

**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

AMERICA'S FOUNDATION

ADDRESS (number and street)

PO Box 434

Suite 300

☐Check if different
than previously
reported. (ACC)

Downtown

PA

19335

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00305797

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

04

01

2010

through

06

30

2010

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

Type or Print Name of Treasurer

ALEX BARNA

Signature of Treasurer

Electronically Filed by ALEX BARNA

Date

07

15

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)

A. Form/Schedule : **F3XN**

Transaction ID :

America's Foundation received payments for list rental services, and these payments did not exceed the usual and normal charge for these services. We assessed the usual and normal charge for these services by comparing the amounts received to previous amounts America's Foundation has either researched, or been charged to purchase or rent lists from list brokerage firms the PAC has used.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
AMERICA'S FOUNDATION

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	62487.14
(b) Cash on Hand at Beginning of Reporting Period	19736.80	
(c) Total Receipts (from Line 19)	390748.38	645608.27
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	410485.18	708095.41
7. Total Disbursements (from Line 31)	354179.77	651790.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	56305.41	56305.41
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY 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)

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Write or Type Committee Name

AMERICA'S FOUNDATION

Report Covering the Period:

From:

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

To:

M M
0 6D D
3 0Y 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	112106.00	174754.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	255866.82	433834.78
(iii) TOTAL (add Lines 11(a)(i) and (ii)	367972.82	608588.78
(b) Political Party Committees	500.00	500.00
(c) Other Political Committees (such as PACs)	2100.00	2100.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	370572.82	611188.78
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.)	20175.56	34419.49
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))	390748.38	645608.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	390748.38	645608.27

DETAILED SUMMARY PAGE

of Disbursements

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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	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	350879.77	624801.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	350879.77	624801.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	21000.00	
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	300.00	489.00	
(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))	300.00	489.00	
29. Other Disbursements.....	1000.00	5500.00	
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))..	354179.77	651790.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	354179.77	651790.00	

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)	370572.82	611188.78
34. Total Contribution Refunds (from Line 28(d))	300.00	489.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	370272.82	610699.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	350879.77	624801.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	350879.77	624801.00

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

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

FOR LINE NUMBER: PAGE 7 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Andrew Abela

Mailing Address 1114 Riva Ridge Drive

City

Great Falls

State

VA

Zip Code

22066-2066

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Catholic University
of America

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.31527

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Al Alberts

Mailing Address P.O. Box 450

City

Wilkes Barre

State

PA

Zip Code

18703-8703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bloomsburg Metal Company

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.31727

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mrs Faye Allen

Mailing Address 107 Douglas Dr

City

Oxford

State

MS

Zip Code

38655-2803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.16899

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 8 / 175

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION**A.**

Full Name (Last, First, Middle Initial)

Mrs Faye Allen

Mailing Address 107 Douglas Dr

City

Oxford

State

MS

Zip Code

38655-2803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.16896

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mrs Faye Allen

Mailing Address 107 Douglas Dr

City

Oxford

State

MS

Zip Code

38655-2803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.16898

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kenneth H Anderson

Mailing Address 1040 N 10th St Apt M12

City

Spearfish

State

SD

Zip Code

57783-2253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	0

Transaction ID: SA11AI.17107

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Helen Ankarlo

Mailing Address 2510 Ranch Reserve Ridge

City State Zip Code
Westminster CO 80234-0234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ankarlo Management

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.31518

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Alice M. Armour

Mailing Address 1806 E Lombard St

City State Zip Code
Baltimore MD 21231-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.17139

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
Rick Barton

Mailing Address 3942 Highway 179

City State Zip Code
Covington TN 38019-8019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-America Apartment Com-
munities, Inc

Occupation
SVP & Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.31569

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Miss Earline H Bates

Mailing Address 415 Ruby Forest Pkwy

City

Suwanee

State

GA

Zip Code

30024-3926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.16900

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Helen M. Beben

Mailing Address 73 Albemarle Rd

City

Colonia

State

NJ

Zip Code

07067-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.17020

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Helen M. Beben

Mailing Address 73 Albemarle Rd

City

Colonia

State

NJ

Zip Code

07067-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.17021

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. George J Beisel

Mailing Address 9205 Wesleyan Rd

City

Philadelphia

State

PA

Zip Code

19114-3814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.17095

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Mr. Harold E Beldt

Mailing Address 2672 Lily Ave

City

Sheldon

State

IA

Zip Code

51201-7004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.16709

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Harold E Beldt

Mailing Address 2672 Lily Ave

City

Sheldon

State

IA

Zip Code

51201-7004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.16708

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

2540.00

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 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Maryann Bentley

Mailing Address 853 Sheridan Ln

City

Gardnerville

State

NV

Zip Code

89460-6547

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.16817

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr Thomas P Bigwood

Mailing Address 7498 Ida Way

City

Canal Winchester

State

OH

Zip Code

43110-1335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ret

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.16885

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr Thomas P Bigwood

Mailing Address 7498 Ida Way

City

Canal Winchester

State

OH

Zip Code

43110-1335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ret

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.16884

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Douglas Billian

Mailing Address 5795 Winterthur Ln NW

City State Zip Code
Atlanta GA 30328-4687

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.16821

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
Douglas Billian

Mailing Address 5795 Winterthur Ln NW

City State Zip Code
Atlanta GA 30328-4687

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.16820

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
Mr James V Bitner

Mailing Address PO Box 610

City State Zip Code
Rockport ME 04856-0610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.16823

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Guenther Bizer

Mailing Address 1590 Mountain View Dr

City

Bayfield

State

CO

Zip Code

81122-9656

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.16824

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mr. Louis L Borick

Mailing Address 920 Foothill Rd

City

Beverly Hills

State

CA

Zip Code

90210-2926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.17049

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Miss Doris M. Boucher

Mailing Address 220 Saint Marys Dr Apt 324

City

Cherry Hill

State

NJ

Zip Code

08003-2577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Ret

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.00

Date of Receipt

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

Transaction ID: SA11AI.16748

Amount of Each Receipt this Period

251.00

SUBTOTAL of Receipts This Page (optional)

651.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Miss Doris M. Boucher

Mailing Address 220 Saint Marys Dr Apt 324

City State Zip Code
 Cherry Hill NJ 08003-2577

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Retired

Occupation
 Ret

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

752.00

Date of Receipt

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

Transaction ID: SA11AI.16746

Amount of Each Receipt this Period

376.00

B.

Full Name (Last, First, Middle Initial)
 Col. Darwin L Brendinger, USAF

Mailing Address 205 W Fairview Ave

City State Zip Code
 Langhorne PA 19047-3939

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.17109

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)
 Raymond Broshar

Mailing Address 2115 North 9th Street

City State Zip Code
 Terre Haute IN 47804-2301

FEC ID number of contributing
federal political committee.

C

Name of Employer
 n/a

Occupation
 retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.31514

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

701.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Ms Elizabeth D Bruce

Mailing Address 520 White Rd

City State Zip Code
 Opelika AL 36801-3415

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.17050

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)
 Ms Elizabeth D Bruce

Mailing Address 520 White Rd

City State Zip Code
 Opelika AL 36801-3415

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.17051

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)
 Ms Elizabeth Bryden

Mailing Address 1 W 67th St Apt 611

City State Zip Code
 New York NY 10023-6200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.17129

Amount of Each Receipt this Period

82.00

SUBTOTAL of Receipts This Page (optional)

332.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 17 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION**A.**

Full Name (Last, First, Middle Initial)

Mr. Walter W. Buckley, Jr.

Mailing Address 1 Bethlehem Plz

City

Bethlehem

State

PA

Zip Code

18018-5754

FEC ID number of contributing
federal political committee.

C

Name of Employer
Buckley Capital ManagementOccupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.16697

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Walter W. Buckley, Jr.

Mailing Address 1 Bethlehem Plz

City

Bethlehem

State

PA

Zip Code

18018-5754

FEC ID number of contributing
federal political committee.

C

Name of Employer
Buckley Capital ManagementOccupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	0

Transaction ID: SA11AI.16698

Amount of Each Receipt this Period

2200.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jim Buller

Mailing Address PO Box 102

City

San Felipe

State

TX

Zip Code

77473-0102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Rancher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.17053

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Sarah Cassidy

Mailing Address 2902 East Ave S

City

La Crosse

State

WI

Zip Code

54601-7202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.16977

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. James F. Causley

Mailing Address 37910 Seaway Ct

City

Harrison Township

State

MI

Zip Code

48045-6201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.17055

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr James McConnell Clark

Mailing Address 350 Seaspray Ave

City

Palm Beach

State

FL

Zip Code

33480-4231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.16752

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr James McConnell Clark

Mailing Address 350 Seaspray Ave

City State Zip Code
 Palm Beach FL 33480-4231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: SA11AI.16751

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
 Ms. Mary R. Clark

Mailing Address 1951 Morning Star Dr

City State Zip Code
 Roaming Shores OH 44084-9685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.16711

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
 Mrs. Rosemary A. Clarke

Mailing Address 302 E 3rd St

City State Zip Code
 Depue IL 61322-1322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

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

Transaction ID: SA11AI.17782

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 20 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs. Rosemary A. Clarke

Mailing Address 302 E 3rd St

City

Depue

State

IL

Zip Code

61322-1322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.18174

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Geraldine L Cleaveland

Mailing Address 12340 Linshan Dr

City

Irwin

State

PA

Zip Code

15642-2806

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.16901

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mr. James E. Cloud

Mailing Address 700 Delaney Way

City

Versailles

State

KY

Zip Code

40383-8976

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.16937

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Ms. Eleanor Cobb

Mailing Address 131 S Vista St

City State Zip Code
Los Angeles CA 90036-2707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 27 / 2010

Transaction ID: SA11AI.16825

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
 Mrs. Grace K. Cohane

Mailing Address 3335 Utopia Pkwy

City State Zip Code
Flushing NY 11358-1921

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

04 / 13 / 2010

Transaction ID: SA11AI.16742

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)
 Mrs. Grace K. Cohane

Mailing Address 3335 Utopia Pkwy

City State Zip Code
Flushing NY 11358-1921

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

578.00

Date of Receipt

05 / 14 / 2010

Transaction ID: SA11AI.16744

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs. Grace K. Cohane

Mailing Address 3335 Utopia Pkwy

City
Flushing

State
NY

Zip Code
11358-1921

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

781.00

Date of Receipt

05 / 27 / 2010

Transaction ID: SA11AI.16743

Amount of Each Receipt this Period

203.00

B.

Full Name (Last, First, Middle Initial)

Ms. Mary A Cole

Mailing Address 13640 Paseo Del Roble Ct

City
Los Altos

State
CA

Zip Code
94022-2431

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

06 / 08 / 2010

Transaction ID: SA11AI.16923

Amount of Each Receipt this Period

230.00

C.

Full Name (Last, First, Middle Initial)

Ms. Mary A Cole

Mailing Address 13640 Paseo Del Roble Ct

City
Los Altos

State
CA

Zip Code
94022-2431

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

06 / 23 / 2010

Transaction ID: SA11AI.16922

Amount of Each Receipt this Period

130.00

SUBTOTAL of Receipts This Page (optional)

563.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Rev. John Conte

Mailing Address 1325 Prospect Ave

City State Zip Code
Bethlehem PA 18018-4916

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Clergy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

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

Transaction ID: SA11AI.16814

Amount of Each Receipt this Period

101.00

B.

Full Name (Last, First, Middle Initial)
 Rev. John Conte

Mailing Address 1325 Prospect Ave

City State Zip Code
Bethlehem PA 18018-4916

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Clergy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

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

Transaction ID: SA11AI.16815

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
 David John Conway

Mailing Address PO Box 173

City State Zip Code
Georgetown DE 19947-0173

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

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

Transaction ID: SA11AI.17144

Amount of Each Receipt this Period

101.00

SUBTOTAL of Receipts This Page (optional)

302.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

David John Conway

Mailing Address PO Box 173

City

Georgetown

State

DE

Zip Code

19947-0173

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

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

404.00

Date of Receipt

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

Transaction ID: SA11AI.16975

Amount of Each Receipt this Period

101.00

B.

Full Name (Last, First, Middle Initial)

Ms. Marguerite S Cook

Mailing Address 7810 Kennedy Ln

City

Sarasota

State

FL

Zip Code

34240-9122

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

Name of Employer

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.16827

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Thomas A. Cook, Jr.

Mailing Address 4591 Sanderling Cir W

City

Boynton Beach

State

FL

Zip Code

33436-5145

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

Occupation

Insurance Broker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.16979

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

901.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr Paul M. Coombs

Mailing Address PO Box 362

City State Zip Code
 Port Byron NY 13140-0362

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.17110

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)
 Ms Margaret L. Coppinger

Mailing Address 1750 W State Highway 46 Apt 504

City State Zip Code
 New Braunfels TX 78132-4784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.16968

Amount of Each Receipt this Period

105.00

C.

