

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

USINPAC

ADDRESS (number and street)

P.O. Box 222424

Check if different than previously reported. (ACC)

Chantilly

VA

20153

2424

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00381699

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12G)

Election on

in the State of

(d) 30-Day Post -Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07

01

2009

through

12

31

2009

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

Type or Print Name of Treasurer

Mr. Miles C. Hoge

Signature of Treasurer

Electronically Filed by Mr. Miles C. Hoge

Date

02

02

2010

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

Office Use Only

FEC FORM 3X (Rev. 12/2004)

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

Write or Type Committee Name  
USINPAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		13368.98
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	2559.54									
(c) Total Receipts (from Line 19) .....	38350.00	64553.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	40909.54	77921.98								
7. Total Disbursements (from Line 31) .....	38757.38	75769.82								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2152.16	2152.16								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
USINPAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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) .....	30450.00	54702.00
(ii) Unitemized .....	0.00	1951.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	30450.00	56653.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	30450.00	56653.00
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) .....	7900.00	7900.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	7900.00	7900.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	38350.00	64553.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	30450.00	56653.00

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	16692.31
(ii) Non-Federal Share.....	0.00	4173.08
(b) Other Federal Operating Expenditures.....	22257.38	22954.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	22257.38	43819.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16500.00	27250.00
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	4700.00
(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	4700.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	38757.38	75769.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38757.38	71596.74

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	30450.00	56653.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	4700.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30450.00	51953.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	22257.38	39646.74
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	22257.38	39646.74

# 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 6 / 15
	<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	

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)  
USINPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Anjan Chiamaladinne	Date of Receipt
	Mailing Address	<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City State Zip Code	<b>Transaction ID:</b> SA11AI.8332
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period
	Name of Employer Occupation	<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Bufus Outlaw	Date of Receipt
	Mailing Address 2713 Phillips Terrace	<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City State Zip Code	<b>Transaction ID:</b> SA11AI.8337
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period
	Name of Employer Occupation BOE Securities CEO	<input type="text" value="2700.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Vinay Patel	Date of Receipt
	Mailing Address 45620 Flake Plaza	<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City State Zip Code	<b>Transaction ID:</b> SA11AI.8336
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period
	Name of Employer Occupation Crescent Hotels President	<input type="text" value="5000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="5000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="7950.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 15
	<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)  
USINPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Sanjay Krishan Puri		Date of Receipt MM / DD / YYYY 12 / 08 / 2009		
	Mailing Address PO Box 222424		<b>Transaction ID:</b> SA11AI.8331		
	City Chantilly	State VA	Zip Code 20153-2424	Amount of Each Receipt this Period 10000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10000.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Sanjay Puri		Date of Receipt MM / DD / YYYY 12 / 28 / 2009		
	Mailing Address 4455 Brookfield Corporate Drive		<b>Transaction ID:</b> SA11AI.8361		
	City Chantilly	State VA	Zip Code 20151	Amount of Each Receipt this Period 4500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Optimos Inc.	Occupation Chairman			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 9500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas K. Rao		Date of Receipt MM / DD / YYYY 12 / 23 / 2009		
	Mailing Address 103 Sundew Lane		<b>Transaction ID:</b> SA11AI.8338		
	City Cary	State NC	Zip Code 27511	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ILS Inc.	Occupation President			
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) .....	▶	19500.00
<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 8 / 15  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
USINPAC

**A.**

Full Name (Last, First, Middle Initial) Singh Sudhir		Date of Receipt MM / DD / YYYY 12 / 15 / 2009
Mailing Address		<b>Transaction ID:</b> SA11AI.8334
City State Zip Code		Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

**B.**

Full Name (Last, First, Middle Initial) Mark Wienzler		Date of Receipt MM / DD / YYYY 11 / 20 / 2009
Mailing Address		<b>Transaction ID:</b> SA11AI.8329
City State Zip Code		Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	30450.00



