express Travel Related Service Co., Inc.</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Credit Card Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D100891</p> <p>Date of Disbursement 07 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 7.38</p> <p>Category/Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) American Express Travel Related Service Co., Inc.</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Credit Card Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D100892</p> <p>Date of Disbursement 07 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 7.38</p> <p>Category/Type</p>

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

22.14

**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 27 / 40

<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)  
American Society of Association Executives APAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) American Express Travel Related Service Co., Inc.</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Credit Card Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D100893 <b>Date of Disbursement</b> 07 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 14.75</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) American Express Travel Related Service Co., Inc.</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Credit Card Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D100894 <b>Date of Disbursement</b> 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 22.13</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) American Express Travel Related Service Co., Inc.</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Credit Card Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D100895 <b>Date of Disbursement</b> 07 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 39.83</p>

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

76.71

**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 28 / 40

<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)  
American Society of Association Executives APAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) American Express Travel Related Service Co., Inc.</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Credit Card Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D100896 <b>Date of Disbursement</b> 08 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 19.18</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) American Express Travel Related Service Co., Inc.</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Credit Card Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D100897 <b>Date of Disbursement</b> 08 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 2.95</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) American Express Travel Related Service Co., Inc.</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Credit Card Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D100898 <b>Date of Disbursement</b> 08 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2.95</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	25.08
<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 29 / 40

<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)  
American Society of Association Executives APAC

A.	Full Name (Last, First, Middle Initial) American Express Travel Related Service Co., Inc.	Transaction ID: D100899 Date of Disbursement
	Mailing Address P.O. Box 53852	<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Expense	<input type="text" value="45.73"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Paymentech	Transaction ID: D100900 Date of Disbursement
	Mailing Address 1601 Elm Street Suite 700	<input type="text" value="07"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City Dallas State TX Zip Code 75201	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Expense	<input type="text" value="158.79"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Paymentech	Transaction ID: D100901 Date of Disbursement
	Mailing Address 1601 Elm Street Suite 700	<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City Dallas State TX Zip Code 75201	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Expense	<input type="text" value="86.85"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="291.37"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 30 / 40

<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)

American Society of Association Executives APAC

A.

Full Name (Last, First, Middle Initial)

Paymentech

Mailing Address 1601 Elm Street  
Suite 700

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Credit Card Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D106183

Date of Disbursement

09 / 03 / 2010

Amount of Each Disbursement this Period

51.95

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

51.95

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

467.25

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
American Society of Association Executives APAC

A.	Full Name (Last, First, Middle Initial) Herron for Congress	Transaction ID: D101208 Date of Disbursement 09 / 23 / 2010
	Mailing Address PO Box 5	Amount of Each Disbursement this Period 1000.00
	City Dresden State TN Zip Code 38225-0005	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name Mr. Roy Brasfield Herron	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jaime Herrera for Congress	Transaction ID: D101204 Date of Disbursement 09 / 23 / 2010
	Mailing Address PO Box 1614	Amount of Each Disbursement this Period 1000.00
	City Ridgefield State WA Zip Code 98642-0020	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name Ms. Jaime Herrera	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kirk for Senate	Transaction ID: D101118 Date of Disbursement 09 / 20 / 2010
	Mailing Address PO Box 8	Amount of Each Disbursement this Period 1000.00
	City Winnetka State IL Zip Code 60093-0008	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name Mr. Mark Kirk	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL 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) .....	3000.00
<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)

<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)  
American Society of Association Executives APAC

A.	Full Name (Last, First, Middle Initial) Manchin for West Virginia	Transaction ID: D101203 Date of Disbursement
	Mailing Address PO Box 5202	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Charleston State WV Zip Code 25361-0202	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Joe Manchin, III	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paul Gosar for Congress	Transaction ID: D101209 Date of Disbursement
	Mailing Address 2222 E Cedar Ave	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Flagstaff State AZ Zip Code 86004-1963	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Dr. Paul Anthony Gosar	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bass Victory Committee	Transaction ID: D101207 Date of Disbursement
	Mailing Address PO Box 3451	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Concord State NH Zip Code 03302	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Charles Bass	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	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) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
American Society of Association Executives APAC

A.	Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS	Transaction ID: D101114 Date of Disbursement
	Mailing Address 10537 St. Paul Street	<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Kensington State MD Zip Code 20895	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Chris Van Hollen, Jr.	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BOREN FOR CONGRESS	Transaction ID: D101117 Date of Disbursement
	Mailing Address PO Box 1924	<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Muskogee State OK Zip Code 74402	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Dan Boren	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LUNGREN FOR CONGRESS	Transaction ID: D101202 Date of Disbursement
	Mailing Address 9321 Silverbend Lane	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Elk Grove State CA Zip Code 95624	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Dan Lungren	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03	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) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
American Society of Association Executives APAC