Full Name (Last, First, Middle Initial)
 Ms Margaret L. Coppinger

Mailing Address 1750 W State Highway 46 Apt 504

City State Zip Code
 New Braunfels TX 78132-4784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: SA11AI.16969

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

280.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Robert C. Cowen

Mailing Address 2756 Indian Springs Rd

City

Marianna

State

FL

Zip Code

32446-6889

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

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.16737

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert C. Cowen

Mailing Address 2756 Indian Springs Rd

City

Marianna

State

FL

Zip Code

32446-6889

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

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.16735

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert C. Cowen

Mailing Address 2756 Indian Springs Rd

City

Marianna

State

FL

Zip Code

32446-6889

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

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.16736

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Robert C. Cowen

Mailing Address 2756 Indian Springs Rd

City

Marianna

State

FL

Zip Code

32446-6889

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: SA11AI.16738

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ms. Nancy F. Cox

Mailing Address 1107 Yaupon Valley Rd

City

West Lake Hills

State

TX

Zip Code

78746-4328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.17027

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Eunice P. Crosby

Mailing Address PO Box 253

City

Lyle

State

WA

Zip Code

98635-0006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.17143

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

385.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Martin R Czachor, SR

Mailing Address 1671 E Boot Rd

City

West Chester

State

PA

Zip Code

19380-6001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.16982

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ms. Barbara B Damisch

Mailing Address 708 Mildred Dr

City

Marengo

State

IL

Zip Code

60152-3516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.16829

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Carmine J Darcangelo

Mailing Address 142 Fuller Ave

City

Corning

State

NY

Zip Code

14830-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.16769

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 29 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION**A.**Full Name (Last, First, Middle Initial)
Carmine J Darcangelo

Mailing Address 142 Fuller Ave

City	State	Zip Code
Corning	NY	14830-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.16768

Amount of Each Receipt this Period

300.00

B.Full Name (Last, First, Middle Initial)
Mr. John S Davis

Mailing Address 1725 Roosevelt Ave

City	State	Zip Code
Altadena	CA	91001-3618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Los Angeles Covent Health-
careOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.16772

Amount of Each Receipt this Period

300.00

C.Full Name (Last, First, Middle Initial)
Mr. John S Davis

Mailing Address 1725 Roosevelt Ave

City	State	Zip Code
Altadena	CA	91001-3618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Los Angeles Covent Health-
careOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.16771

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 30 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard Davis

Mailing Address 145 Village Rd

City

Beech Mountain

State

NC

Zip Code

28604-8233

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.16831

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. William L. Davis, M. D.

Mailing Address 3204 Saint Andrews Dr

City

Chambersburg

State

PA

Zip Code

17202-7001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.16732

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. William L. Davis, M. D.

Mailing Address 3204 Saint Andrews Dr

City

Chambersburg

State

PA

Zip Code

17202-7001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.16733

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Dr. William L. Davis, M. D.

Mailing Address 3204 Saint Andrews Dr

City

Chambersburg

State

PA

Zip Code

17202-7001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: SA11AI.16734

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Paul Decleva

Mailing Address 350 N Saint Paul St Ste 1625

City

Dallas

State

TX

Zip Code

75201-4259

FEC ID number of contributing
federal political committee.

C

Name of Employer
D. P. Consultants

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.17029

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Paul Decleva

Mailing Address 350 N Saint Paul St Ste 1625

City

Dallas

State

TX

Zip Code

75201-4259

FEC ID number of contributing
federal political committee.

C

Name of Employer
D. P. Consultants

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.17030

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Ruthann Demeter

Mailing Address 16838 Bollinger Dr

City

Pacific Palisades

State

CA

Zip Code

90272-3239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Paralegal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.16903

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Jerry Edward Dempsey

Mailing Address 114 Dominick Court

City

Greenville

State

SC

Zip Code

29605-3277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.31733

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Carl Deutsch

Mailing Address 12328 Federal Dr

City

Saint Louis

State

MO

Zip Code

63131-3834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.17189

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

5300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr. Frank Deverse

Mailing Address PO Box 484

City State Zip Code
 Glenbrook NV 89413-0484

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.16773

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
 Mrs Josephine B. Diaz

Mailing Address 2611 Delco Ave

City State Zip Code
 El Monte CA 91733-2230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: SA11AI.16894

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
 Mrs Josephine B. Diaz

Mailing Address 2611 Delco Ave

City State Zip Code
 El Monte CA 91733-2230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.16895

Amount of Each Receipt this Period

180.00

SUBTOTAL of Receipts This Page (optional)

880.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Allyn C Donaldson, Jr.

Mailing Address 181 Dolphin Dr

City State Zip Code
Santa Rosa Beach FL 32459-3686

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.16926

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
 Mrs Jeanne Marie Donley

Mailing Address 518 W Frederick St

City State Zip Code
Lancaster PA 17603-2807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.17097

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)
 Mrs. Geneva Drinkwater

Mailing Address 3008 Ponder Way

City State Zip Code
Cottonwood CA 96022-0495

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.17191

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

570.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Mr. Stephen M. Dubrul, Jr.

Mailing Address 610 5th Ave

City State Zip Code
New York NY 10020-2403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.16713

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)
Mr. Cyril D. Duffy

Mailing Address 1252 Shipman Blvd

City State Zip Code
Birmingham MI 48009-4139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.16807

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)
Mr. William F Easley

Mailing Address 3184 Parkside Dr

City State Zip Code
San Bernardino CA 92404-2323

FEC ID number of contributing
federal political committee.

C

Name of Employer
G/M Bos Int

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.16906

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

2600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mrs. Diane R Ebert

Mailing Address 95 Ash St

City State Zip Code
Cressona PA 17929-1325

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-Employed

Occupation
 General Partner Insurance Agen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.17193

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
 Mr. Scott E Fieg

Mailing Address 3052 Stoystown Rd

City State Zip Code
Stoystown PA 15563-8164

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Fieg Bros Coal Co

Occupation
 Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.16833

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
 Mrs. Antoinette Forand

Mailing Address 14 Old Mill Dr

City State Zip Code
Denville NJ 07834-9511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.16836

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mrs. Antoinette Forand

Mailing Address 14 Old Mill Dr

City State Zip Code
 Denville NJ 07834-9511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.16835

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)
 Mr Ernest V Fortin

Mailing Address 4575 Highland Oaks Cir

City State Zip Code
 Sarasota FL 34235-5178

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.00

Date of Receipt

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

Transaction ID: SA11AI.16882

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
 Mr Ernest V Fortin

Mailing Address 4575 Highland Oaks Cir

City State Zip Code
 Sarasota FL 34235-5178

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

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

Transaction ID: SA11AI.16880

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Ernest V Fortin

Mailing Address 4575 Highland Oaks Cir

City

Sarasota

State

FL

Zip Code

34235-5178

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.00

Date of Receipt

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

Transaction ID: SA11AI.16883

Amount of Each Receipt this Period

49.00

B.

Full Name (Last, First, Middle Initial)

Mr Ernest V Fortin

Mailing Address 4575 Highland Oaks Cir

City

Sarasota

State

FL

Zip Code

34235-5178

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

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

Transaction ID: SA11AI.16881

Amount of Each Receipt this Period

49.00

C.

Full Name (Last, First, Middle Initial)

Mr. Patrick Franje

Mailing Address 424 College Hill Ave

City

Oskaloosa

State

IA

Zip Code

52577-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohamwa Health Center

Occupation

Social Work

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.16841

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

173.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Patrick Franje

Mailing Address 424 College Hill Ave

City

Oskaloosa

State

IA

Zip Code

52577-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohamwa Health Center

Occupation
Social Work

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.16839

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Mr. Patrick Franje

Mailing Address 424 College Hill Ave

City

Oskaloosa

State

IA

Zip Code

52577-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohamwa Health Center

Occupation
Social Work

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.16840

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Patrick Franje

Mailing Address 424 College Hill Ave

City

Oskaloosa

State

IA

Zip Code

52577-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohamwa Health Center

Occupation
Social Work

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.16838

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 175

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Josephine W Freede

Mailing Address 316 NW 39th St

City

Oklahoma City

State

OK

Zip Code

73118-8414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.16721

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Herbert Friedman

Mailing Address 364 W 4th St

City

Chillicothe

State

OH

Zip Code

45601-3040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.17056

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Jerome M Fullinwider

Mailing Address 5500 Preston Rd Ste 365

City

Dallas

State

TX

Zip Code

75205-2675

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hillwood Intl Energy

Occupation

Oil Exec

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.16929

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Miss Elaine M. Gadway

Mailing Address 215 Elm St Apt 7H

City

Ellensburg

State

NY

Zip Code

12933-2933

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: SA11AI.17435

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Helen W. Garrett

Mailing Address 306 Old Oak Rd

City

Richmond

State

VA

Zip Code

23229-7536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.16931

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Betty Lee Garver

Mailing Address 154 N Bellefield Ave Apt 95

City

Pittsburgh

State

PA

Zip Code

15213-2691

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.16984

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

James J. Gaudino

Mailing Address 305 Sylbert Drive

City

Kingston

State

PA

Zip Code

18704-8704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cooks Pharmacy

Occupation

Business Owner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.31713

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Manuel Gomez, M.D.

Mailing Address HC 34 Box 323

City

Lewisburg

State

WV

Zip Code

24901-8961

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.16921

Amount of Each Receipt this Period

171.00

C.

Full Name (Last, First, Middle Initial)

Mrs Paris E Gravitt

Mailing Address 1701 Wilkerson St

City

South Boston

State

VA

Zip Code

24592-2733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.17057

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

471.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 43 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs. Gertrude F. Grden

Mailing Address 240 S Washington St

City

Baltimore

State

MD

Zip Code

21231-2619

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

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

Transaction ID: SA11AI.16945

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Gertrude F. Grden

Mailing Address 240 S Washington St

City

Baltimore

State

MD

Zip Code

21231-2619

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.00

Date of Receipt

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

Transaction ID: SA11AI.16946

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Gertrude F. Grden

Mailing Address 240 S Washington St

City

Baltimore

State

MD

Zip Code

21231-2619

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.16944

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs. Gertrude F. Grden

Mailing Address 240 S Washington St

City

Baltimore

State

MD

Zip Code

21231-2619

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

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

Transaction ID: SA11AI.16943

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

William C Greer

Mailing Address 118 N Peters Rd # 294

City

Knoxville

State

TN

Zip Code

37923-4927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.16790

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

William C Greer

Mailing Address 118 N Peters Rd # 294

City

Knoxville

State

TN

Zip Code

37923-4927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.16791

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 William C Greer

Mailing Address 118 N Peters Rd # 294

City State Zip Code
 Knoxville TN 37923-4927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

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

Transaction ID: SA11AI.16793

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
 William C Greer

Mailing Address 118 N Peters Rd # 294

City State Zip Code
 Knoxville TN 37923-4927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

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

Transaction ID: SA11AI.16788

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
 Mr. Donald Gumpertz

Mailing Address PO Box 2450

City State Zip Code
 Toluca Lake CA 91610-0450

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.16750

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Dr. Stephen P Gyland

Mailing Address 3366 Royal Palm Dr

City

Jacksonville

State

FL

Zip Code

32250-2330

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.17061

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr Robert Haber

Mailing Address 1998 Rustic Timbers Ln

City

Prescott

State

AZ

Zip Code

86303-4936

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.16907

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr Robert Haber

Mailing Address 1998 Rustic Timbers Ln

City

Prescott

State

AZ

Zip Code

86303-4936

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.16908

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr. J. Kern Hamilton

Mailing Address 800 Blossom Hill Rd Unit E324

City State Zip Code
Los Gatos CA 95032-3568

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.17063

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)
 Mrs. Margaret B Heers

Mailing Address 5545 N Fresno St Apt 210

City State Zip Code
Fresno CA 93710-6169

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.16843

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
 Ms. Jean T. T Heller

Mailing Address 1612 Blair St

City State Zip Code
Williamsport PA 17701-2702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.00

Date of Receipt

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

Transaction ID: SA11AI.16958

Amount of Each Receipt this Period

152.00

SUBTOTAL of Receipts This Page (optional)

802.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs. Kimberly A. Henley

Mailing Address 619 Firethorn Dr

City

Douglassville

State

PA

Zip Code

19518-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kevin E. Henley

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.16940

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mrs Nancy E Hobbs

Mailing Address 1415 Catron Ave SE

City

Albuquerque

State

NM

Zip Code

87123-4215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Housewife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.17216

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mr. Frank Hoenemeyer

Mailing Address 97 Captains Walk

City

North Chatham

State

MA

Zip Code

02650-1041

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.16723

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mrs. Arabella R Hogentogler

Mailing Address 16 Oxford St

City State Zip Code
Chevy Chase MD 20815-4231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.16740

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
 Mrs. Arabella R Hogentogler

Mailing Address 16 Oxford St

City State Zip Code
Chevy Chase MD 20815-4231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.16741

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
 David L. Hollinger

Mailing Address 755 White Oak Road

City State Zip Code
Denver PA 17517-7517

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Four Seasons Produce

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.31707

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Ms. Florence E Hooten

Mailing Address 7017 Saint Annes Ave

City

Lanham

State

MD

Zip Code

20706-3486

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.16942

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ms. Florence E Hooten

Mailing Address 7017 Saint Annes Ave

City

Lanham

State

MD

Zip Code

20706-3486

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.16941

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Frances J. Hosler

Mailing Address 10348 W US Highway 90 Lot 44

City

Del Rio

State

TX

Zip Code

78840-3451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

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

Transaction ID: SA11AI.18076

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs Noelle J Hudalla

Mailing Address 308 Ravilla Ave

City

Staples

State

MN

Zip Code

56479-3309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Curves For Women

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.16987

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. George F Huff

Mailing Address 300 Fox Chapel Rd Apt 302 Apt 302

City

Pittsburgh

State

PA

Zip Code

15238-2325

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Ret

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.16989

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mr. George F Huff

Mailing Address 300 Fox Chapel Rd Apt 302 Apt 302

City

Pittsburgh

State

PA

Zip Code

15238-2325

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Ret

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.16988

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Sandy Insalaco, Sr.