**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 9 / 15

<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)  
USINPAC

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 360002 City Fort Lauderdale State FL Zip Code 33336-0002 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.8354 Date of Disbursement 10 / 24 / 2009
	Amount of Each Disbursement this Period 156.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 360002 City Fort Lauderdale State FL Zip Code 33336-0002 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.8357 Date of Disbursement 12 / 16 / 2009
	Amount of Each Disbursement this Period 2000.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) DASS Private Ltd. Mailing Address GPO Box 8975 City Katmandu, Nepal State ZZ Zip Code Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.8358 Date of Disbursement 12 / 22 / 2009
	Amount of Each Disbursement this Period 565.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2721.00
<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)

PAGE 10 / 15

<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)  
USINPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Surabhi Garg Mailing Address Stratigence LLC P.O. Box 29514 City San Antonio State TX Zip Code 78229 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.8349 <b>Date of Disbursement</b> 10 / 21 / 2009	Amount of Each Disbursement this Period 4958.51
<b>B.</b>	Full Name (Last, First, Middle Initial) Surabhi Garg Mailing Address Stratigence LLC P.O. Box 29514 City San Antonio State TX Zip Code 78229 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.8356 <b>Date of Disbursement</b> 12 / 16 / 2009	Amount of Each Disbursement this Period 4918.02
<b>C.</b>	Full Name (Last, First, Middle Initial) Surabhi Garg Mailing Address Stratigence LLC P.O. Box 29514 City San Antonio State TX Zip Code 78229 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.8360 <b>Date of Disbursement</b> 12 / 28 / 2009	Amount of Each Disbursement this Period 4500.00

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

14376.53

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 15

<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)  
USINPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Miles C. Hoge Mailing Address 105 East Cary Street City Richmond State VA Zip Code 23219 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.8351 <b>Date of Disbursement</b> 10 / 24 / 2009	Amount of Each Disbursement this Period 2250.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Optimos Inc. Mailing Address 4455 Brookfield Corporate Drive City Chantilly State VA Zip Code 20151 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.8355 <b>Date of Disbursement</b> 11 / 02 / 2009	Amount of Each Disbursement this Period 2000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) T-Mobile Mailing Address P.O. Box 742596 City Cincinnati State OH Zip Code 45274 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.8353 <b>Date of Disbursement</b> 10 / 24 / 2009	Amount of Each Disbursement this Period 514.85

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

4764.85

**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 12 / 15

<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)  
USINPAC

A.

Full Name (Last, First, Middle Initial)  
T-Mobile

Transaction ID: SB21B.8359  
Date of Disbursement

Mailing Address P.O. Box 742596

<sup>M</sup> 1	<sup>M</sup> 2	/	<sup>D</sup> 2	<sup>D</sup> 3	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 9
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City Cincinnati State OH Zip Code 45274

Amount of Each Disbursement this Period

243.00
--------

Purpose of Disbursement

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

243.00
--------

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

22105.38
----------

**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)  
USINPAC

A.	Full Name (Last, First, Middle Initial) Connolly for Congress	Transaction ID: SB23.8341 Date of Disbursement
	Mailing Address 3706 Prado Place	<input type="text" value="12"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City State Zip Code Fairfax VA 22031	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="4500.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Hoyer for Congress	Transaction ID: SB23.8340 Date of Disbursement
	Mailing Address 7905 Malcolm Road #102	<input type="text" value="11"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City State Zip Code Clinton MD 20735	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) McGoff For Congress	Transaction ID: SB23.8344 Date of Disbursement
	Mailing Address	<input type="text" value="12"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="3500.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="9000.00"/>
<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)  
USINPAC

A.

Full Name (Last, First, Middle Initial)  
Pallone for Congress

Mailing Address P.O. Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NJ District: 06

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.8347  
Date of Disbursement

12 / 26 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)  
Ros-Lehtinen for Congress

Mailing Address P O Box 52-2784  
Suite 100

City Miami State FL Zip Code 33152

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: FL District: 18

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.8346  
Date of Disbursement

12 / 24 / 2009

Amount of Each Disbursement this Period

5000.00

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

7500.00

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

16500.00

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
 USINPAC

NAME OF ACCOUNT USINPAC Leadership Forum	DATE OF RECEIPT M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 9	TOTAL AMOUNT TRANSFERRED 7900.00
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BREAKDOWN OF TRANSFER RECEIVED

<b>i) Total Administrative</b> .....	0.00	Transaction ID: H3.8362
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

<b>TOTAL</b> This Period (Administrative) .....	0.00
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred) .....	7900.00