

# 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  
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

ADDRESS (number and street) 7575 E FULTON ROAD  
Attn: Scott Smoes 56-3S  
 Check if different than previously reported. (ACC)  
ADA MI 49355

2. **FEC IDENTIFICATION NUMBER** C00034884  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)  
**CITY** **STATE** **ZIP CODE**

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 (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 02 2010 in the State of \_\_\_\_\_

5. Covering Period 10 01 2010 through 11 22 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 Scott E Smoes  
Signature of Treasurer Electronically Filed by Scott E Smoes Date 11 22 2010

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

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

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

Write or Type Committee Name  
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 2 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |         |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|---------|
| 6. (a) Cash on Hand<br>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 |  | 5509.02 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |         |
| 2   | 0                       | 1                                 | 0 |   |   |   |   |   |  |         |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 22196.70                |                                   |   |   |   |   |   |   |  |         |
| (c) Total Receipts (from Line 19) .....   | 7818.42                 | 105006.10                         |   |   |   |   |   |   |  |         |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 30015.12                | 110515.12                         |   |   |   |   |   |   |  |         |
| 7. Total Disbursements (from Line 31) .....   | 21600.00                | 102100.00                         |   |   |   |   |   |   |  |         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 8415.12                 | 8415.12                           |   |   |   |   |   |   |  |         |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |         |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>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

Write or Type Committee Name

ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 2 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 7726.90                       | 104343.74                         |
| (ii) Unitemized .....  | 91.52                         | 662.36                            |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 7818.42                       | 105006.10                         |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 7818.42                       | 105006.10                         |
| 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)) .....                          | 7818.42                       | 105006.10                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 7818.42                       | 105006.10                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>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.....  | 0.00                                  | 0.00                                      |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 0.00                                  | 0.00                                      |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 21600.00                              | 102100.00                                 |
| 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))..       | 21600.00                              | 102100.00                                 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 21600.00                              | 102100.00                                 |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 21

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 7818.42                       | 105006.10                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 7818.42                       | 105006.10                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 0.00                          | 0.00                              |

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

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

FOR LINE NUMBER: PAGE 6 / 21

(check only one)

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

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NAME OF COMMITTEE (In Full)  
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

**A.**

Full Name (Last, First, Middle Initial)  
Jill Beckman

Mailing Address 5698 Blakely Rd

City State Zip Code  
Belmont MI 49306

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
48.46

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 2 |   | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.4907

Amount of Each Receipt this Period

|       |
|-------|
| 48.46 |
|-------|

**B.**

Full Name (Last, First, Middle Initial)  
Dirk C. Bloemendaal

Mailing Address 7575 Fulton Street East

City State Zip Code  
Ada MI 49355

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

Name of Employer Occupation  
Alticor Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 2 |   | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.4898

Amount of Each Receipt this Period

|       |
|-------|
| 80.00 |
|-------|

**C.**

Full Name (Last, First, Middle Initial)  
George Calvert

Mailing Address 6615 Old Darby Trail

City State Zip Code  
Ada MI 49301

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 2 |   | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.4912

Amount of Each Receipt this Period

|         |
|---------|
| 1000.00 |
|---------|

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

|         |
|---------|
| 1128.46 |
|---------|

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

|  |
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|--|

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 21  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <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)  
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

**A.**

Full Name (Last, First, Middle Initial)  
John Carrington

Mailing Address 8690 Cascade Rd

City State Zip Code  
Ada MI 49301

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** SA11AI.4922

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Catherine Ehrenberger

Mailing Address 719 Saddlebrook

City State Zip Code  
Ada MI 49301

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** SA11AI.4918

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Russell Evans

Mailing Address 7575 Fulton Street East

City State Zip Code  
Ada MI 49355

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

Name of Employer Occupation  
Alticor Inc Exec VP & CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2269.20