Mailing Address 50 Old Mill Road

City State Zip Code
Wilkes Barre PA 18702-8702

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Insalaco Development

Occupation
 Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.31719

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
 Miss Elizabeth Ann Jackson

Mailing Address 724 Clayton Corners Dr

City State Zip Code
Ballwin MO 63011-2839

FEC ID number of contributing
federal political committee.

C

Name of Employer
 pfizer/monsanto

Occupation
 retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.31588

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
 Mr. Paul E. Jackson

Mailing Address 917 Marina Dr

City State Zip Code
Panama City Beach FL 32407-5523

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.17137

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

335.00

TOTAL This Period (last page this line number only)

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION**A.**Full Name (Last, First, Middle Initial)
Mrs. Noreen M. Janes

Mailing Address 301 Konawa Pl

City	State	Zip Code
Loudon	TN	37774-2981

FEC ID number of contributing
federal political committee.**C**Name of Employer
Information RequestedOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.17113

Amount of Each Receipt this Period

75.00

B.Full Name (Last, First, Middle Initial)
Ms. Barbara J Johnson

Mailing Address 2000 Arkwright St

City	State	Zip Code
Maplewood	MN	55117-2037

FEC ID number of contributing
federal political committee.**C**Name of Employer
Johnsten Inc.Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.16961

Amount of Each Receipt this Period

125.00

C.Full Name (Last, First, Middle Initial)
Ms. Barbara J Johnson

Mailing Address 2000 Arkwright St

City	State	Zip Code
Maplewood	MN	55117-2037

FEC ID number of contributing
federal political committee.**C**Name of Employer
Johnsten Inc.Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.16962

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mrs Frances Johnson

Mailing Address 3345 Valencia Ave

City State Zip Code
 San Bernardino CA 92404-2419

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.16963

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)
 Mr. Marshall L Johnson

Mailing Address 111 Lampeter Ct

City State Zip Code
 Exton PA 19341-1463

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.17032

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
 Mr. Marshall L Johnson

Mailing Address 111 Lampeter Ct

City State Zip Code
 Exton PA 19341-1463

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.17033

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Mr. Arnold M. Katz

Mailing Address 1270 Round Hill Rd

City State Zip Code
Bryn Mawr PA 19010-1950

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Insurance Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.16691

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
Mr. Joseph S Keelty

Mailing Address PO Box 134

City State Zip Code
Stevenson MD 21153-0134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.16715

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)
Dr Kookkan Kim

Mailing Address 5438 N Lawrence St

City State Zip Code
Philadelphia PA 19120-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

752.00

Date of Receipt

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

Transaction ID: SA11AI.16749

Amount of Each Receipt this Period

376.00

SUBTOTAL of Receipts This Page (optional)

7376.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mrs. Evelyn J Kitchen

Mailing Address 9101 Park Dr

City State Zip Code
 Shreve OH 44676-9700

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

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

Transaction ID: SA11AI.17047

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
 Mr Walter K. Klaus

Mailing Address 1008 1st St W Apt 319

City State Zip Code
 Hastings MN 55033-1348

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.17037

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
 Mr Walter K. Klaus

Mailing Address 1008 1st St W Apt 319

City State Zip Code
 Hastings MN 55033-1348

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.17035

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 57 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Miss Maxine Knerr

Mailing Address 11904 Kingston St

City State Zip Code
 Grand Terrace CA 92313-5151

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.16795

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
 Miss Maxine Knerr

Mailing Address 11904 Kingston St

City State Zip Code
 Grand Terrace CA 92313-5151

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.16794

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
 Mrs Betty B Knight

Mailing Address 5201 Catalina Rd

City State Zip Code
 Knoxville TN 37918-4510

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: SA11AI.16936

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Richard L. Knoebel

Mailing Address 206 Knoebels Blvd

City

Elysburg

State

PA

Zip Code

17824-7125

FEC ID number of contributing
federal political committee.

C

Name of Employer
H.H. Knoebel & Sons

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.17226

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr Charles P. Koehler

Mailing Address 5511 Chestnut Ln

City

Mc Farland

State

WI

Zip Code

53558-8902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.17115

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ronald A. Krancer

Mailing Address 1142 Brynlawn Rd

City

Villanova

State

PA

Zip Code

19085-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ret

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.16693

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 59 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr. Edward Krause

Mailing Address 9066 McKendry Dr

City State Zip Code
 Saline MI 48176-8010

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.17066

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
 Mr. Carl W Kroening

Mailing Address 999 41st Ave NE Apt 302

City State Zip Code
 Minneapolis MN 55421-3188

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.16990

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
 Mr. Victor J. Lancelotta

Mailing Address 9339 Baltimore National Pike

City State Zip Code
 Ellicott City MD 21042-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.16993

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Miss Marcia P. Lane

Mailing Address 1449 W Lindsey Ferry Rd

City

Columbus

State

MS

Zip Code

39701-9629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Charitable Volunteer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.16725

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Mary Laporte

Mailing Address 3200 Netherland Ave Apt 4L

City

Bronx

State

NY

Zip Code

10463-3412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.17046

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Joan G. Larsen

Mailing Address 1111 Pyott Rd

City

Lake In The Hills

State

IL

Zip Code

60156-9715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: SA11AI.16716

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Robert E. Lee

Mailing Address PO Box 40035

City

Tucson

State

AZ

Zip Code

85717-0035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.17387

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Alice Cv Leiden

Mailing Address 347 Leiden Ln

City

Patton

State

PA

Zip Code

16668-8810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.16995

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Ms. Marie Lett

Mailing Address 3940 Lett Ln

City

Burleson

State

TX

Zip Code

76028-1742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Rancher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.16910

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. John C Macmurray, Sr

Mailing Address 32370 SE Judd Rd Ste 1

City

Eagle Creek

State

OR

Zip Code

97022-9762

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

06 / 02 / 2010

Transaction ID: SA11AI.17131

Amount of Each Receipt this Period

216.00

B.

Full Name (Last, First, Middle Initial)

Mrs Ganella L Malone

Mailing Address 1600 Westbrook Ave Apt 625

City

Richmond

State

VA

Zip Code

23227-3320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

06 / 28 / 2010

Transaction ID: SA11AI.17103

Amount of Each Receipt this Period

51.00

C.

Full Name (Last, First, Middle Initial)

Mr John T Mason

Mailing Address 56 Little Creek Dr

City

Cherry Log

State

GA

Zip Code

30522-3122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

04 / 05 / 2010

Transaction ID: SA11AI.16757

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)

527.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr John T Mason

Mailing Address 56 Little Creek Dr

City

Cherry Log

State

GA

Zip Code

30522-3122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID: SA11AI.16756

Amount of Each Receipt this Period

260.00

B.

Full Name (Last, First, Middle Initial)

Mr John T Mason

Mailing Address 56 Little Creek Dr

City

Cherry Log

State

GA

Zip Code

30522-3122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

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

Transaction ID: SA11AI.16758

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gene H Massey

Mailing Address PO Box 904

City

Captiva

State

FL

Zip Code

33924-0904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.17069

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

535.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Ms Judith A Mershon

Mailing Address 2821 Colorado Ave Apt 6

City

Santa Monica

State

CA

Zip Code

90404-3657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 15 / 2010

Transaction ID: SA11AI.16996

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Cecile A Meunier

Mailing Address 462 Main St Apt 212

City

Agawam

State

MA

Zip Code

01001-1833

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 09 / 2010

Transaction ID: SA11AI.16997

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Daniel P. Meuser

Mailing Address 182 Susquehanna Avenue

City

West Pittston

State

PA

Zip Code

18643-8643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pride Mobility

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 24 / 2010

Transaction ID: SA11AI.31715

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 65 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Eric T. Michelsen

Mailing Address 4271 NE 18th Ave

City

Pompano Beach

State

FL

Zip Code

33064-5914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

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

Transaction ID: SA11AI.17093

Amount of Each Receipt this Period

124.00

B.

Full Name (Last, First, Middle Initial)

Mrs Sharon Kay Middleton

Mailing Address 15062 Brown Post Ln

City

Centreville

State

VA

Zip Code

20121-2184

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.17071

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Alan B. Miller

Mailing Address 57 Crosby Brown Road

City

Gladwyne

State

PA

Zip Code

19035-9035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Universal Health Services

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: SA11AI.31699

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)

3374.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 66 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert E. Miller

Mailing Address 2917 Cliff Dr

City

Fort Smith

State

AR

Zip Code

72901-7710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robert E. Miller Investme-
nts

Occupation

Owner/Investor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	1	0

Transaction ID: SA11AI.17253

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Ms Antoinette C. Mire

Mailing Address 301 Wayne Dr

City

Shreveport

State

LA

Zip Code

71105-4719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	1	0

Transaction ID: SA11AI.17476

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ms Antoinette C. Mire

Mailing Address 301 Wayne Dr

City

Shreveport

State

LA

Zip Code

71105-4719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

701.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	0

Transaction ID: SA11AI.16804

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 67 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Miss Eileen Monroe

Mailing Address 302 Front St

City State Zip Code
Luttrell TN 37779-1730

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

06 / 28 / 2010

Transaction ID: SA11AI.16800

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)
 Mr. Frances S Morehart

Mailing Address 3393 Padaro Ln

City State Zip Code
Carpinteria CA 93013-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-Employed

Occupation
 Rancher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 01 / 2010

Transaction ID: SA11AI.16845

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
 Mrs. Jane A Morgan

Mailing Address 213 River Hills Ct

City State Zip Code
McKinney TX 75069-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

06 / 01 / 2010

Transaction ID: SA11AI.18170

Amount of Each Receipt this Period

102.00

SUBTOTAL of Receipts This Page (optional)

1002.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Calvin Morse

Mailing Address 6761 Vallon Dr

City State Zip Code
Rancho Palos Verde CA 90275-5358

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.16726

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Michael Mozeika, Jr.

Mailing Address 2803 Concord Dr

City State Zip Code
Wall Township NJ 07719-9574

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Dimension Industries,
Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.16775

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Armarie Murphy

Mailing Address 205 S Woods Mill Rd Apt 3206

City State Zip Code
Chesterfield MO 63017-3510

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.17117

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 69 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr. John A Musil

Mailing Address 521 E Moneta Ave

City State Zip Code
 Peoria Heights IL 61616-6225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.16846

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
 Mr. William J Myhre

Mailing Address 865 2nd Ave

City State Zip Code
 Sweet Home OR 97386-1915

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

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

Transaction ID: SA11AI.16973

Amount of Each Receipt this Period

110.00

C.

