

# 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  
CMR Political Action Committee

ADDRESS (number and street) PO Box 2485  
 Check if different than previously reported. (ACC)  
Springfield VA 22152-0485

2. **FEC IDENTIFICATION NUMBER** C00469429  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2010 through 09 30 2010

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

Type or Print Name of Treasurer Robert F. Carlin

Signature of Treasurer Electronically Filed by Robert F. Carlin Date 02 18 2011

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

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

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

Write or Type Committee Name  
CMR Political Action Committee

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		15641.40
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	44990.97									
(c) Total Receipts (from Line 19) .....	82500.00	142445.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	127490.97	158086.40								
7. Total Disbursements (from Line 31) .....	91588.43	122183.86								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	35902.54	35902.54								
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  
CMR Political Action Committee

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

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) .....	55000.00	87400.00
(ii) Unitemized .....	0.00	5.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	55000.00	87405.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	27500.00	55040.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	82500.00	142445.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	82500.00	142445.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	82500.00	142445.00

**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.....	5788.43	6783.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	5788.43	6783.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	64900.00	94500.00
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.....	20900.00	20900.00
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))..	91588.43	122183.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	91588.43	122183.86

**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) .....	82500.00	142445.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	82500.00	142445.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5788.43	6783.86
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5788.43	6783.86

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 43  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
CMR Political Action Committee

**A.**

Full Name (Last, First, Middle Initial) Mr. Dennis Bassford		Date of Receipt MM / DD / YYYY 09 / 29 / 2010
Mailing Address 6720 Fort Dent Way Suite 230		<b>Transaction ID:</b> SA11AI-34-193-c
City Tukwila	State WA	Zip Code 98188-2589
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Money Tree, Inc.	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) Mrs. Sara Bassford		Date of Receipt MM / DD / YYYY 09 / 28 / 2010
Mailing Address 6720 Fort Dent Way Suite 230		<b>Transaction ID:</b> SA11AI-315-196-c
City Tukwila	State WA	Zip Code 98188-2589
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Money Tree Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**C.**

Full Name (Last, First, Middle Initial) Mr. James Cowles		Date of Receipt MM / DD / YYYY 08 / 26 / 2010
Mailing Address 2506 S Boxwood Lane		<b>Transaction ID:</b> SA11AI-27-132-c
City Spokane	State WA	Zip Code 99223-4938
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Retired	Occupation Retired	
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) .....	▶	15000.00
<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 7 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
CMR Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Wanda Cowles

Mailing Address 2506 S Boxwood Lane

City State Zip Code  
Spokane WA 99223-4938

FEC ID number of contributing federal political committee. C

Name of Employer Retired      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      5000.00

Date of Receipt  
08 / 26 / 2010  
**Transaction ID:** SA11AI-28-133-c  
 Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Betty Freeman

Mailing Address PO Box 1012

City State Zip Code  
Bellevue WA 98009-1012

FEC ID number of contributing federal political committee. C

Name of Employer Homemaker      Occupation Homemaker

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      2500.00

Date of Receipt  
09 / 23 / 2010  
**Transaction ID:** SA11AI-255-155-c  
 Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Kemper Freeman

Mailing Address PO Box 1012

City State Zip Code  
Bellevue WA 98009-1012

FEC ID number of contributing federal political committee. C

Name of Employer Kemper Development Co.      Occupation Commercial Real Estate Developer

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      2500.00

Date of Receipt  
09 / 23 / 2010  
**Transaction ID:** SA11AI-254-154-c  
 Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 10000.00

**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 8 / 43
	<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)  
**CMR Political Action Committee**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. John Hennessy		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 3532 207th Avenue SE		Transaction ID: SA11AI-317-201-c		
	City Sammamish	State WA	Zip Code 98075-9688	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NUPRECON, LP	Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Barton Nelson		Date of Receipt MM / DD / YYYY 08 / 01 / 2010		
	Mailing Address 3482 Cottonwood Road		Transaction ID: SA11AI-225-131-c		
	City Walla Walla	State WA	Zip Code 99362-1854	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Nelson Irrigation	Occupation Owner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Karen Nelson		Date of Receipt MM / DD / YYYY 08 / 01 / 2010		
	Mailing Address 3482 Cottonwood Road		Transaction ID: SA11AI-224-130-c		
	City Walla Walla	State WA	Zip Code 99362-1854	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Homemaker	Occupation Homemaker			
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) .....	▶	15000.00
<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 / 43
	<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)  
CMR Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Christine Perry

Mailing Address PO Box 645

City State Zip Code  
Medina WA 98039-0645

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2010

**Transaction ID:** SA11AI-320-134-c

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs Beatriz Schweitzer

Mailing Address 330 NW Brandon Drive

City State Zip Code  
Pullman WA 99163-3674

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2010

**Transaction ID:** SA11AI-164-88-c

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Edmund Schweitzer, III

Mailing Address 330 NW Brandon Drive

City State Zip Code  
Pullman WA 99163-3674

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

Name of Employer Occupation  
Schweitzer Engineering Labs President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2010