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** SA11AI.4905

Amount of Each Receipt this Period  
1500.00

**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 8 / 21  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

**A.**

Full Name (Last, First, Middle Initial)  
Robert W. Hamilton

Mailing Address 7575 Fulton Street East

City State Zip Code  
Ada MI 49355

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

Name of Employer Alticor Occupation Industry Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.06

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** SA11AI.4897

Amount of Each Receipt this Period  
76.92

**B.**

Full Name (Last, First, Middle Initial)  
Cary Justice

Mailing Address 2328 Gatetree Lane SE

City State Zip Code  
Grand Rapids MI 49546

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

Name of Employer Alticor, Inc Occupation Corporate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** SA11AI.4902

Amount of Each Receipt this Period  
40.00

**C.**

Full Name (Last, First, Middle Initial)  
Emmanuel Kampouris

Mailing Address 11 Harbour Drive

City State Zip Code  
Hamilton Parish ZZ

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** SA11AI.4914

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1116.92**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 21  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

**A.**

Full Name (Last, First, Middle Initial)  
Al Koop

Mailing Address 242 Lakeshore Drive

City State Zip Code  
Holland MI 49424

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** SA11AI.4916

Amount of Each Receipt this Period  
1500.00

**B.**

Full Name (Last, First, Middle Initial)  
Steven Lieberman

Mailing Address 1921 Firethorn Ct SE

City State Zip Code  
Grand Rapids MI 49546

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** SA11AI.4920

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Kurt Ludlow

Mailing Address 4957 Glen Oaks Drive

City State Zip Code  
Rockford MI 49341

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** SA11AI.4899

Amount of Each Receipt this Period  
80.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2080.00**

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

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NAME OF COMMITTEE (In Full)  
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

**A.** Full Name (Last, First, Middle Initial)  
Mike Mohr

Mailing Address 7629 Silverthorn Drive

City State Zip Code  
Ada MI 49301

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

Name of Employer Alticor Inc      Occupation VP, General Counsel

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      880.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 2 | 2 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** SA11AI.4904

Amount of Each Receipt this Period  
160.00

**B.** Full Name (Last, First, Middle Initial)  
Greg Schroeder

Mailing Address 1432 Patterson Ave SE

City State Zip Code  
Grand Rapids MI 49546

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

Name of Employer      Occupation

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      15.38

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 2 | 2 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** SA11AI.4910

Amount of Each Receipt this Period  
15.38

**C.** Full Name (Last, First, Middle Initial)  
James E. Siewertsen

Mailing Address 1738 Secretariat Drive SE

City State Zip Code  
Grand Rapids MI 49546

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

Name of Employer Alticor      Occupation VP - Global Services

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      220.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 2 | 2 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** SA11AI.4896

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **215.38**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 21

(check only one)

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

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NAME OF COMMITTEE (In Full)  
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

**A.**

Full Name (Last, First, Middle Initial)  
David Tuit

Mailing Address 93 West Division St

City State Zip Code  
Rockford MI 49341

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
538.46

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 2 |   | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.4909

Amount of Each Receipt this Period

|       |
|-------|
| 38.46 |
|-------|

**B.**

Full Name (Last, First, Middle Initial)  
Mitchell Urbytes

Mailing Address 1378 Spinnaker Court

City State Zip Code  
Holland MI 49424

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

Name of Employer Occupation  
Alticor Inc. Mgr, Durables Strategic Business Line

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 2 |   | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.4903

Amount of Each Receipt this Period

|       |
|-------|
| 80.00 |
|-------|

**C.**

Full Name (Last, First, Middle Initial)  
James Weaver

Mailing Address 7575 Fulton St East  
Mail Code 49-2NN

City State Zip Code  
Ada MI 49355

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
423.06

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 2 |   | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.4906

Amount of Each Receipt this Period

|        |
|--------|
| 153.84 |
|--------|

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

|        |
|--------|
| 272.30 |
|--------|

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

|  |
|--|
|  |
|--|

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

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

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

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NAME OF COMMITTEE (In Full)  
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