**A.** Full Name (Last, First, Middle Initial)  
DAVE CAMP FOR CONGRESS 2010

Mailing Address 5915 Eastman Ave  
Ste 100

City Midland State MI Zip Code 48640-6824

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Dave Camp

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MI District: 04

Transaction ID: D101105

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
HELLER FOR CONGRESS

Mailing Address PO Box 531086

City Henderson State NV Zip Code 89053-1086

Purpose of Disbursement  
Voided Check

Candidate Name  
Rep. Dean Heller

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NV District: 02

Transaction ID: D96655

Date of Disbursement

08 / 04 / 2010

Amount of Each Disbursement this Period

-1000.00

**C.** Full Name (Last, First, Middle Initial)  
HELLER FOR CONGRESS

Mailing Address PO Box 531086

City Henderson State NV Zip Code 89053-1086

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Dean Heller

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NV District: 02

Transaction ID: D96656

Date of Disbursement

08 / 04 / 2010

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Society of Association Executives APAC

A.	Full Name (Last, First, Middle Initial) <b>GEOFF DAVIS FOR CONGRESS</b>	<b>Transaction ID:</b> D101109
	Mailing Address 3161 Dixie Highway	Date of Disbursement 09 / 20 / 2010
	City Erlanger State KY Zip Code 41018	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name Rep. Geoff Davis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>GERRY CONNOLLY FOR CONGRESS</b>	<b>Transaction ID:</b> D101111
	Mailing Address PO BOX 563	Date of Disbursement 09 / 20 / 2010
	City MERRIFIELD State VA Zip Code 22116	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name Rep. Gerry E. Connolly	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>ADLER FOR CONGRESS</b>	<b>Transaction ID:</b> D101201
	Mailing Address 14 KNIGHTSWOOD DRIVE	Date of Disbursement 09 / 23 / 2010
	City MARLTON State NJ Zip Code 08053	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name Rep. John H. Adler	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	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) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
American Society of Association Executives APAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS</p> <p>Mailing Address 2015 Wallace Rd.</p> <p>City Atlanta State GA Zip Code 30331</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. John Lewis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D101116</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <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="1000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT NYDIA M. VELAZQUEZ TO CONGRESS</p> <p>Mailing Address 315 Inspiration Lane</p> <p>City Gaithersburg State MD Zip Code 20878</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Nydia M. Velazquez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 12</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D101113</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <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="1000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS</p> <p>Mailing Address 2021 E Dublin Granville Road</p> <p>City Columbus State OH Zip Code 43229</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Patrick J. Tiberi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 12</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D101107</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <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="1000.00"/></p>

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

**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)

<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)  
American Society of Association Executives APAC

**A.** Full Name (Last, First, Middle Initial)  
RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City State Zip Code  
SPRINGFIELD MA 01108

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Richard E. Neal

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MA District: 02

Transaction ID: D101115

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF SAM JOHNSON

Mailing Address 1611 Avenue K

City State Zip Code  
Plano TX 75074

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Sam Johnson

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TX District: 03

Transaction ID: D101108

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
LEVIN FOR CONGRESS

Mailing Address 230 North Avenue

City State Zip Code  
Mt. Clemens MI 48043

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Sander M. Levin

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MI District: 12

Transaction ID: D101112

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
American Society of Association Executives APAC

**A.** Full Name (Last, First, Middle Initial)  
**WALLY HERGER FOR CONGRESS COMMITTEE**

Mailing Address P.O. Box 1500

City State Zip Code  
Chico CA 95927

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Wally Herger

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CA District: 02

Transaction ID: D101106  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
**Ribble for Congress**

Mailing Address PO Box 7200

City State Zip Code  
Appleton WI 54912-7069

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Reid Ribble

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: WI District: 08

Transaction ID: D101210  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
**Rob Woodall for Congress**

Mailing Address PO Box 1871

City State Zip Code  
Lawrenceville GA 30046-1871

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Rob Woodall

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: GA District: 07

Transaction ID: D101206  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**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)

<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)  
American Society of Association Executives APAC

**A.** Full Name (Last, First, Middle Initial)  
MIKE CRAPO FOR US SENATE

Mailing Address PO BOX 1948

City BOISE State ID Zip Code 83701

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Mike Crapo

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: ID District: 00

Transaction ID: D101110  
Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Susan Bitter Smith for Congress

Mailing Address 5806 E Lewis Ave

City Scottsdale State AZ Zip Code 85257-1926

Purpose of Disbursement  
Contribution

Candidate Name  
Susan Bitter Smith

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AZ District: 05

Transaction ID: D96612  
Date of Disbursement

08 / 04 / 2010

Amount of Each Disbursement this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
Tom Reed for Congress

Mailing Address 99 W 1st St

City Corning State NY Zip Code 14830-2557

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Thomas W Reed, II

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NY District: 29

Transaction ID: D101213  
Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)

American Society of Association Executives APAC

A.

Full Name (Last, First, Middle Initial)

Tim Scott for Congress

Mailing Address 1405 Ashley River Rd

City Charleston State SC Zip Code 29407-5305

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Timothy E. Scott

Office Sought:  House  
 Senate  
 President

State: SC District: 01

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: D101205

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

27000.00