Full Name (Last, First, Middle Initial)
 Robert J Nichol

Mailing Address 5 Cimarron Trl

City State Zip Code
 Allen TX 75002-6866

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.16999

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

510.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 70 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs. Nellie M. Noggles

Mailing Address 2609 Sunnybrook Dr

City

Nampa

State

ID

Zip Code

83686-6332

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.17392

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Nellie M. Noggles

Mailing Address 2609 Sunnybrook Dr

City

Nampa

State

ID

Zip Code

83686-6332

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.17393

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Nellie M. Noggles

Mailing Address 2609 Sunnybrook Dr

City

Nampa

State

ID

Zip Code

83686-6332

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.17396

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 71 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION**A.**

Full Name (Last, First, Middle Initial)

Mrs. Nellie M. Noggles

Mailing Address 2609 Sunnybrook Dr

City

Nampa

State

ID

Zip Code

83686-6332

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

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

Transaction ID: SA11AI.17395

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Barbara L. Nunes

Mailing Address 444 Hume Ln

City

Bakersfield

State

CA

Zip Code

93309-2428

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.17074

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mr. Alvin P. Olbrich

Mailing Address 206 Duck Lake Dr

City

Lakeway

State

TX

Zip Code

78734-4503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.17075

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

305.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 72 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION**A.**

Full Name (Last, First, Middle Initial)

Mr. Ray P Olden, Jr.

Mailing Address 702 Thora Blvd

City

Shreveport

State

LA

Zip Code

71106-1824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.16728

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dorothy M Olson

Mailing Address 3730 Pennsylvania Ave Apt 104

City

Dubuque

State

IA

Zip Code

52002-3784

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

552.00

Date of Receipt

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

Transaction ID: SA11AI.16803

Amount of Each Receipt this Period

251.00

C.

Full Name (Last, First, Middle Initial)

Ms. Edith P Palmer

Mailing Address 282 Laroe Rd

City

Chester

State

NY

Zip Code

10918-2435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Housewife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

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

Transaction ID: SA11AI.16710

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

2001.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Ms. Suzanne A. Palmer

Mailing Address 108 S 300th PI

City State Zip Code
Federal Way WA 98003-4310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.16777

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)
 Mrs. Jane Pastelak

Mailing Address 1192 Laurelwood Rd

City State Zip Code
Pottstown PA 19465-7422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.18584

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
 Mr. Davis Payne

Mailing Address PO Box 1749

City State Zip Code
Midland TX 79702-1749

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Petroleum Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.17078

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 74 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION**A.**

Full Name (Last, First, Middle Initial)

Ms Carlotta Pearce

Mailing Address 6511 Yellowhammer Ave

City

Tampa

State

FL

Zip Code

33625-1549

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

202.00

Date of Receipt

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

Transaction ID: SA11AI.17145

Amount of Each Receipt this Period

67.00

B.

Full Name (Last, First, Middle Initial)

Mr John G. Penson

Mailing Address 3756 Armstrong Ave

City

Dallas

State

TX

Zip Code

75205-3837

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penson Properties Inc.

Occupation

Investor

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	0

Transaction ID: SA11AI.17001

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Marie Therese Pero

Mailing Address 3037 122nd PI NE

City

Bellevue

State

WA

Zip Code

98005-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

562.00

Date of Receipt

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

Transaction ID: SA11AI.16802

Amount of Each Receipt this Period

337.00

SUBTOTAL of Receipts This Page (optional)

504.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs. Mary Belle Phillips

Mailing Address 1600 Texas St Apt 21102

City

Fort Worth

State

TX

Zip Code

76102-7509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.17080

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Wade H Poole, III

Mailing Address 10110 Ledbury Way

City

Louisville

State

KY

Zip Code

40223-3327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.17003

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Miss Rita M Price

Mailing Address PO Box 8675

City

Utica

State

NY

Zip Code

13505-8675

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.17044

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)

540.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Miss Rita M Price

Mailing Address PO Box 8675

City State Zip Code
Utica NY 13505-8675

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: SA11AI.17045

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)
Mr Calvin Quamen

Mailing Address 10428 428th Ave

City State Zip Code
Britton SD 57430-5215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.17127

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
Helen K Quinney

Mailing Address 3 Shepherds Cv Apt 118

City State Zip Code
Little Rock AR 72205-7068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.17081

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. William B Rice

Mailing Address 6910 Hopeful Rd Apt 2112

City

Florence

State

KY

Zip Code

41042-7940

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.17007

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr. Lunsford Richardson, Jr.

Mailing Address 7 Indian Spring Rd

City

Norwalk

State

CT

Zip Code

06853-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.17084

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

William M Riegel

Mailing Address 14 Surplus St

City

Duxbury

State

MA

Zip Code

02332-4532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.16912

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Ms Lulu B. Robbins

Mailing Address RR 1 Box 185

City State Zip Code
 Rome PA 18837-9772

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Perry-Sink Nursery

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.16949

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
 Ms Lulu B. Robbins

Mailing Address RR 1 Box 185

City State Zip Code
 Rome PA 18837-9772

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Perry-Sink Nursery

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

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

Transaction ID: SA11AI.16952

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
 Ms Lulu B. Robbins

Mailing Address RR 1 Box 185

City State Zip Code
 Rome PA 18837-9772

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Perry-Sink Nursery

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

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

Transaction ID: SA11AI.16954

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Ms Lulu B. Robbins

Mailing Address RR 1 Box 185

City State Zip Code
Rome PA 18837-9772

FEC ID number of contributing
federal political committee.

C

Name of Employer
Perry-Sink Nursery

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.16951

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)
Ms Lulu B. Robbins

Mailing Address RR 1 Box 185

City State Zip Code
Rome PA 18837-9772

FEC ID number of contributing
federal political committee.

C

Name of Employer
Perry-Sink Nursery

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

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

Transaction ID: SA11AI.16947

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)
Ms Lulu B. Robbins

Mailing Address RR 1 Box 185

City State Zip Code
Rome PA 18837-9772

FEC ID number of contributing
federal political committee.

C

Name of Employer
Perry-Sink Nursery

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

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

Transaction ID: SA11AI.16948

Amount of Each Receipt this Period

37.00

SUBTOTAL of Receipts This Page (optional)

77.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 80 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Richard G Robertson

Mailing Address 10510 Clipper Dr

City

Fairfax Station

State

VA

Zip Code

22039-1918

FEC ID number of contributing
federal political committee.

C

Name of Employer
CSC

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.16914

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr. John E Rodenkirck

Mailing Address 4440 37th Ave SW Apt 230

City

Fargo

State

ND

Zip Code

58104-7597

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.17011

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mrs. William L. Rosenberger

Mailing Address 753 Spring Ln

City

Lansdale

State

PA

Zip Code

19446-6231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.16754

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs. William L. Rosenberger

Mailing Address 753 Spring Ln

City

Lansdale

State

PA

Zip Code

19446-6231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: SA11AI.16753

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr Burton W Rounds

Mailing Address 122 96th Ave W

City

Duluth

State

MN

Zip Code

55808-2105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.16966

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr Burton W Rounds

Mailing Address 122 96th Ave W

City

Duluth

State

MN

Zip Code

55808-2105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.16965

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs. Patricia Rumely

Mailing Address 12 Long Way

City

Hopewell

State

NJ

Zip Code

08525-9740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 26 / 2010

Transaction ID: SA11AI.17085

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Ms Julia R. Russell

Mailing Address 1314 Pennington Rd

City

Grenville

State

NM

Zip Code

88424-7513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Rancher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 03 / 2010

Transaction ID: SA11AI.16886

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mr. Wayne L Ryan, Ph.D

Mailing Address 7002 S 109th St

City

La Vista

State

NE

Zip Code

68128-5729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Streck Laboratories

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 29 / 2010

Transaction ID: SA11AI.16848

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Nancy S Sampson

Mailing Address 9614 Parkwood Ct

City

Fort Myers

State

FL

Zip Code

33908-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.16780

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Edwin C. Sandham

Mailing Address 1964 SW Saint Andrews Dr

City

Palm City

State

FL

Zip Code

34990-2210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.00

Date of Receipt

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

Transaction ID: SA11AI.16699

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Edwin C. Sandham

Mailing Address 1964 SW Saint Andrews Dr

City

Palm City

State

FL

Zip Code

34990-2210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1437.00

Date of Receipt

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

Transaction ID: SA11AI.16703

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 84 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Mr. Edwin C. Sandham

Mailing Address 1964 SW Saint Andrews Dr

City State Zip Code
Palm City FL 34990-2210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.00

Date of Receipt

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

Transaction ID: SA11AI.16702

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Edwin C. Sandham

Mailing Address 1964 SW Saint Andrews Dr

City State Zip Code
Palm City FL 34990-2210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1937.00

Date of Receipt

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

Transaction ID: SA11AI.16704

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Edwin C. Sandham

Mailing Address 1964 SW Saint Andrews Dr

City State Zip Code
Palm City FL 34990-2210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2124.00

Date of Receipt

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

Transaction ID: SA11AI.16701

Amount of Each Receipt this Period

187.00

SUBTOTAL of Receipts This Page (optional)

687.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr. Edwin C. Sandham

Mailing Address 1964 SW Saint Andrews Dr

City State Zip Code
 Palm City FL 34990-2210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2374.00

Date of Receipt

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

Transaction ID: SA11AI.16705

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
 Mr. Edwin C. Sandham

Mailing Address 1964 SW Saint Andrews Dr

City State Zip Code
 Palm City FL 34990-2210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2624.00

Date of Receipt

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

Transaction ID: SA11AI.16700

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
 Mr. Edwin C. Sandham

Mailing Address 1964 SW Saint Andrews Dr

City State Zip Code
 Palm City FL 34990-2210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2724.00

Date of Receipt

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

Transaction ID: SA11AI.18779

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 175

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Fred A. Schmitz

Mailing Address 410 3rd Ave SW Apt 207

City
Sidney

State
MT

Zip Code
59270-4040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

06 / 29 / 2010

Transaction ID: SA11AI.17024

Amount of Each Receipt this Period

162.00

B.

Full Name (Last, First, Middle Initial)

Susan Sealey

Mailing Address 6624 E Nelson Dr

City
Tucson

State
AZ

Zip Code
85730-1660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trul Nolen Of America, IN-
C.

Occupation
TFCH Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 16 / 2010

Transaction ID: SA11AI.16934

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David Segel

Mailing Address 401 Wilshire Blvd
Suite 1070

City
Santa Monica

State
CA

Zip Code
90401-0401

FEC ID number of contributing
federal political committee.

C

Name of Employer
SGL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

05 / 21 / 2010

Transaction ID: SA11AI.31529

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5412.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Tina Segel

Mailing Address 401 Wilshire Blvd
Suite 1070

City State Zip Code
Santa Monica CA 90401-0401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.31531

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Aubrey N Shea

Mailing Address 7192 Bethel Dr W

City State Zip Code
Warrenton VA 20187-7119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Ret

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: SA11AI.17098

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. James L Sherman

Mailing Address 2720 Philadelphia Dr

City State Zip Code
Dayton OH 45405-1910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.16695

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

10100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Sylvia Janet Shiller

Mailing Address 6 Canterbury Ct

City State Zip Code
Easton PA 18040-8325

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

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

Transaction ID: SA11AI.16784

Amount of Each Receipt this Period

105.00

B.

Full Name (Last, First, Middle Initial)
Sylvia Janet Shiller

Mailing Address 6 Canterbury Ct

City State Zip Code
Easton PA 18040-8325

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

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

Transaction ID: SA11AI.16786

Amount of Each Receipt this Period

105.00

C.

Full Name (Last, First, Middle Initial)
Sylvia Janet Shiller

Mailing Address 6 Canterbury Ct

City State Zip Code
Easton PA 18040-8325

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

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

Transaction ID: SA11AI.16785

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Allen H. Simon

Mailing Address 1383 N Criss St

City

State

Zip Code

Chandler

AZ

85226-1307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.16850

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms Agnes Smith

Mailing Address 404 Washington Ave

City

State

Zip Code

Northwood

ND

58267-4304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.17917

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Ms Agnes Smith

Mailing Address 404 Washington Ave

City

State

Zip Code

Northwood

ND

58267-4304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.16917

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs Hunter J Smith

Mailing Address 1160 Tennis Rd

City

Charlottesville

State

VA

Zip Code

22901-5031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.16852

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas J Smith

Mailing Address 35 Ashley Rd

City

Whiting

State

NJ

Zip Code

08759-3212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.17014

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mr. Clark F Spikes, Jr

Mailing Address PO Box 393

City

Mission

State

TX

Zip Code

78573-0007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.17016

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Ms. Charlene Sprankel

Mailing Address 120 Fenway Dr

City State Zip Code
Decatur IL 62521-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2609.00

Date of Receipt

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

Transaction ID: SA11AI.16706

Amount of Each Receipt this Period

1203.00

B.

Full Name (Last, First, Middle Initial)
Mrs. Arlana St. Clair

Mailing Address 3401 Wible Rd

City State Zip Code
Bakersfield CA 93309-6509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self - St Clair Investmen-
ts

Occupation
Property Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.17602

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)
Mr. Franklin A Stauffer

Mailing Address 620 E Arch St

City State Zip Code
Palmyra PA 17078-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.00

Date of Receipt

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

Transaction ID: SA11AI.16759

Amount of Each Receipt this Period

114.00

SUBTOTAL of Receipts This Page (optional)

1467.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Franklin A Stauffer

Mailing Address 620 E Arch St

City

Palmyra

State

PA

Zip Code

17078-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

556.00

Date of Receipt

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

Transaction ID: SA11AI.16761

Amount of Each Receipt this Period

114.00

B.