**Transaction ID:** SA11AI-163-87-c

Amount of Each Receipt this Period  
5000.00

Split with Spouse

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>15000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>55000.00</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 43  
(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CMR Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
American College Of Radiology Association Political Action Committee

Mailing Address 1891 Preston White Drive

City Reston State VA Zip Code 20191-4326

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 09 / 28 / 2010  
**Transaction ID:** SA11C-19-200-c  
Amount of Each Receipt this Period: 5000.00

**B.** Full Name (Last, First, Middle Initial)  
Boeing Company Political Action Committee, The

Mailing Address 1200 Wilson Boulevard

City Arlington State VA Zip Code 22209-2300

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 09 / 28 / 2010  
**Transaction ID:** SA11C-316-198-c  
Amount of Each Receipt this Period: 5000.00

**C.** Full Name (Last, First, Middle Initial)  
Farm Credit Council Political Action Committee

Mailing Address 50 F Street NW Suite 900

City Washington State DC Zip Code 20001-1530

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 07 / 21 / 2010  
**Transaction ID:** SA11C-201-107-c  
Amount of Each Receipt this Period: 2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 12500.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 43  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
CMR Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Microsoft Corporation Political Action Committee

Mailing Address 16011 NE 36th Way  
# 97017

City State Zip Code  
Redmond WA 98052-6301

FEC ID number of contributing federal political committee. **C** C00227546

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

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

**Transaction ID:** SA11C-55-197-c

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
Premera Blue Cross Political Action Committee/premera Pac

Mailing Address 7001 220th Street SW

City State Zip Code  
Mountlake Terrace WA 98043-2160

FEC ID number of contributing federal political committee. **C** C00409227

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

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

**Transaction ID:** SA11C-227-136-c

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Pricewaterhousecoopers Political Action Committee I

Mailing Address 1301 K Street NW  
Suite 800W

City State Zip Code  
Washington DC 20005-3317

FEC ID number of contributing federal political committee. **C** C00107235

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

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

**Transaction ID:** SA11C-21-106-c

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10000.00**

**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 / 43

(check only one)

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

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NAME OF COMMITTEE (In Full)  
CMR Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Pricewaterhousecoopers Political Action Committee I

Mailing Address 1301 K Street NW  
Suite 800W

City State Zip Code  
Washington DC 20005-3317

FEC ID number of contributing federal political committee. **C** C00107235

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 02 / 2010

Transaction ID: SA11C-21-129-c

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)  
Tuesday Group Political Action Committee

Mailing Address PO Box 11586

City State Zip Code  
Washington DC 20008-0786

FEC ID number of contributing federal political committee. **C** C00433060

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 29 / 2010

Transaction ID: SA11C-313-191-c

Amount of Each Receipt this Period

2500.00

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

5000.00

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

27500.00

# 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 13 / 43

<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)  
CMR Political Action Committee

<p><b>A.</b> Complete Campaigns</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Fundraising: Credit Card Merchant Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-125-135-e <b>Date of Disbursement:</b> 08 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>Category/Type: 003</p>
<p><b>B.</b> Concentric Office, LLC</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 8136 Old Keene MI Road Suite A300</p> <p>City Springfield State VA Zip Code 22152-1853</p> <p>Purpose of Disbursement Compliance Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-37-109-e <b>Date of Disbursement:</b> 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 3783.43</p> <p>Category/Type: 001</p>
<p><b>C.</b> The Catalyst Group, LLC</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1115 Massachusetts Avenue NW Lower LEVEL</p> <p>City Washington State DC Zip Code 20005-4604</p> <p>Purpose of Disbursement Fundraising: Finance Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-50-108-e <b>Date of Disbursement:</b> 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1755.00</p> <p>Category/Type: 003</p>

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

5788.43

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

5788.43

**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)  
CMR Political Action Committee

A.	Full Name (Last, First, Middle Initial) Andy Barr For Congress, Inc.	Transaction ID: SB23-178-95-e Date of Disbursement
	Mailing Address PO Box 2059	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/>
	City Lexington State KY Zip Code 40588-2059	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="500.00"/>
	Candidate Name Garland "Andy" Barr	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ann Marie Buerkle For Congress	Transaction ID: SB23-304-185-e Date of Disbursement
	Mailing Address 3779 Underwood Way	<input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="27"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/>
	City Syracuse State NY Zip Code 13215-6600	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="2000.00"/>
	Candidate Name Ann Marie Buerkle	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Austin Scott For Congress Inc	Transaction ID: SB23-271-163-e Date of Disbursement
	Mailing Address PO Box 27750	<input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="27"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/>
	City Macon State GA Zip Code 31221-7750	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="500.00"/>
	Candidate Name James Austin Scott	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08	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)