**A.** Full Name (Last, First, Middle Initial)  
Craig V. Witcher  
 Mailing Address 6840 Bridgewater Drive SE  
 City State Zip Code  
 Grand Rapids MI 49546  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 2 / 2 0 1 0  
**Transaction ID:** SA11AI.4900  
 Amount of Each Receipt this Period  
 153.84  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alticor Occupation VP - Tax & General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 846.12

**B.** Full Name (Last, First, Middle Initial)  
Michael J. Zarrelli  
 Mailing Address 7575 Fulton Street East  
 City State Zip Code  
 Ada MI 49355  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 2 / 2 0 1 0  
**Transaction ID:** SA11AI.4901  
 Amount of Each Receipt this Period  
 160.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alticor Occupation Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 880.00

**C.** Full Name (Last, First, Middle Initial)  
Joseph Zeigler  
 Mailing Address 7575 East Fulton Street  
 City State Zip Code  
 Ada MI 49355  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 2 / 2 0 1 0  
**Transaction ID:** SA11AI.4895  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alticor Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 413.84  
**TOTAL** This Period (last page this line number only) ..... ► 7726.90

**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)  
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

**A.** Full Name (Last, First, Middle Initial)  
AUSTIN AUSTIN SCOTT FOR CONGRESS INC

Mailing Address PO Box 27750

City Macon State GA Zip Code 31221

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: GA District: 08

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4940  
Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

1000.00

Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
JON BARELA

Mailing Address PO BOX 92413

City ALBUQUERQUE State NM Zip Code 87199

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NM District: 01

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4966  
Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

1000.00

Category/  
Type

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

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: PA District: 15

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4938  
Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

2000.00

Category/  
Type

**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)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

**A.** Full Name (Last, First, Middle Initial)  
P. CRANE - VOID CHECK 969

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.4972

Date of Disbursement

|                |                |   |                |                |   |                |                |                |                |
|----------------|----------------|---|----------------|----------------|---|----------------|----------------|----------------|----------------|
| <sup>M</sup> 1 | <sup>M</sup> 1 | / | <sup>D</sup> 1 | <sup>D</sup> 9 | / | <sup>Y</sup> 2 | <sup>Y</sup> 0 | <sup>Y</sup> 1 | <sup>Y</sup> 0 |
|----------------|----------------|---|----------------|----------------|---|----------------|----------------|----------------|----------------|

Amount of Each Disbursement this Period

|          |
|----------|
| -1000.00 |
|----------|

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

Mailing Address 107 Court Street  
PO Box 257

City State Zip Code  
Watertown NY 13601

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: NY District: 23

Transaction ID: SB23.4956

Date of Disbursement

|                |                |   |                |                |   |                |                |                |                |
|----------------|----------------|---|----------------|----------------|---|----------------|----------------|----------------|----------------|
| <sup>M</sup> 1 | <sup>M</sup> 0 | / | <sup>D</sup> 2 | <sup>D</sup> 8 | / | <sup>Y</sup> 2 | <sup>Y</sup> 0 | <sup>Y</sup> 1 | <sup>Y</sup> 0 |
|----------------|----------------|---|----------------|----------------|---|----------------|----------------|----------------|----------------|

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

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

Mailing Address PO Box 8145

City State Zip Code  
Northfield IL 60093

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: IL District: 10

Transaction ID: SB23.4950

Date of Disbursement

|                |                |   |                |                |   |                |                |                |                |
|----------------|----------------|---|----------------|----------------|---|----------------|----------------|----------------|----------------|
| <sup>M</sup> 1 | <sup>M</sup> 0 | / | <sup>D</sup> 2 | <sup>D</sup> 8 | / | <sup>Y</sup> 2 | <sup>Y</sup> 0 | <sup>Y</sup> 1 | <sup>Y</sup> 0 |
|----------------|----------------|---|----------------|----------------|---|----------------|----------------|----------------|----------------|