Full Name (Last, First, Middle Initial)

Mr. Franklin A Stauffer

Mailing Address 620 E Arch St

City

Palmyra

State

PA

Zip Code

17078-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

670.00

Date of Receipt

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

Transaction ID: SA11AI.16760

Amount of Each Receipt this Period

114.00

C.

Full Name (Last, First, Middle Initial)

Mr. Boyd W. Stephenson

Mailing Address 1453 Mill Gap Rd

City

Monterey

State

VA

Zip Code

24465-2480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Farmer / Livestock

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

254.00

Date of Receipt

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

Transaction ID: SA11AI.16765

Amount of Each Receipt this Period

204.00

SUBTOTAL of Receipts This Page (optional)

432.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr. Boyd W. Stephenson

Mailing Address 1453 Mill Gap Rd

City State Zip Code
Monterey VA 24465-2480

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Farmer / Livestock

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

662.00

Date of Receipt

05 / 26 / 2010

Transaction ID: SA11AI.16763

Amount of Each Receipt this Period

408.00

B.

Full Name (Last, First, Middle Initial)
 Ms. Yolande H Strawinski

Mailing Address 1130 Sylvan Pl

City State Zip Code
Monterey CA 93940-4903

FEC ID number of contributing
federal political committee.

C

Name of Employer
 New York Life

Occupation
 Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

628.00

Date of Receipt

06 / 23 / 2010

Transaction ID: SA11AI.16766

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)
 Mr Hamilton W Strayer

Mailing Address 7001 Brier Hill Rd

City State Zip Code
Fairview PA 16415-1635

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Eric Strayer Company

Occupation
 Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 28 / 2010

Transaction ID: SA11AI.18690

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

633.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr. Robert Sunderland

Mailing Address 953 Pyrite Ave

City State Zip Code
 Henderson NV 89011-3059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.16782

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
 Mr. Robert Sunderland

Mailing Address 953 Pyrite Ave

City State Zip Code
 Henderson NV 89011-3059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.16781

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
 Mr. Robert Sunderland

Mailing Address 953 Pyrite Ave

City State Zip Code
 Henderson NV 89011-3059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.16783

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Dr. John M. Templeton, Jr.

Mailing Address 601 Pembroke Road

City State Zip Code
 Bryn Mawr PA 19010-9010

FEC ID number of contributing
federal political committee.

C

Name of Employer
 John Templeton Foundation

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.31729

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
 Josephine J. Templeton

Mailing Address 601 Pembroke Road

City State Zip Code
 Bryn Mawr PA 19010-9010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.31731

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
 Mrs. Jean Thompson

Mailing Address 155 Via Napoli

City State Zip Code
 Naples FL 34105-7112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.17138

Amount of Each Receipt this Period

140.00

SUBTOTAL of Receipts This Page (optional)

10140.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr & Mrs Terry G Tibeau

Mailing Address 16 197th Avenue Ct E

City

Lake Tapps

State

WA

Zip Code

98391-9375

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 04 / 2010

Transaction ID: SA11AI.17120

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert S. Troth

Mailing Address 3003 Gulf Shore Blvd N Apt 301

City

Naples

State

FL

Zip Code

34103-3912

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 01 / 2010

Transaction ID: SA11AI.17087

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Martha H Turney

Mailing Address 1361 E Boot Rd # 265

City

West Chester

State

PA

Zip Code

19380-5988

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 01 / 2010

Transaction ID: SA11AI.17323

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

340.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs. Martha H Turney

Mailing Address 1361 E Boot Rd # 265

City

West Chester

State

PA

Zip Code

19380-5988

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

06 / 29 / 2010

Transaction ID: SA11AI.17322

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Richard Van Houten

Mailing Address 13 Elm St

City

Allendale

State

NJ

Zip Code

07401-1508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 29 / 2010

Transaction ID: SA11AI.17122

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)

Leo P. Vergnetti

Mailing Address 10 Meadow Avenue

City

Scranton

State

PA

Zip Code

18505-8505

FEC ID number of contributing
federal political committee.

C

Name of Employer

New York Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 24 / 2010

Transaction ID: SA11AI.31709

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr. Daniel J Walsh

Mailing Address 4 N 32nd Ave

City State Zip Code
 Longport NJ 08403-1524

FEC ID number of contributing
federal political committee.

C

Name of Employer
 med imoyvae

Occupation
 Engr Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.17017

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
 Mary Lou Lou Watson

Mailing Address 8855 Sheridan Rd

City State Zip Code
 Melbourne FL 32904-1951

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.17089

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
 Ms Janetta F West

Mailing Address 102 County Road 1702

City State Zip Code
 Saltillo MS 38866-9342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.17123

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr Bruce Wetzel

Mailing Address 7550 Coder Rd

City State Zip Code
Maumee OH 43537-9345

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self

Occupation
 Realtor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.16730

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
 Mrs Rosemary A White

Mailing Address 18 Wm Holland Ln

City State Zip Code
Sisseton SD 57262-2332

FEC ID number of contributing
federal political committee.

C

Name of Employer
 None

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.17099

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
 Mrs. Cecil T Wiggins

Mailing Address 2605 Walton Ave

City State Zip Code
Mobile AL 36606-2380

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

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

Transaction ID: SA11AI.16890

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

1080.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mrs. Cecil T Wiggins

Mailing Address 2605 Walton Ave

City State Zip Code
 Mobile AL 36606-2380

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

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

Transaction ID: SA11AI.16891

Amount of Each Receipt this Period

123.00

B.

Full Name (Last, First, Middle Initial)
 Mrs. Cecil T Wiggins

Mailing Address 2605 Walton Ave

City State Zip Code
 Mobile AL 36606-2380

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: SA11AI.16892

Amount of Each Receipt this Period

90.00

C.

Full Name (Last, First, Middle Initial)
 Carol R Wilson

Mailing Address 2197 Sutter View Ln

City State Zip Code
 Lincoln CA 95648-7718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

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

Transaction ID: SA11AI.16719

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1213.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs Dorothy V Wilson

Mailing Address 1029 Devonshire Ave

City

Naperville

State

IL

Zip Code

60540-6259

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

05 / 03 / 2010

Transaction ID: SA11AI.16888

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mrs Florence M. Windhorst

Mailing Address 409 Willows Ln

City

Aldan

State

PA

Zip Code

19018-3135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 01 / 2010

Transaction ID: SA11AI.17090

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr Terrence L Wolf

Mailing Address 119 Great Circle Rd

City

Landenberg

State

PA

Zip Code

19350-9110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 22 / 2010

Transaction ID: SA11AI.17092

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Ms Jopsephine E Wood

Mailing Address 1400 Enterprise Dr Apt 330

City

Lynchburg

State

VA

Zip Code

24502-5768

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.16855

Amount of Each Receipt this Period

450.00

B.

Full Name (Last, First, Middle Initial)

Ms Jopsephine E Wood

Mailing Address 1400 Enterprise Dr Apt 330

City

Lynchburg

State

VA

Zip Code

24502-5768

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

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

Transaction ID: SA11AI.16854

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

William Young

Mailing Address 833 Kalli Creek Lane

City

St. Augustine

State

FL

Zip Code

32080-2080

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.31700

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Frank M Zielinski

Mailing Address 126 E Wing St Apt 211

City

Arlington Heights

State

IL

Zip Code

60004-6064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barnaby's of Northbrook

Occupation

Restaurant Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.16809

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mr. Frank M Zielinski

Mailing Address 126 E Wing St Apt 211

City

Arlington Heights

State

IL

Zip Code

60004-6064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barnaby's of Northbrook

Occupation

Restaurant Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.16812

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Mr. Frank M Zielinski

Mailing Address 126 E Wing St Apt 211

City

Arlington Heights

State

IL

Zip Code

60004-6064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barnaby's of Northbrook

Occupation

Restaurant Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: SA11AI.16810

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Frank M Zielinski

Mailing Address 126 E Wing St Apt 211

City

Arlington Heights

State

IL

Zip Code

60004-6064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barnaby's of Northbrook

Occupation

Restaurant Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.16811

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mr. Frank M Zielinski

Mailing Address 126 E Wing St Apt 211

City

Arlington Heights

State

IL

Zip Code

60004-6064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barnaby's of Northbrook

Occupation

Restaurant Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: SA11AI.16808

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Mr. Frank M Zielinski

Mailing Address 126 E Wing St Apt 211

City

Arlington Heights

State

IL

Zip Code

60004-6064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barnaby's of Northbrook

Occupation

Restaurant Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.16813

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

112106.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION**A.**Full Name (Last, First, Middle Initial)
Monroe County Republican Committee

Mailing Address PO Box 391

City	State	Zip Code
Stroudsburg	PA	18360-8360

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11B.31745

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

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

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 DAY PAC

Mailing Address 1655 North Fort Myer Drive

City State Zip Code
 Arlington VA 22209-2209

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

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

Transaction ID: SA11C.31743

Amount of Each Receipt this Period

2100.00

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

2100.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Conrad Direct, Inc.

Mailing Address 300 Knickerbocker Road

City State Zip Code
Cresskill NJ 07626-7626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12874.25

Date of Receipt

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

Transaction ID: SA17.31746

Amount of Each Receipt this Period

1062.69

List Rental Income

B.

Full Name (Last, First, Middle Initial)
Conrad Direct, Inc.

Mailing Address 300 Knickerbocker Road

City State Zip Code
Cresskill NJ 07626-7626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

18958.77

Date of Receipt

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

Transaction ID: SA17.31747

Amount of Each Receipt this Period

6084.52

List Rental Income

C.

Full Name (Last, First, Middle Initial)
Conrad Direct, Inc.

Mailing Address 300 Knickerbocker Road

City State Zip Code
Cresskill NJ 07626-7626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22939.68

Date of Receipt

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

Transaction ID: SA17.31748

Amount of Each Receipt this Period

3980.91

List Rental Income

SUBTOTAL of Receipts This Page (optional)

11128.12

TOTAL This Period (last page this line number only)

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

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☐ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Conrad Direct, Inc.

Mailing Address 300 Knickerbocker Road

City State Zip Code
 Cresskill NJ 07626-7626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

26990.43

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 1 0

Transaction ID: SA17.31749

Amount of Each Receipt this Period

4050.75

List Rental Income

B.

Full Name (Last, First, Middle Initial)
 Nova List Company

Mailing Address 13755 Sunrise Valley Drive
 Suite 450

City State Zip Code
 Herndon VA 20171-0171

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5304.52

Date of Receipt

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

Transaction ID: SA17.31750

Amount of Each Receipt this Period

2872.15

List Rental Income

C.

Full Name (Last, First, Middle Initial)
 Nova List Company

Mailing Address 13755 Sunrise Valley Drive
 Suite 450

City State Zip Code
 Herndon VA 20171-0171

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6168.07

Date of Receipt

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

Transaction ID: SA17.31751

Amount of Each Receipt this Period

863.55

List Rental Income

SUBTOTAL of Receipts This Page (optional)

7786.45

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☐ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Nova List Company

Mailing Address 13755 Sunrise Valley Drive
Suite 450

City State Zip Code
Herndon VA 20171-0171

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7429.06

Date of Receipt

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

Transaction ID: SA17.31752

Amount of Each Receipt this Period

1260.99

List Rental Income

SUBTOTAL of Receipts This Page (optional)

1260.99

TOTAL This Period (last page this line number only)

20175.56

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Advanced Mailing Seivices	Transaction ID: SB21B.31867 Date of Disbursement																				
Mailing Address 14970 Farm Creek Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	6		2	0	1	0												
City Woodbridge State VA Zip Code 22191	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing/Mailshop Candidate Name	<table border="1"> <tr> <td colspan="10">102.76</td> </tr> </table>	102.76																			
102.76																					
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. Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.31754 Date of Disbursement																				
Mailing Address P.O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	1	0												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Credit Card Fees Candidate Name	<table border="1"> <tr> <td colspan="10">4.95</td> </tr> </table>	4.95																			
4.95																					
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) ▼																				
C. Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.31755 Date of Disbursement																				
Mailing Address P.O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	5		2	0	1	0												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Credit Card Fees Candidate Name	<table border="1"> <tr> <td colspan="10">55.72</td> </tr> </table>	55.72																			
55.72																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

163.43

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 53852	Transaction ID: SB21B.31794 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 6 / 2 0 1 0</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Merchant Credit Card Fees 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) ▼	Amount of Each Disbursement this Period <div>202.31</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 53852	Transaction ID: SB21B.31796 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 1 / 2 0 1 0</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Merchant Credit Card Fees 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) ▼	Amount of Each Disbursement this Period <div>4.95</div> <div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 53852	Transaction ID: SB21B.31799 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 7 / 2 0 1 0</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Merchant Credit Card Fees 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) ▼	Amount of Each Disbursement this Period <div>214.82</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

422.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Merchant Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31823

Date of Disbursement

/ /

Amount of Each Disbursement this Period

196.62

B.