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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)  
CMR Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Bass Victory Committee <hr/> Mailing Address PO Box 3451 <hr/> City Concord State NH Zip Code 03302-3451 <hr/> Purpose of Disbursement Committee Contribution Candidate Name Charles F. Bass <hr/> 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) ▼	Transaction ID: SB23-290-172-e Date of Disbursement 09 / 27 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Benishek For Congress <hr/> Mailing Address 802 Pentoga Trail <hr/> City Crystal Falls State MI Zip Code 49920-8518 <hr/> Purpose of Disbursement Committee Contribution Candidate Name Daniel J Benishek <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-239-142-e Date of Disbursement 09 / 14 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Bobby Schilling For Congress <hr/> Mailing Address 367 Avenue Of The Cities Suite D <hr/> City East Moline State IL Zip Code 61244-4053 <hr/> Purpose of Disbursement Committee Contribution Candidate Name Robert Todd Schilling <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-273-164-e Date of Disbursement 09 / 27 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1500.00

**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)  
CMR Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
Bruun For Congress

Transaction ID: SB23-296-175-e  
Date of Disbursement

Mailing Address 23069 Bland Circle

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

City State Zip Code  
West Linn OR 97068-8278

Amount of Each Disbursement this Period

Purpose of Disbursement  
Committee Contribution

011  
Category/  
Type

500.00
--------

Candidate Name  
Lorentz 'Scott' Bruun

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: OR District: 05

B.

Full Name (Last, First, Middle Initial)  
Canseco For Congress

Transaction ID: SB23-251-148-e  
Date of Disbursement

Mailing Address 10004 Wurzbach Road # 366

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

City State Zip Code  
San Antonio TX 78230-2214

Amount of Each Disbursement this Period

Purpose of Disbursement  
Committee Contribution

011  
Category/  
Type

500.00
--------

Candidate Name  
Francisco 'Quico' Canseco

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: TX District: 23

C.

Full Name (Last, First, Middle Initial)  
Chris Gibson For Congress

Transaction ID: SB23-247-146-e  
Date of Disbursement

Mailing Address PO Box 53

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

City State Zip Code  
Hudson NY 12534-0053

Amount of Each Disbursement this Period

Purpose of Disbursement  
Committee Contribution

011  
Category/  
Type

500.00
--------

Candidate Name  
Christopher Patrick Gibson

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: NY District: 20

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

1500.00

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 / 43

<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)  
CMR Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
Committee To Elect Jeff Miller

Transaction ID: SB23-286-170-e  
Date of Disbursement

Mailing Address PO Box 6338

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

City Hendersonville State NC Zip Code 28793-6338

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Non Federal Committee Contribution

011  
Category/  
Type

Candidate Name  
Jeffery Lane Miller

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NC District: 11

B.

Full Name (Last, First, Middle Initial)  
Crawford For Congress

Transaction ID: SB23-166-89-e  
Date of Disbursement

Mailing Address PO Box 16956

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

City Jonesboro State AR Zip Code 72403-6716

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Committee Contribution

011  
Category/  
Type

Candidate Name  
Eric Alan Rick Crawford

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AR District: 01

C.

Full Name (Last, First, Middle Initial)  
Daniel Webster For Congress

Transaction ID: SB23-233-139-e  
Date of Disbursement

Mailing Address 3400 Old Winter Garden Road

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

City Orlando State FL Zip Code 32805-1134

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Committee Contribution

011  
Category/  
Type

Candidate Name  
Daniel Webster

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: FL District: 08

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

1500.00

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)  
CMR Political Action Committee

A.	Full Name (Last, First, Middle Initial) David Schweikert For Congress	Transaction ID: SB23-259-157-e Date of Disbursement
	Mailing Address 15749 E El Lago Boulevard	<input type="text" value="09"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Fountain Hills State AZ Zip Code 85268-3901	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="500.00"/>
	Candidate Name David Schweikert	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Demmer For Congress	Transaction ID: SB23-278-166-e Date of Disbursement
	Mailing Address PO Box 6	<input type="text" value="09"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Hayfield State MN Zip Code 55940-0006	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="500.00"/>
	Candidate Name Randy Lee Demmer	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN 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) Diane Black For Congress	Transaction ID: SB23-221-127-e Date of Disbursement
	Mailing Address 819 Plantation Boulevard	<input type="text" value="08"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Gallatin State TN Zip Code 37066-4497	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="1000.00"/>
	Candidate Name Diane Lynn Black	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	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="2000.00"/>
<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)

PAGE 19 / 43

<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)  
CMR Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
Diane Black For Congress

Transaction ID: SB23-221-187-e  
Date of Disbursement

Mailing Address 819 Plantation Boulevard

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

City Gallatin State TN Zip Code 37066-4497

Amount of Each Disbursement this Period

1400.00
---------

Purpose of Disbursement  
Committee Contribution

011  
Category/  
Type

Candidate Name  
Diane Lynn Black

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TN District: 06

B.