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)  
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>KEITH FIMIAN FOR CONGRESS<br><hr/> Mailing Address PO Box 3131<br><hr/> City Oakton State VA Zip Code 22124<br><hr/> Purpose of Disbursement<br><hr/> Candidate Name<br><hr/> Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: VA District: 11          | Transaction ID: SB23.4934<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 2 8 / 2 0 1 0                                      |
|  | Amount of Each Disbursement this Period<br>2000.00   |
|  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|  | Category/<br>Type  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>JOHN FRIENDS OF JOHN LOUGHLIN<br><hr/> Mailing Address PO BOX 244<br><hr/> City ADAMSVILLE State RI Zip Code 02801<br><hr/> Purpose of Disbursement<br><hr/> Candidate Name<br><hr/> Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: RI District: 01   | Transaction ID: SB23.4946<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 2 8 / 2 0 1 0                                      |
|  | Amount of Each Disbursement this Period<br>1000.00   |
|  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|  | Category/<br>Type  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>NAN FRIENDS OF NAN HAYWORTH<br><hr/> Mailing Address 51 Gleneida Avenue<br><hr/> City Carmel State NY Zip Code 10512<br><hr/> Purpose of Disbursement<br><hr/> Candidate Name<br><hr/> Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: NY District: 19 | Transaction ID: SB23.4954<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 2 8 / 2 0 1 0                                      |
|  | Amount of Each Disbursement this Period<br>1000.00   |
|  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|  | Category/<br>Type  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 4000.00 |
| <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)

PAGE 16 / 21

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

**A.** Full Name (Last, First, Middle Initial)  
(HALPAC) HELP AMERICAS LEADERS PAC

Mailing Address 701 8TH STREET, NW  
SUITE 500

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4932

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

1000.00

Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
ROBERT HURT

Mailing Address PO BOX 2

City CHATHAM State VA Zip Code 24531

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: VA District: 05

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4948

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

1000.00

Category/  
Type

**C.** Full Name (Last, First, Middle Initial)  
VOID CHECK 970 KCRC-LDD

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4976

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

-400.00

Category/  
Type

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

1600.00

**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 17 / 21

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>MARK KIRK FOR SENATE</p> <p>Mailing Address P.O. Box 8</p> <p>City Winnetka State IL Zip Code 60093</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IL District: 10</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                               | <p><b>Transaction ID:</b> SB23.4963</p> <p>Date of Disbursement<br/>10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>ILARIO PANTANO FOR NORTH CAROLINA</p> <p>Mailing Address 5700 OLEANDER DRIVE</p> <p>City WILMINGTON State NC Zip Code 28403</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NC District: 07</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>       | <p><b>Transaction ID:</b> SB23.4936</p> <p>Date of Disbursement<br/>10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>PAT PAT MEEHAN FOR CONGRESS</p> <p>Mailing Address 50 S. Providence Road<br/>PO BOX 308</p> <p>City Media State PA Zip Code 19063</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: PA District: 07</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23.4988</p> <p>Date of Disbursement<br/>10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> |

**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)  
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>ANDREW ROCKY RACZKOWSKI  | Transaction ID: SB23.4964<br>Date of Disbursement<br>10 / 28 / 2010  |
|    | Mailing Address 32064 BONNET HILL   | Amount of Each Disbursement this Period<br>1000.00   |
|    | City FARMINGTON HILLS State MI Zip Code 48334   |  |
|    | Purpose of Disbursement   | Category/Type  |
|    | Candidate Name  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 09 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>THE RAESE FOR SENATE COMMITTEE   | Transaction ID: SB23.4960<br>Date of Disbursement<br>10 / 28 / 2010  |
|    | Mailing Address PO BOX 262  | Amount of Each Disbursement this Period<br>3000.00   |
|    | City MORGANTOWN State WV Zip Code 26507   |  |
|    | Purpose of Disbursement   | Category/Type  |
|    | Candidate Name  |  |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: WV District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>VOID ROULSTONE - VOID CHECK 986   | Transaction ID: SB23.4974<br>Date of Disbursement<br>11 / 19 / 2010  |
|    | Mailing Address  | Amount of Each Disbursement this Period<br>-1000.00  |
|    | City State Zip Code  |  |
|    | Purpose of Disbursement  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) .....      | 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)  
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