Full Name (Last, First, Middle Initial)

American Heritage Credit Union

Mailing Address P.O. Box 67001

City Harrisburg State PA Zip Code 17106-7001

Purpose of Disbursement
Credit Card Payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31765

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7032.39

C.

Full Name (Last, First, Middle Initial)

American Airlines

Mailing Address 4255 Amon Carter Blvd. MD 2400

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31765.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

949.80

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

7229.01

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address 77 West Wacker Drive

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31765.2

Date of Disbursement

/ /

Amount of Each Disbursement this Period

249.70

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
American Airlines

Mailing Address 4255 Amon Carter Blvd. MD 2400

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31765.3

Date of Disbursement

/ /

Amount of Each Disbursement this Period

407.70

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Amtrak

Mailing Address 30th and Market St. Fl. 5

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31765.5

Date of Disbursement

/ /

Amount of Each Disbursement this Period

209.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Hotels.com	Transaction ID: SB21B.31765.7 Date of Disbursement																				
Mailing Address 10440 North Central Epwy Suite 400	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	2		2	0	1	0												
City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>216.88</td> </tr> </table>	216.88																			
216.88																					
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. Full Name (Last, First, Middle Initial) Hotels.com	Transaction ID: SB21B.31765.8 Date of Disbursement																				
Mailing Address 10440 North Central Epwy Suite 400	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	2		2	0	1	0												
City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>216.88</td> </tr> </table>	216.88																			
216.88																					
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) ▼																				
C. Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.31765.9 Date of Disbursement																				
Mailing Address 77 West Wacker Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	2		2	0	1	0												
City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>144.90</td> </tr> </table>	144.90																			
144.90																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 3311 Airport Rd

City Allentown State PA Zip Code 18109

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31765.10

Date of Disbursement

/ /

Amount of Each Disbursement this Period

379.70

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 3311 Airport Rd

City Allentown State PA Zip Code 18109

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31765.11

Date of Disbursement

/ /

Amount of Each Disbursement this Period

13.50

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Amtrak

Mailing Address 30th and Market St, Fl. 5

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31765.12

Date of Disbursement

/ /

Amount of Each Disbursement this Period

264.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) US Airways Mailing Address 3311 Airport Rd	Transaction ID: SB21B.31765.14 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 2 / 2 0 1 0</div> </div>
City Allentown State PA Zip Code 18109 Purpose of Disbursement Travel Expenses 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) ▼	Amount of Each Disbursement this Period <div>224.40</div> [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) United Airlines Mailing Address 77 West Wacker Drive City Chicago State IL Zip Code 60601 Purpose of Disbursement Travel Expenses 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: SB21B.31765.15 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>300.40</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) United Airlines Mailing Address 77 West Wacker Drive City Chicago State IL Zip Code 60601 Purpose of Disbursement Travel Expenses 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: SB21B.31765.17 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>409.70</div> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.31765.18 Date of Disbursement
Mailing Address 30th and Market St, Fl. 5	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 2 / 2 0 1 0</div> </div>
City Philadelphia State PA Zip Code 19102	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>232.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.31765.21 Date of Disbursement
Mailing Address 77 West Wacker Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 2 / 2 0 1 0</div> </div>
City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>381.70</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.31765.24 Date of Disbursement
Mailing Address 3311 Airport Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 2 / 2 0 1 0</div> </div>
City Allentown State PA Zip Code 18109	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>413.70</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.31765.26 Date of Disbursement
Mailing Address 77 West Wacker Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 2 / 2 0 1 0</div> </div>
City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>972.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: SB21B.31765.29 Date of Disbursement
Mailing Address 11816 Spectrum Center	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 2 / 2 0 1 0</div> </div>
City Reston State VA Zip Code 20190	Amount of Each Disbursement this Period
Purpose of Disbursement Office Supplies	<div>215.49</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) American Heritage Credit Union	Transaction ID: SB21B.31766 Date of Disbursement
Mailing Address P.O. Box 67001	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 2 / 2 0 1 0</div> </div>
City Harrisburg State PA Zip Code 17106-7001	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Payment	<div>26.55</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

SUBTOTAL of Disbursements This Page (optional)

26.55

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
American Heritage Credit Union

Mailing Address P.O. Box 67001

City Harrisburg State PA Zip Code 17106-7001

Purpose of Disbursement
Credit Card Payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31779

Date of Disbursement

05 / 18 / 2010

Amount of Each Disbursement this Period

24.02

B.

Full Name (Last, First, Middle Initial)
American Heritage Credit Union

Mailing Address P.O. Box 67001

City Harrisburg State PA Zip Code 17106-7001

Purpose of Disbursement
Credit Card Payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31780

Date of Disbursement

05 / 18 / 2010

Amount of Each Disbursement this Period

3834.14

C.

Full Name (Last, First, Middle Initial)
Amtrak

Mailing Address 30th and Market St, Fl. 5

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31780.0

Date of Disbursement

05 / 18 / 2010

Amount of Each Disbursement this Period

46.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

3858.16

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.31780.1 Date of Disbursement
Mailing Address 77 West Wacker Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 8 / 2 0 1 0</div> </div>
City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>740.41</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.31780.3 Date of Disbursement
Mailing Address 77 West Wacker Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 8 / 2 0 1 0</div> </div>
City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>759.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: SB21B.31780.7 Date of Disbursement
Mailing Address P.O. Box 20706	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 8 / 2 0 1 0</div> </div>
City Atlanta State GA Zip Code 30320	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>74.70</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.31780.8 Date of Disbursement																				
Mailing Address 3311 Airport Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	8		2	0	1	0												
City Allentown State PA Zip Code 18109	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>774.10</td> </tr> </table>	774.10																			
774.10																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
B. Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: SB21B.31780.10 Date of Disbursement																				
Mailing Address P.O. Box 20706	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	8		2	0	1	0												
City Atlanta State GA Zip Code 30320	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>240.70</td> </tr> </table>	240.70																			
240.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
C. Full Name (Last, First, Middle Initial) Wyndham Hotels	Transaction ID: SB21B.31780.12 Date of Disbursement																				
Mailing Address 1910 8th Ave NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	8		2	0	1	0												
City Aberdeen State SD Zip Code 57401	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>215.57</td> </tr> </table>	215.57																			
215.57																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.31780.13 Date of Disbursement																				
Mailing Address 30th and Market St, Fl. 5	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	8		2	0	1	0												
City Philadelphia State PA Zip Code 19102	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>88.00</td> </tr> </table>	88.00																			
88.00																					
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. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.31780.14 Date of Disbursement																				
Mailing Address 30th and Market St, Fl. 5	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	8		2	0	1	0												
City Philadelphia State PA Zip Code 19102	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>264.00</td> </tr> </table>	264.00																			
264.00																					
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) ▼																				
C. Full Name (Last, First, Middle Initial) Hilton Hotels	Transaction ID: SB21B.31780.15 Date of Disbursement																				
Mailing Address 7930 Jones Branch Drive Suite 1100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	8		2	0	1	0												
City McLean State VA Zip Code 22102	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>80.00</td> </tr> </table>	80.00																			
80.00																					
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) ▼																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial)
American Heritage Credit Union

Mailing Address P.O. Box 67001

City Harrisburg State PA Zip Code 17106-7001

Purpose of Disbursement
Credit Card Payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31801

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3641.55

B. Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address 77 West Wacker Drive

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31801.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

597.70

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address 77 West Wacker Drive

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31801.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

309.70

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

3641.55

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address 77 West Wacker Drive

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31801.2

Date of Disbursement

/ /

Amount of Each Disbursement this Period

550.70

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 3311 Airport Rd

City Allentown State PA Zip Code 18109

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31801.3

Date of Disbursement

/ /

Amount of Each Disbursement this Period

164.70

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Delta Airlines

Mailing Address P.O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31801.5

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1063.40

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 125 / 175

<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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Delta Airlines

Mailing Address P.O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31801.6

Date of Disbursement

06 / 16 / 2010

Amount of Each Disbursement this Period

464.40

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address 77 West Wacker Drive

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31801.7

Date of Disbursement

06 / 16 / 2010

Amount of Each Disbursement this Period

326.70

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address 77 West Wacker Drive

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31801.8

Date of Disbursement

06 / 16 / 2010

Amount of Each Disbursement this Period

59.95

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Travelocity.com	Transaction ID: SB21B.31801.9 Date of Disbursement
Mailing Address 11603 Crosswinds Way, Suite 125	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 6 / 2 0 1 0</div> </div>
City San Antonio State TX Zip Code 78233	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>19.95</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) American Heritage Credit Union	Transaction ID: SB21B.31802 Date of Disbursement
Mailing Address P.O. Box 67001	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 6 / 2 0 1 0</div> </div>
City Harrisburg State PA Zip Code 17106-7001	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Payment	<div>24.36</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Barna Advisory Services, PC	Transaction ID: SB21B.31753 Date of Disbursement
Mailing Address 270 S. Woodmont Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 1 / 2 0 1 0</div> </div>
City Downingtown State PA Zip Code 19335	Amount of Each Disbursement this Period
Purpose of Disbursement Accounting Fees	<div>2500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2524.36

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Barna Advisory Services, PC

Mailing Address 270 S. Woodmont Drive

City State Zip Code
Downingtown PA 19335

Purpose of Disbursement
Accounting Fees
Candidate Name

Category/
Type

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

Transaction ID: SB21B.31774
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
Barna Advisory Services, PC

Mailing Address 270 S. Woodmont Drive

City State Zip Code
Downingtown PA 19335

Purpose of Disbursement
Accounting Fees
Candidate Name

Category/
Type

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

Transaction ID: SB21B.31797
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
Barna Advisory Services, PC

Mailing Address 270 S. Woodmont Drive

City State Zip Code
Downingtown PA 19335

Purpose of Disbursement
Accounting Fees
Candidate Name

Category/
Type

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

Transaction ID: SB21B.31818
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 128 / 175

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) BB&T Mailing Address PO Box 200	Transaction ID: SB21B.31844 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 2 / 2 0 1 0</div> </div>
City Wilson State NC Zip Code 27894-0020 Purpose of Disbursement Bank Service Charges 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) ▼	Amount of Each Disbursement this Period <div>341.45</div>
B. Full Name (Last, First, Middle Initial) BB&T Mailing Address PO Box 200 City Wilson State NC Zip Code 27894-0020 Purpose of Disbursement Bank Service Charges 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: SB21B.31846 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 5 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div>
C. Full Name (Last, First, Middle Initial) BB&T Mailing Address PO Box 200 City Wilson State NC Zip Code 27894-0020 Purpose of Disbursement Bank Service Charges 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: SB21B.31848 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div>

SUBTOTAL of Disbursements This Page (optional)

381.45

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21B.31879 Date of Disbursement																				
Mailing Address PO Box 200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	1	0												
City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Service Charges Candidate Name	<table border="1"> <tr> <td colspan="10">305.23</td> </tr> </table>	305.23																			
305.23																					
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. Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21B.31881 Date of Disbursement																				
Mailing Address PO Box 200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	4		2	0	1	0												
City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Service Charges Candidate Name	<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	20.00																			
20.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21B.31897 Date of Disbursement																				
Mailing Address PO Box 200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	3		2	0	1	0												
City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Service Charges Candidate Name	<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	20.00																			
20.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

345.23

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21B.31906 Date of Disbursement																				
Mailing Address PO Box 200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	1	0												
City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Service Charges Candidate Name	<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	20.00																			
20.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21B.31907 Date of Disbursement																				
Mailing Address PO Box 200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	6		2	0	1	0												
City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Service Charges Candidate Name	<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	20.00																			
20.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Matt Beynon	Transaction ID: SB21B.31757 Date of Disbursement																				
Mailing Address 1747 Pennsylvania Ave, NW Suite 1200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	2		2	0	1	0												
City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Staff Fees Candidate Name	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2040.00

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 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)
AMERICA'S FOUNDATION

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Matt Beynon</p> <hr/> <p>Mailing Address 1747 Pennsylvania Ave, NW Suite 1200</p> <hr/> <p>City Washington State DC Zip Code 20006</p> <hr/> <p>Purpose of Disbursement Exp Reimb - Travel, Parking, Printing</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.31758 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 2 / 2 0 1 0</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period <div>235.99</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Fedex Kinkos</p> <hr/> <p>Mailing Address 942 South Shady Grove Road</p> <hr/> <p>City Memphis State TN Zip Code 38120</p> <hr/> <p>Purpose of Disbursement Printing & Reproduction</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.31758.0 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 2 / 2 0 1 0</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period <div>103.75</div> </p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Matt Beynon</p> <hr/> <p>Mailing Address 1747 Pennsylvania Ave, NW Suite 1200</p> <hr/> <p>City Washington State DC Zip Code 20006</p> <hr/> <p>Purpose of Disbursement PAC Staff Fees</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.31790 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 8 / 2 0 1 0</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period <div>2000.00</div> </p>

SUBTOTAL of Disbursements This Page (optional)

2235.99

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Matt Beynon

Mailing Address 1747 Pennsylvania Ave, NW
Suite 1200

City Washington State DC Zip Code 20006

Purpose of Disbursement
PAC Staff Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31806

Date of Disbursement

06 / 16 / 2010

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Matt Beynon

Mailing Address 1747 Pennsylvania Ave, NW
Suite 1200

City Washington State DC Zip Code 20006

Purpose of Disbursement
Expense Reimb - Travel & Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31819

Date of Disbursement

06 / 29 / 2010

Amount of Each Disbursement this Period

132.08

C.