Full Name (Last, First, Middle Initial)  
Djou For Hawaii

Transaction ID: SB23-54-149-e  
Date of Disbursement

Mailing Address PO Box 235280

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	0

City Honolulu State HI Zip Code 96823-3504

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Committee Contribution

011  
Category/  
Type

Candidate Name  
Charles Kong Djou

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: HI District: 01

C.

Full Name (Last, First, Middle Initial)  
Dold For Congress

Transaction ID: SB23-170-91-e  
Date of Disbursement

Mailing Address PO Box 8145

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

City Northfield State IL Zip Code 60093-8145

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Committee Contribution

011  
Category/  
Type

Candidate Name  
Mr. Robert James Dold Jr.

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

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

2900.00

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)  
CMR Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Fimian For Congress 2010 (fimian 2010)

Mailing Address PO Box 3131

City State Zip Code  
Oakton VA 22124-9131

Purpose of Disbursement  
Committee Contribution

Candidate Name  
Keith S Fimian

Office Sought:  House  
 Senate  
 President

State: VA District: 11

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** SB23-198-104-e  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
Fitzpatrick For Congress

Mailing Address PO Box 185

City State Zip Code  
Langhorne PA 19047-0185

Purpose of Disbursement  
Committee Contribution

Candidate Name  
Michael G Fitzpatrick

Office Sought:  House  
 Senate  
 President

State: PA District: 08

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** SB23-186-99-e  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**C.** Full Name (Last, First, Middle Initial)  
Friends Of David Harmer

Mailing Address 9321 Silverbend Lane

City State Zip Code  
Elk Grove CA 95624-3985

Purpose of Disbursement  
Committee Contribution

Candidate Name  
David Jeffrey Harmer

Office Sought:  House  
 Senate  
 President

State: CA District: 11

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** SB23-168-90-e  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**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)  
CMR Political Action Committee

A.	Full Name (Last, First, Middle Initial) Friends Of Frank Guinta	Transaction ID: SB23-288-171-e Date of Disbursement
	Mailing Address PO Box 877	<input type="text" value="09"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Manchester State NH Zip Code 03105-0877	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="500.00"/>
	Candidate Name Frank Guinta	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Joe Heck	Transaction ID: SB23-180-96-e Date of Disbursement
	Mailing Address PO Box 750114	<input type="text" value="07"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Las Vegas State NV Zip Code 89136-0114	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="500.00"/>
	Candidate Name Joe Heck	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV 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) Friends Of Nan Hayworth	Transaction ID: SB23-245-145-e Date of Disbursement
	Mailing Address PO Box 189	<input type="text" value="09"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Mount Kisco State NY Zip Code 10549-0189	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="500.00"/>
	Candidate Name Nan Hayworth	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19	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="1500.00"/>
<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)

PAGE 22 / 43

<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)  
CMR Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends Of Nan Hayworth <hr/> Mailing Address PO Box 189 <hr/> City Mount Kisco State NY Zip Code 10549-0189 <hr/> Purpose of Disbursement Committee Contribution Candidate Name Nan Hayworth <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-245-184-e Date of Disbursement 09 / 27 / 2010 <hr/> Amount of Each Disbursement this Period 1900.00 <hr/> Category/ Type 011
<b>B.</b>	Full Name (Last, First, Middle Initial) Friends Of Roy Blunt <hr/> Mailing Address PO Box 50100 <hr/> City Springfield State MO Zip Code 65805-0100 <hr/> Purpose of Disbursement Committee Contribution Candidate Name Roy Blunt <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-253-150-e Date of Disbursement 09 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Category/ Type 011
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends Of Todd Young <hr/> Mailing Address PO Box 1053 <hr/> City Bloomington State IN Zip Code 47402-1053 <hr/> Purpose of Disbursement Committee Contribution Candidate Name Todd Christopher Young <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-176-94-e Date of Disbursement 07 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 500.00 <hr/> Category/ Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)  
CMR Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
Gibbs For Congress

Transaction ID: SB23-294-174-e  
Date of Disbursement

Mailing Address 6992 Township Road 466

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

City Lakeville State OH Zip Code 44638-9794

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Committee Contribution

011
-----

Category/  
Type

Candidate Name  
Robert Brian Gibbs

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: OH District: 18

B.

Full Name (Last, First, Middle Initial)  
Graves For Congress

Transaction ID: SB23-161-85-e  
Date of Disbursement

Mailing Address 103 Kelly Mill Road

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

City Cumming State GA Zip Code 30040-2314

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
General Election Contribution

011
-----

Category/  
Type

Candidate Name  
John Thomas Graves, Jr.