|         |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.      | Full Name (Last, First, Middle Initial)<br>RYAN RYAN FRAZIER FOR COLORADO   | Transaction ID: SB23.4967<br>Date of Disbursement  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address Po Box 140182   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</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 | 1 | 0 |  | 2 | 8 |  | 2 | 0 | 1 |
| M       | M   | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 1       | 0   |  | 2       | 8 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City Edgewater State CO Zip Code 80214  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement   | <table border="1"><tr><td>1000.00</td></tr></table>  | 1000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 1000.00 |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name  | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CO District: 07 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.      | Full Name (Last, First, Middle Initial)<br>ROBERT T MR. SCHILLING   | Transaction ID: SB23.4952<br>Date of Disbursement  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 1 Goembel Court   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</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 | 1 | 0 |  | 2 | 8 |  | 2 | 0 | 1 |
| M       | M   | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 1       | 0   |  | 2       | 8 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City Colona State IL Zip Code 61241   | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement   | <table border="1"><tr><td>1000.00</td></tr></table>  | 1000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 1000.00 |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name  | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IL District: 17 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.      | Full Name (Last, First, Middle Initial)<br>THE SPEAK UP AMERICA PAC  | Transaction ID: SB23.4930<br>Date of Disbursement  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address PO BOX 2485  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 1 | 5 |  | 2 | 0 | 1 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 1       | 0  |  | 1       | 5 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City SPRINGFIELD State VA Zip Code 22152   | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement  | <table border="1"><tr><td>1500.00</td></tr></table>  | 1500.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 1500.00 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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>3500.00</td></tr></table> | 3500.00 |
| 3500.00  |   |         |
| <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 20 / 21

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

|    |   |   |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial)<br>PAT TOOMEY FOR SENATE COMMITTEE  | Transaction ID: SB23.4959<br>Date of Disbursement   |
|    | Mailing Address 2720 JORDAN ROAD  | <input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
|    | City OREFIELD State PA Zip Code 18069   | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement   | <input type="text" value="1000.00"/>  |
|    | Candidate Name  | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    |

|    |   |   |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial)<br>VAN VAN TRAN FOR CONGRESS  | Transaction ID: SB23.4942<br>Date of Disbursement   |
|    | Mailing Address 2150 RIVER PLAZA DR #150  | <input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
|    | City SACRAMENTO State CA Zip Code 95833   | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement   | <input type="text" value="1000.00"/>  |
|    | Candidate Name  | Category/Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 47 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    |

|    |   |   |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial)<br>VICKY VICKY HARTZLER FOR CONGRESS  | Transaction ID: SB23.4944<br>Date of Disbursement   |
|    | Mailing Address PO BOX 531  | <input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
|    | City HARRISONVILLE State MO Zip Code 64701  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement   | <input type="text" value="1000.00"/>  |
|    | Candidate Name  | Category/Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MO District: 04 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    |

**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)

PAGE 21 / 21

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

A.

Full Name (Last, First, Middle Initial)  
WILSON, JOE THE HON.

Transaction ID: SB23.4983

Date of Disbursement

Mailing Address 2825 Wilton Road

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

City State Zip Code  
West Columbia SC 29170

Amount of Each Disbursement this Period

|          |
|----------|
| -1500.00 |
|----------|

Purpose of Disbursement

|  |
|--|
|  |
|--|

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

|          |
|----------|
| -1500.00 |
|----------|

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

|          |
|----------|
| 21600.00 |
|----------|