Full Name (Last, First, Middle Initial)

Fedex Kinkos

Mailing Address 942 South Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Printing & Reproduction

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31819.0

Date of Disbursement

06 / 29 / 2010

Amount of Each Disbursement this Period

19.80

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

2132.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Fedex Kinkos	Transaction ID: SB21B.31819.1 Date of Disbursement
Mailing Address 942 South Shady Grove Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 9 / 2 0 1 0</div> </div>
City Memphis State TN Zip Code 38120	Amount of Each Disbursement this Period
Purpose of Disbursement Printing & Reproduction	<div> <div></div> <div>30.16</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Fedex Kinkos	Transaction ID: SB21B.31819.2 Date of Disbursement
Mailing Address 942 South Shady Grove Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 9 / 2 0 1 0</div> </div>
City Memphis State TN Zip Code 38120	Amount of Each Disbursement this Period
Purpose of Disbursement Printing & Reproduction	<div> <div></div> <div>19.97</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.31833 Date of Disbursement
Mailing Address 13860 Redskin Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 7 / 2 0 1 0</div> </div>
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Postage	<div> <div></div> <div>1902.63</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

SUBTOTAL of Disbursements This Page (optional)

1902.63

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.31834 Date of Disbursement
Mailing Address 13860 Redskin Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 7 / 2 0 1 0</div> </div>
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Postage	<div>4671.33</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.31851 Date of Disbursement
Mailing Address 13860 Redskin Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 8 / 2 0 1 0</div> </div>
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Postage	<div>2086.65</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.31854 Date of Disbursement
Mailing Address 13860 Redskin Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 1 0</div> </div>
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Printing	<div>4505.65</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

11263.63

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.31865 Date of Disbursement																				
Mailing Address 13860 Redskin Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	0												
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Postage Candidate Name	<table border="1"> <tr> <td colspan="10">1522.29</td> </tr> </table>	1522.29																			
1522.29																					
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. Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.31866 Date of Disbursement																				
Mailing Address 13860 Redskin Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	0												
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Postage Candidate Name	<table border="1"> <tr> <td colspan="10">730.64</td> </tr> </table>	730.64																			
730.64																					
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) ▼																				
C. Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.31877 Date of Disbursement																				
Mailing Address 13860 Redskin Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	1	0												
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Postage Candidate Name	<table border="1"> <tr> <td colspan="10">934.89</td> </tr> </table>	934.89																			
934.89																					
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SUBTOTAL of Disbursements This Page (optional)

3187.82

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.31878 Date of Disbursement																				
Mailing Address 13860 Redskin Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	1	0												
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Postage Candidate Name	<table border="1"> <tr> <td colspan="10">119.43</td> </tr> </table>	119.43																			
119.43																					
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. Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.31895 Date of Disbursement																				
Mailing Address 13860 Redskin Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	3		2	0	1	0												
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing Candidate Name	<table border="1"> <tr> <td colspan="10">908.98</td> </tr> </table>	908.98																			
908.98																					
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) ▼																				
C. Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.31896 Date of Disbursement																				
Mailing Address 13860 Redskin Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	3		2	0	1	0												
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing Candidate Name	<table border="1"> <tr> <td colspan="10">2807.52</td> </tr> </table>	2807.52																			
2807.52																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3835.93

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.31898 Date of Disbursement																				
Mailing Address 13860 Redskin Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	9		2	0	1	0												
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Postage Candidate Name	<table border="1"> <tr> <td colspan="10">6916.05</td> </tr> </table>	6916.05																			
6916.05																					
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. Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.31908 Date of Disbursement																				
Mailing Address 13860 Redskin Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	7		2	0	1	0												
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing Candidate Name	<table border="1"> <tr> <td colspan="10">2257.50</td> </tr> </table>	2257.50																			
2257.50																					
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) ▼																				
C. Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.31912 Date of Disbursement																				
Mailing Address 13860 Redskin Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	1		2	0	1	0												
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Postage Candidate Name	<table border="1"> <tr> <td colspan="10">781.50</td> </tr> </table>	781.50																			
781.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

9955.05

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.31924 Date of Disbursement
Mailing Address 13860 Redskin Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Postage	<div>4331.55</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.31925 Date of Disbursement
Mailing Address 13860 Redskin Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Postage	<div>614.28</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Big Fish, A Design Ptrship, Inc.	Transaction ID: SB21B.31814 Date of Disbursement
Mailing Address 405 8th Street, SE Suite 200	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 6 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement Website Design & Maintenance	<div>200.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

5145.83

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 139 / 175

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company	Transaction ID: SB21B.31756 Date of Disbursement																				
Mailing Address 801 Lancaster Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	5		2	0	1	0												
City State Zip Code Bryn Mawr PA 19010	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Service Charges Candidate Name	<table border="1"> <tr> <td colspan="10">80.07</td> </tr> </table>	80.07																			
80.07																					
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. Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company	Transaction ID: SB21B.31777 Date of Disbursement																				
Mailing Address 801 Lancaster Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	1	0												
City State Zip Code Bryn Mawr PA 19010	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Service Charges Candidate Name	<table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	75.00																			
75.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company	Transaction ID: SB21B.31778 Date of Disbursement																				
Mailing Address 801 Lancaster Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	0												
City State Zip Code Bryn Mawr PA 19010	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Service Charges Candidate Name	<table border="1"> <tr> <td colspan="10">78.43</td> </tr> </table>	78.43																			
78.43																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

233.50

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 140 / 175

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company	Transaction ID: SB21B.31795 Date of Disbursement																				
Mailing Address 801 Lancaster Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		3	1		2	0	1	0												
City State Zip Code Bryn Mawr PA 19010	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Service Charges Candidate Name	<table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	75.00																			
75.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company	Transaction ID: SB21B.31798 Date of Disbursement																				
Mailing Address 801 Lancaster Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	5		2	0	1	0												
City State Zip Code Bryn Mawr PA 19010	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Service Charges Candidate Name	<table border="1"> <tr> <td colspan="10">67.07</td> </tr> </table>	67.07																			
67.07																					
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) ▼																				
C. Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company	Transaction ID: SB21B.31824 Date of Disbursement																				
Mailing Address 801 Lancaster Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City State Zip Code Bryn Mawr PA 19010	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Service Charges Candidate Name	<table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	75.00																			
75.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

217.07

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Colortree Mailing Address P.O. Box 18160	Transaction ID: SB21B.31868 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 1 0</div> </div>
City Merrifield State VA Zip Code 22118-0160 Purpose of Disbursement Direct Mail Costs - Printing 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) ▼	Amount of Each Disbursement this Period <div>5060.07</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Colortree Mailing Address P.O. Box 18160 City Merrifield State VA Zip Code 22118-0160 Purpose of Disbursement Direct Mail Costs - Printing 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: SB21B.31915 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 4 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>2583.97</div> <div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) Conrad Direct, Inc. Mailing Address 300 Knickerbocker Road City Cresskill State NJ Zip Code 07626-7626 Purpose of Disbursement List Rental Fees 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: SB21B.31835 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 8 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>5573.66</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

13217.70

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Conrad Direct, Inc.	Transaction ID: SB21B.31882 Date of Disbursement
Mailing Address 300 Knickerbocker Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 0 / 2 0 1 0</div> </div>
City Cresskill State NJ Zip Code 07626-7626	Amount of Each Disbursement this Period
Purpose of Disbursement List Rental Fees Candidate Name	<div>13118.49</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Digital Donation, LLC	Transaction ID: SB21B.32017 Date of Disbursement
Mailing Address P.O. Box 82130	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 1 0</div> </div>
City Baton Rouge State LA Zip Code 70884	Amount of Each Disbursement this Period
Purpose of Disbursement Compensation for Fundraising Svcs Candidate Name	<div>93.11</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Digital Donation, LLC	Transaction ID: SB21B.32018 Date of Disbursement
Mailing Address P.O. Box 82130	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 1 / 2 0 1 0</div> </div>
City Baton Rouge State LA Zip Code 70884	Amount of Each Disbursement this Period
Purpose of Disbursement Compensation for Fundraising Svcs Candidate Name	<div>1060.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

14271.60

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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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Digital Donation, LLC

Mailing Address P.O. Box 82130

City State Zip Code
 Baton Rouge LA 70884

Purpose of Disbursement
 Compensation for Fundraising Svcs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.32019

Date of Disbursement

/ /

Amount of Each Disbursement this Period

416.37

B.

Full Name (Last, First, Middle Initial)
 Direct Impressions, Inc.

Mailing Address 2100 Tomlynn Street

City State Zip Code
 Richmond VA 23230

Purpose of Disbursement
 Direct Mail Costs - Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31836

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7044.30

C.

Full Name (Last, First, Middle Initial)
 Direct Impressions, Inc.

Mailing Address 2100 Tomlynn Street

City State Zip Code
 Richmond VA 23230

Purpose of Disbursement
 Direct Mail Costs - Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31855

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2186.10

SUBTOTAL of Disbursements This Page (optional)

9646.77

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Direct Impressions, Inc.	Transaction ID: SB21B.31869 Date of Disbursement																				
Mailing Address 2100 Tomlynn Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	6		2	0	1	0												
City Richmond State VA Zip Code 23230	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing	<table border="1"> <tr> <td colspan="10">3570.80</td> </tr> </table>	3570.80																			
3570.80																					
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. Full Name (Last, First, Middle Initial) Direct Impressions, Inc.	Transaction ID: SB21B.31886 Date of Disbursement																				
Mailing Address 2100 Tomlynn Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	7		2	0	1	0												
City Richmond State VA Zip Code 23230	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing	<table border="1"> <tr> <td colspan="10">6125.18</td> </tr> </table>	6125.18																			
6125.18																					
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) ▼																				
C. Full Name (Last, First, Middle Initial) Direct Impressions, Inc.	Transaction ID: SB21B.31916 Date of Disbursement																				
Mailing Address 2100 Tomlynn Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	1	0												
City Richmond State VA Zip Code 23230	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing	<table border="1"> <tr> <td colspan="10">3082.80</td> </tr> </table>	3082.80																			
3082.80																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

12778.78

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: SB21B.31771 Date of Disbursement
Mailing Address 7300 Hudson Blvd. Suite 270	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 2 / 2 0 1 0</div> </div>
City State Zip Code St. Paul MN 55128	Amount of Each Disbursement this Period
Purpose of Disbursement Telemarketing Expenses Candidate Name	<div> <div>3261.25</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: SB21B.31793 Date of Disbursement
Mailing Address 7300 Hudson Blvd. Suite 270	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 8 / 2 0 1 0</div> </div>
City State Zip Code St. Paul MN 55128	Amount of Each Disbursement this Period
Purpose of Disbursement Telemarketing Expenses Candidate Name	<div> <div>3797.06</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: SB21B.31817 Date of Disbursement
Mailing Address 7300 Hudson Blvd. Suite 270	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 6 / 2 0 1 0</div> </div>
City State Zip Code St. Paul MN 55128	Amount of Each Disbursement this Period
Purpose of Disbursement Telmarketing Expenses Candidate Name	<div> <div>3831.50</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

10889.81

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
FORmost Graphic Communications

Mailing Address 7564 Standish Place, Ste 115

City State Zip Code
Rockville MD 20855-2745

Purpose of Disbursement
Direct Mail Costs - Printing/Mailshop

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.31856

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1064.64

B.

Full Name (Last, First, Middle Initial)
FORmost Graphic Communications

Mailing Address 7564 Standish Place, Ste 115

City State Zip Code
Rockville MD 20855-2745

Purpose of Disbursement
Direct Mail Costs - Printing/Mailshop

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.31887

Date of Disbursement

/ /

Amount of Each Disbursement this Period

44.25

C.