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: GA District: 09

C.

Full Name (Last, First, Middle Initial)  
Harold Johnson For Congress

Transaction ID: SB23-284-169-e  
Date of Disbursement

Mailing Address 349-L Copperfield Blvd  
Suite 233

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

City Concord State NC Zip Code 28025

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Committee Contribution

011
-----

Category/  
Type

Candidate Name  
Harold Nelson Johnson

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: NC District: 08

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

2000.00
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TOTAL This Period (last page this line number only) .....

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**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)  
CMR Political Action Committee

A.	Full Name (Last, First, Middle Initial) Jeff Perry For Congress	Transaction ID: SB23-275-165-e Date of Disbursement
	Mailing Address PO Box 1435	<input type="text" value="09"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Sandwich State MA Zip Code 02563-1435	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="500.00"/>
	Candidate Name Jeffrey Davis Perry	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 10	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jon Runyan For Congress, Inc	Transaction ID: SB23-243-144-e Date of Disbursement
	Mailing Address PO Box 225	<input type="text" value="09"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Colonia State NJ Zip Code 07067-0225	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="500.00"/>
	Candidate Name Jon Runyan	<input type="text" value="011"/> Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Kapanke For Congress	Transaction ID: SB23-298-177-e Date of Disbursement
	Mailing Address PO Box 937	<input type="text" value="09"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City La Crosse State WI Zip Code 54602-0937	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="500.00"/>
	Candidate Name Dan Kapanke	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI 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="1500.00"/>
<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)  
CMR Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kelly For Congress</p> <p>Mailing Address PO Box 89520</p> <p>City Tucson State AZ Zip Code 85752-9520</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name Jesse Kelly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AZ District: 08</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> SB23-261-158-e</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kinzinger For Congress</p> <p>Mailing Address PO Box 1050</p> <p>City Bourbonnais State IL Zip Code 60914-7050</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name Adam Kinzinger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 11</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> SB23-172-92-e</p> <p>Date of Disbursement 07 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Koster For Congress</p> <p>Mailing Address PO Box 231</p> <p>City Arlington State WA Zip Code 98223-0231</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name John Koster</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WA District: 02</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> SB23-52-176-e</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

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

1500.00

**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)  
CMR Political Action Committee

A.	Full Name (Last, First, Middle Initial) Koster For Congress  Mailing Address PO Box 231  City Arlington State WA Zip Code 98223-0231  Purpose of Disbursement Committee Contribution Candidate Name John Koster  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-52-190-e Date of Disbursement 09 / 29 / 2010  Amount of Each Disbursement this Period 1900.00  011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Kristi For Congress  Mailing Address PO Box 852  City Sioux Falls State SD Zip Code 57101-0852  Purpose of Disbursement Committee Contribution Candidate Name Kristi Lynn Noem  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-192-101-e Date of Disbursement 07 / 20 / 2010  Amount of Each Disbursement this Period 500.00  011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Kristi For Congress  Mailing Address PO Box 852  City Sioux Falls State SD Zip Code 57101-0852  Purpose of Disbursement Committee Contribution Candidate Name Kristi Lynn Noem  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-192-186-e Date of Disbursement 09 / 27 / 2010  Amount of Each Disbursement this Period 1900.00  011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# 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)  
CMR Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Martha Roby for Congress</p> <p>Mailing Address PO Box 195</p> <p>City Montgomery State AL Zip Code 36101-0195</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name Martha Roby</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AL District: 02</p>	<p><b>Transaction ID:</b> SB23-38-180-e</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mckinley For Congress</p> <p>Mailing Address 32 20th Street</p> <p>City Wheeling State WV Zip Code 26003-3746</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name David B Mckinley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WV District: 01</p>	<p><b>Transaction ID:</b> SB23-200-105-e</p> <p>Date of Disbursement 07 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Michael Grimm For Congress</p> <p>Mailing Address 560 9th Street</p> <p>City Brooklyn State NY Zip Code 11215-4206</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name Michael Grimm</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 13</p>	<p><b>Transaction ID:</b> SB23-312-189-e</p> <p>Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

<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)

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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)  
CMR Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
Mike Kelly For Congress

Transaction ID: SB23-249-147-e  
Date of Disbursement

Mailing Address PO Box 476

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

City Lyndora State PA Zip Code 16045-0476

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Committee Contribution

011  
Category/  
Type

Candidate Name  
George J Kelly, Jr.

Office Sought:  House  
 Senate  
 President  
State: PA District: 03

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)  
Mike Keown For Congress

Transaction ID: SB23-269-162-e  
Date of Disbursement

Mailing Address PO Box 96

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

City Coolidge State GA Zip Code 31738-0096

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Committee Contribution

011  
Category/  
Type

Candidate Name  
Michael Huel (mike) Keown

Office Sought:  House  
 Senate  
 President  
State: GA District: 02

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)  
Mobrooksforcongress.Com

Transaction ID: SB23-229-137-e  
Date of Disbursement

Mailing Address 7610 Foxfire Drive SE

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

City Huntsville State AL Zip Code 35802-2716

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Committee Contribution

011  
Category/  
Type

Candidate Name  
Mo Brooks

Office Sought:  House  
 Senate  
 President  
State: AL District: 05

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

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

1500.00

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 29 / 43

<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)  
CMR Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
Mulvaney For Congress

Transaction ID: SB23-188-100-e  
Date of Disbursement

Mailing Address 9789 Charlotte Highway  
Suite 400-255

/   /

City Indian Land State SC Zip Code 29707-7177

Amount of Each Disbursement this Period

Purpose of Disbursement  
Committee Contribution

Category/  
Type

Candidate Name  
John Michael 'Mick' Mulvaney

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: SC District: 05

B.

Full Name (Last, First, Middle Initial)  
National Federation of Republican Women

Transaction ID: SB23-162-86-e  
Date of Disbursement

Mailing Address 124 N Alfred Street

/   /

City Alexandria State VA Zip Code 22314-3011

Amount of Each Disbursement this Period

Purpose of Disbursement  
Committee Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
National Republican Congressional Committee

Transaction ID: SB23-6-188-e  
Date of Disbursement

Mailing Address 320 1st Street SE

/   /

City Washington State DC Zip Code 20003-1838

Amount of Each Disbursement this Period

Purpose of Disbursement  
Committee Contribution

Category/  
Type

Candidate Name  
National Republican Congressional Committee

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

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)  
CMR Political Action Committee

A.	Full Name (Last, First, Middle Initial) Pantano For North Carolina Committee	Transaction ID: SB23-282-168-e Date of Disbursement
	Mailing Address 5700 Oleander Drive	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Wilmington State NC Zip Code 28403-4714	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="500.00"/>
	Candidate Name Ilario Gregory Pantano	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07	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: SB23-257-156-e Date of Disbursement
	Mailing Address 2222 E Cedar Avenue	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Flagstaff State AZ Zip Code 86004-1988	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="500.00"/>
	Candidate Name Paul Anthony Gosar	<input type="text" value="011"/> 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) Randy Altschuler For Congress	Transaction ID: SB23-292-173-e Date of Disbursement
	Mailing Address PO Box 657	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Stony Brook State NY Zip Code 11790-0657	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="500.00"/>
	Candidate Name Mr. Randolph Altschuler	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	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="1500.00"/>
<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)  
CMR Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Randy Hultgren For Congress <hr/> Mailing Address PO Box 39 <hr/> City Batavia State IL Zip Code 60510-0039 <hr/> Purpose of Disbursement Committee Contribution Candidate Name Randy Hultgren <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-174-93-e Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Ribble For Congress <hr/> Mailing Address PO Box 7200 <hr/> City Appleton State WI Zip Code 54912-7069 <hr/> Purpose of Disbursement Committee Contribution Candidate Name Reid Ribble <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-300-178-e Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Robert Hurt For Congress <hr/> Mailing Address PO Box 2 <hr/> City Chatham State VA Zip Code 24531-0002 <hr/> Purpose of Disbursement Committee Contribution Candidate Name Robert Hurt <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-196-103-e Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1500.00

**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)  
CMR Political Action Committee

A.	Full Name (Last, First, Middle Initial) Robin Smith For Tennessee	Transaction ID: SB23-219-126-e Date of Disbursement
	Mailing Address 6231 Perimeter Drive Suite 113	<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Chattanooga State TN Zip Code 37421-3658	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="1000.00"/>
	Candidate Name Robin Tucker Smith	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ryan Frazier For Colorado	Transaction ID: SB23-267-161-e Date of Disbursement
	Mailing Address PO Box 140182	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Edgewater State CO Zip Code 80214-0182	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="500.00"/>
	Candidate Name Ryan L Frazier	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sandy Adams For Congress	Transaction ID: SB23-235-140-e Date of Disbursement
	Mailing Address PO Box 1566	<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City Orlando State FL Zip Code 32802-1566	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="500.00"/>
	Candidate Name Sandy Adams	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	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="2000.00"/>
<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)  
CMR Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Sandy Adams For Congress  Mailing Address PO Box 1566  City Orlando State FL Zip Code 32802-1566  Purpose of Disbursement Committee Contribution Candidate Name Sandy Adams  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-235-181-e Date of Disbursement 09 / 27 / 2010  Amount of Each Disbursement this Period 1900.00  011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Southernland For Congress  Mailing Address PO Box 1692  City Lynn Haven State FL Zip Code 32444-6492  Purpose of Disbursement Committee Contribution Candidate Name William Steve Southernland, II  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-231-138-e Date of Disbursement 09 / 14 / 2010  Amount of Each Disbursement this Period 500.00  011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Spike Maynard For Congress  Mailing Address PO Box 1  City Williamson State WV Zip Code 25661-0001  Purpose of Disbursement Committee Contribution Candidate Name Elliott Edward Maynard  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 03  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-302-179-e Date of Disbursement 09 / 27 / 2010  Amount of Each Disbursement this Period 500.00  011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2900.00
<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)  
CMR Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Steve Fincher For Congress</p> <p>Mailing Address PO Box 11153</p> <p>City Jackson State TN Zip Code 38308-0119</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name Steve Fincher</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 08</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> SB23-194-102-e</p> <p>Date of Disbursement 07 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Tom Ganley For Congress</p> <p>Mailing Address PO Box 41331</p> <p>City Brecksville State OH Zip Code 44141-0331</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name Thomas D Ganley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 13</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> SB23-184-98-e</p> <p>Date of Disbursement 07 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tom Reed For Congress</p> <p>Mailing Address 99 W 1st Street</p> <p>City Corning State NY Zip Code 14830-2557</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name Thomas W Reed, II</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 29</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> SB23-182-97-e</p> <p>Date of Disbursement 07 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

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

1500.00

**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)  
CMR Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Van Tran For Congress  Mailing Address 2150 River Plaza Drive Suite 150  City Sacramento State CA Zip Code 95833-4131  Purpose of Disbursement Committee Contribution Candidate Name Van Tran  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-263-159-e Date of Disbursement 09 / 27 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Vicky Hartzler For Congress  Mailing Address PO Box 531  City Harrisonville State MO Zip Code 64701-0531  Purpose of Disbursement Committee Contribution Candidate Name Vicky Jo Hartzler  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 04  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-280-167-e Date of Disbursement 09 / 27 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Vicky Hartzler For Congress  Mailing Address PO Box 531  City Harrisonville State MO Zip Code 64701-0531  Purpose of Disbursement Committee Contribution Candidate Name Vicky Jo Hartzler  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 04  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-280-183-e Date of Disbursement 09 / 27 / 2010
	Amount of Each Disbursement this Period 1900.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2900.00

**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)  
CMR Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Votetipton.Com</p> <p>Mailing Address PO Box 846</p> <p>City Cortez State CO Zip Code 81321-0846</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name Scott R Tipton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District: 03</p>	<p><b>Transaction ID:</b> SB23-265-160-e</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Walberg For Congress</p> <p>Mailing Address 6769 Teachout Road</p> <p>City Tipton State MI Zip Code 49287-9807</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name Timothy L. Walberg</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 07</p>	<p><b>Transaction ID:</b> SB23-241-143-e</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Walorski For Congress Inc</p> <p>Mailing Address PO Box 16</p> <p>City Elkhart State IN Zip Code 46515-0016</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name Jackie Walorski (swihart)</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IN District: 02</p>	<p><b>Transaction ID:</b> SB23-93-182-e</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</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)

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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)  
CMR Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Washington State Republican Party <hr/> Mailing Address 2840 Northup Way Suite 140 <hr/> City Bellevue State WA Zip Code 98004-1433 <hr/> Purpose of Disbursement Committee Contribution Candidate Name Washington State Republican Party <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-222-192-e Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 10000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Yoder For Congress <hr/> Mailing Address PO Box 26742 <hr/> City Overland Park State KS Zip Code 66225-6742 <hr/> Purpose of Disbursement Committee Contribution Candidate Name Kevin W Yoder <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-237-141-e Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2010
	Amount of Each Disbursement this Period 500.00

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

10500.00

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

64900.00

# 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)

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

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NAME OF COMMITTEE (In Full)  
CMR Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
6th Leg Dist Repub Comm Non Exempt

Mailing Address 1200 W. Freya Ave

City Spokane State WA Zip Code 99202

Purpose of Disbursement  
Non Federal Committee Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29-217-125-e  
Date of Disbursement

08 / 02 / 2010

Amount of Each Disbursement this Period

4000.00

**B.** Full Name (Last, First, Middle Initial)  
Campaign To Elect Paul Harris

Mailing Address 1916 SE 130th Avenue

City Vancouver State WA Zip Code 98683-6565

Purpose of Disbursement  
Non Federal Committee Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29-210-118-e  
Date of Disbursement

08 / 02 / 2010

Amount of Each Disbursement this Period

800.00

**C.** Full Name (Last, First, Middle Initial)  
Citizens For Michael Baumgartner

Mailing Address PO Box 48237

City Spokane State WA Zip Code 99228-1237

Purpose of Disbursement  
Non Federal Committee Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29-202-110-e  
Date of Disbursement

08 / 02 / 2010

Amount of Each Disbursement this Period

1600.00

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

6400.00

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

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

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
CMR Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Citizens For Nancy Wyatt  Mailing Address PO Box 7726  City Covington State WA Zip Code 98042-0046  Purpose of Disbursement Non Federal Committee Contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29-213-121-e Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">800.00</td> </tr> </table> 011 Category/Type	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	1	0	800.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	2		2	0	1	0														
800.00																							
<b>B.</b>	Full Name (Last, First, Middle Initial) Citizens For Skip Priest  Mailing Address PO Box 23237  City Federal Way State WA Zip Code 98093-0237  Purpose of Disbursement Non Federal Committee Contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29-216-124-e Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">500.00</td> </tr> </table> 011 Category/Type	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	1	0	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	2		2	0	1	0														
500.00																							
<b>C.</b>	Full Name (Last, First, Middle Initial) Citizens For Steve Litzow  Mailing Address 7683 SE 27th Street # 431  City Mercer Island State WA Zip Code 98040-2804  Purpose of Disbursement Non Federal Committee Contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29-211-119-e Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">800.00</td> </tr> </table> 011 Category/Type	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	1	0	800.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	2		2	0	1	0														
800.00																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<table border="1"> <tr> <td style="text-align: center;"><b>2100.00</b></td> </tr> </table>	<b>2100.00</b>
<b>2100.00</b>		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1"> <tr> <td style="text-align: center;"> </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 40 / 43

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

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NAME OF COMMITTEE (In Full)  
CMR Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Committee To Elect Joel Kretz <hr/> Mailing Address 1014 Toroda Creek Road <hr/> City Wauconda State WA Zip Code 98859-9711 <hr/> Purpose of Disbursement Non Federal Committee Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29-204-112-e Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 800.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Committee To Elect Kevin Parker <hr/> Mailing Address PO Box 198 <hr/> City Spokane State WA Zip Code 99210-0198 <hr/> Purpose of Disbursement Non Federal Committee Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29-203-111-e Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1600.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Committee To Re-Elect Maureen Walsh <hr/> Mailing Address 606 E Sumach Street <hr/> City Walla Walla State WA Zip Code 99362-1324 <hr/> Purpose of Disbursement Non Federal Committee Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29-209-117-e Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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NAME OF COMMITTEE (In Full)  
CMR Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Committee To Re-Elect Terry Nealey

Mailing Address PO Box 7

City Dayton State WA Zip Code 99328-0007

Purpose of Disbursement  
Non Federal Committee Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29-208-116-e  
Date of Disbursement

08 / 02 / 2010

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Friends For Susan Fagan

Mailing Address PO Box 1471

City Pullman State WA Zip Code 99163-1441

Purpose of Disbursement  
Non Federal Committee Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29-206-114-e  
Date of Disbursement

08 / 02 / 2010

Amount of Each Disbursement this Period

1600.00

**C.** Full Name (Last, First, Middle Initial)  
Friends Of Diane Tebelius

Mailing Address PO Box 53486

City Bellevue State WA Zip Code 98015-3486

Purpose of Disbursement  
Non Federal Committee Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29-215-123-e  
Date of Disbursement

08 / 02 / 2010

Amount of Each Disbursement this Period

500.00

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

2600.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CMR Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends Of Joe Fain <hr/> Mailing Address PO Box 7809 <hr/> City Covington State WA Zip Code 98042-0046 <hr/> Purpose of Disbursement Non Federal Committee Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29-214-122-e Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 800.00
<b>B.</b>	Full Name (Last, First, Middle Initial) People For Joe Schmick <hr/> Mailing Address PO Box 620 <hr/> City Colfax State WA Zip Code 99111-0620 <hr/> Purpose of Disbursement Non Federal Committee Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29-207-115-e Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Peter Dunbar For State Representative <hr/> Mailing Address 8441 SE 68th Street PMB 263 <hr/> City Mercer Island State WA Zip Code 98040-5235 <hr/> Purpose of Disbursement Non Federal Committee Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29-212-120-e Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 800.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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NAME OF COMMITTEE (In Full)  
CMR Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
Shelly For State

Transaction ID: SB29-205-113-e  
Date of Disbursement

Mailing Address PO Box 37

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

City Addy State WA Zip Code 99101-0037

Amount of Each Disbursement this Period

800.00
--------

Purpose of Disbursement  
Non Federal Committee Contribution  
Candidate Name

011
Category/ Type

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

B.

Full Name (Last, First, Middle Initial)  
Washington State Republican Party

Transaction ID: SB29-342-128-e  
Date of Disbursement

Mailing Address 2840 Northup Way Suite 140

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

City Bellevue State WA Zip Code 98004-1433

Amount of Each Disbursement this Period

4000.00
---------

Purpose of Disbursement  
Non Federal Contribution  
Candidate Name

011
Category/ Type

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

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

4800.00
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TOTAL This Period (last page this line number only) ..... ▶

20900.00
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