Full Name (Last, First, Middle Initial)
FORmost Graphic Communications

Mailing Address 7564 Standish Place, Ste 115

City State Zip Code
Rockville MD 20855-2745

Purpose of Disbursement
Direct Mail Costs - Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.31892

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2108.89

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) FORmost Graphic Communications	Transaction ID: SB21B.31909 Date of Disbursement
Mailing Address 7564 Standish Place, Ste 115	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 7 / 2 0 1 0</div> </div>
City Rockville State MD Zip Code 20855-2745	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Printing/Mailshop	<div>242.13</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Fulfillment House	Transaction ID: SB21B.31874 Date of Disbursement
Mailing Address 13860 Redskin Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 0 / 2 0 1 0</div> </div>
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Postage	<div>9571.42</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Fulfillment House	Transaction ID: SB21B.31917 Date of Disbursement
Mailing Address 13860 Redskin Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 4 / 2 0 1 0</div> </div>
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Printing	<div>4048.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

13861.95

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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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Global Payments Inc.	Transaction ID: SB21B.31831 Date of Disbursement
Mailing Address 10 Glenlake Pkwy NE North Tower	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 1 0</div> </div>
City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Credit Card Fees	<div>446.51</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	
B. Full Name (Last, First, Middle Initial) Global Payments Inc.	Transaction ID: SB21B.31863 Date of Disbursement
Mailing Address 10 Glenlake Pkwy NE North Tower	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 4 / 2 0 1 0</div> </div>
City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Credit Card Fees	<div>398.01</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	
C. Full Name (Last, First, Middle Initial) Global Payments Inc.	Transaction ID: SB21B.31894 Date of Disbursement
Mailing Address 10 Glenlake Pkwy NE North Tower	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 1 0</div> </div>
City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Credit Card Fees	<div>307.80</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

SUBTOTAL of Disbursements This Page (optional)

1152.32

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
HSP Direct

Mailing Address 13755 Sunrise Valley Drive
Suite 450

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Direct Mail Expenses & Creative Design

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31827

Date of Disbursement

/ /

Amount of Each Disbursement this Period

67.23

B.

Full Name (Last, First, Middle Initial)
HSP Direct

Mailing Address 13755 Sunrise Valley Drive
Suite 450

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Direct Mail Expenses & Creative Design

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31837

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6731.57

C.

Full Name (Last, First, Middle Initial)
HSP Direct

Mailing Address 13755 Sunrise Valley Drive
Suite 450

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Direct Mail Expenses & Creative Design

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31857

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7093.30

SUBTOTAL of Disbursements This Page (optional)

13892.10

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

<p>A.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Costs - Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.31858</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 17836.37</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Expenses and Creative Design Fees</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>Transaction ID: SB21B.31870</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 9648.72</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Expenses and Creative Design Fees</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>Transaction ID: SB21B.31888</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 4100.77</p>

SUBTOTAL of Disbursements This Page (optional)

31585.86

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

<p>A.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Costs - Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.31904</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 0 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>7750.54</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Expenses and Creative Design Fees</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>Transaction ID: SB21B.31918</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 4 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>5123.09</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Costs - Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.31920</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 4 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>14085.32</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional)

26958.95

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Ingram Mailing Address 8421 Hilltop Rd.	Transaction ID: SB21B.31839 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 9 / 2 0 1 0</div> </div>
City State Zip Code Fairfax VA 22031 Purpose of Disbursement Direct Mail Costs - Postage Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>12938.10</div>
B. Full Name (Last, First, Middle Initial) Ingram Mailing Address 8421 Hilltop Rd.	Transaction ID: SB21B.31902 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 0 / 2 0 1 0</div> </div>
City State Zip Code Fairfax VA 22031 Purpose of Disbursement Direct Mail Costs - Printing Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>6538.64</div>
C. Full Name (Last, First, Middle Initial) Irides, LLC Mailing Address 1000 Wilson Blve, Suite 601	Transaction ID: SB21B.31785 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 8 / 2 0 1 0</div> </div>
City State Zip Code Arlington VA 22209 Purpose of Disbursement Website Design & Maintenance Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>150.00</div>

SUBTOTAL of Disbursements This Page (optional)

19626.74

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 153 / 175

<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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Iron Mountain

Mailing Address PO Box 27128

City State Zip Code
New York NY 10087-7128

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31768

Date of Disbursement

/ /

Amount of Each Disbursement this Period

813.95

B.

Full Name (Last, First, Middle Initial)
Iron Mountain

Mailing Address PO Box 27128

City State Zip Code
New York NY 10087-7128

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31782

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1618.62

C.

Full Name (Last, First, Middle Initial)
Iron Mountain

Mailing Address PO Box 27128

City State Zip Code
New York NY 10087-7128

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31809

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1627.90

SUBTOTAL of Disbursements This Page (optional)

4060.47

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Kenmore Envelope Company	Transaction ID: SB21B.31883 Date of Disbursement																				
Mailing Address 4641 International Trade Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	1	0												
City Richmond State VA Zip Code 23231	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing	<table border="1"> <tr> <td colspan="10">4589.85</td> </tr> </table>	4589.85																			
4589.85																					
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. Full Name (Last, First, Middle Initial) Nadine Maenza	Transaction ID: SB21B.31804 Date of Disbursement																				
Mailing Address 315 Foxtail Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	6		2	0	1	0												
City Spring city State PA Zip Code 19475	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Staff Fees	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) MDI Mail & Imaging	Transaction ID: SB21B.31891 Date of Disbursement																				
Mailing Address 21721-A Filigree Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	1		2	0	1	0												
City Adhburn State VA Zip Code 20147	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Postage	<table border="1"> <tr> <td colspan="10">15162.95</td> </tr> </table>	15162.95																			
15162.95																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

24752.80

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

MDI Mail & Imaging

Mailing Address 21721-A Filigree Court

City Adhburn State VA Zip Code 20147

Purpose of Disbursement
Direct Mail Costs - Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31893

Date of Disbursement

06 / 02 / 2010

Amount of Each Disbursement this Period

1692.39

B.

Full Name (Last, First, Middle Initial)

MDI Mail & Imaging

Mailing Address 21721-A Filigree Court

City Adhburn State VA Zip Code 20147

Purpose of Disbursement
Direct Mail Costs - Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31900

Date of Disbursement

06 / 09 / 2010

Amount of Each Disbursement this Period

4090.13

C.

Full Name (Last, First, Middle Initial)

MDI Mail & Imaging

Mailing Address 21721-A Filigree Court

City Adhburn State VA Zip Code 20147

Purpose of Disbursement
Direct Mail Costs - Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31911

Date of Disbursement

06 / 21 / 2010

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

7282.52

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

MDI Mail & Imaging

Mailing Address 21721-A Filigree Court

City Adhburn State VA Zip Code 20147

Purpose of Disbursement
Direct Mail Costs - Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31913

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1235.49

B.

Full Name (Last, First, Middle Initial)

Anna Minkler

Mailing Address 371 Spruce St.

City Pottsville State PA Zip Code 19464

Purpose of Disbursement
Mailing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31773

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2085.87

C.

Full Name (Last, First, Middle Initial)

NJI New Media

Mailing Address Summit of Richfield II
3046 Brecksville Road

City Richfield State OH Zip Code 44286

Purpose of Disbursement
Website Design & Maintenance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31767

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1890.00

SUBTOTAL of Disbursements This Page (optional)

5211.36

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 157 / 175

<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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
NJi New Media

Mailing Address Summit of Richfield II
3046 Brecksville Road

City Richfield State OH Zip Code 44286

Purpose of Disbursement
Website Design & Maintenance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31788

Date of Disbursement

/ /

Amount of Each Disbursement this Period

175.00

B.

Full Name (Last, First, Middle Initial)
NJi New Media

Mailing Address Summit of Richfield II
3046 Brecksville Road

City Richfield State OH Zip Code 44286

Purpose of Disbursement
Website Design & Maintenance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31789

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

C.

Full Name (Last, First, Middle Initial)
NJi New Media

Mailing Address Summit of Richfield II
3046 Brecksville Road

City Richfield State OH Zip Code 44286

Purpose of Disbursement
Website Design & Maintenance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31810

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

275.00

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 158 / 175

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Pitney Bowes Mailing Address PO Box 856390	Transaction ID: SB21B.31769 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 2 / 2 0 1 0</div> </div>
City Louisville State PA Zip Code 40285-6390 Purpose of Disbursement Postage and Delivery 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) ▼	Amount of Each Disbursement this Period <div>223.00</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Pitney Bowes Mailing Address PO Box 856390 City Louisville State PA Zip Code 40285-6390 Purpose of Disbursement Postage and Delivery 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: SB21B.31786 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 8 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>29.00</div> <div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) Progressive Productions Mailing Address 1602 Cullowee Circle City Mt. Pleasant State SC Zip Code 29464 Purpose of Disbursement Video Services 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: SB21B.31816 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 6 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>350.00</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

602.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 159 / 175

<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)
AMERICA'S FOUNDATION**A.** Full Name (Last, First, Middle Initial)
RST Marketing Associates, Inc.

Mailing Address P.O. Box 228

City Forest State VA Zip Code 24551

Purpose of Disbursement
Direct Mail Costs - Printing

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.31889

Date of Disbursement

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

Amount of Each Disbursement this Period

11339.61

B. Full Name (Last, First, Middle Initial)
RST Marketing Associates, Inc.

Mailing Address P.O. Box 228

City Forest State VA Zip Code 24551

Purpose of Disbursement
Direct Mail Costs - Printing

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.31899

Date of Disbursement

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

Amount of Each Disbursement this Period

4412.62

C. Full Name (Last, First, Middle Initial)
Sisk Mailing Service, Inc.

Mailing Address 203 Log Canoe Circle

City Stevensville State MD Zip Code 21666

Purpose of Disbursement
Direct Mail Costs - Postage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.31841

Date of Disbursement

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

Amount of Each Disbursement this Period

3889.73

SUBTOTAL of Disbursements This Page (optional)

19641.96

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 160 / 175

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Sisk Mailing Service, Inc.	Transaction ID: SB21B.31845 Date of Disbursement																				
Mailing Address 203 Log Canoe Circle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	4		2	0	1	0												
City State Zip Code Stevensville MD 21666	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Postage	<table border="1"> <tr> <td colspan="10">2030.69</td> </tr> </table>	2030.69																			
2030.69																					
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. Full Name (Last, First, Middle Initial) Sisk Mailing Service, Inc.	Transaction ID: SB21B.31850 Date of Disbursement																				
Mailing Address 203 Log Canoe Circle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	8		2	0	1	0												
City State Zip Code Stevensville MD 21666	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Postage	<table border="1"> <tr> <td colspan="10">833.66</td> </tr> </table>	833.66																			
833.66																					
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) ▼																				
C. Full Name (Last, First, Middle Initial) Sisk Mailing Service, Inc.	Transaction ID: SB21B.31864 Date of Disbursement																				
Mailing Address 203 Log Canoe Circle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	0												
City State Zip Code Stevensville MD 21666	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Postage	<table border="1"> <tr> <td colspan="10">849.90</td> </tr> </table>	849.90																			
849.90																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3714.25

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 161 / 175

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Sisk Mailing Service, Inc.	Transaction ID: SB21B.31876 Date of Disbursement																				
Mailing Address 203 Log Canoe Circle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	1	0												
City State Zip Code Stevensville MD 21666	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Postage	<table border="1"> <tr> <td colspan="10">190.62</td> </tr> </table>	190.62																			
190.62																					
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. Full Name (Last, First, Middle Initial) Sisk Mailing Service, Inc.	Transaction ID: SB21B.31903 Date of Disbursement																				
Mailing Address 203 Log Canoe Circle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	1	0												
City State Zip Code Stevensville MD 21666	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing/Mailshop	<table border="1"> <tr> <td colspan="10">1186.40</td> </tr> </table>	1186.40																			
1186.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Sisk Mailing Service, Inc.	Transaction ID: SB21B.31919 Date of Disbursement																				
Mailing Address 203 Log Canoe Circle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	1	0												
City State Zip Code Stevensville MD 21666	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing/Mailshop	<table border="1"> <tr> <td colspan="10">201.75</td> </tr> </table>	201.75																			
201.75																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1578.77

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Sisk Mailing Service, Inc.

Mailing Address 203 Log Canoe Circle

City State Zip Code
Stevensville MD 21666

Purpose of Disbursement
Direct Mail Costs - Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31926

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5948.04

B.

Full Name (Last, First, Middle Initial)

SM Jenkins & Co

Mailing Address One Tower Bridge
Suite 1410

City State Zip Code
West Conshohocken PA 19428

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31764

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1230.42

C.

Full Name (Last, First, Middle Initial)

SM Jenkins & Co

Mailing Address One Tower Bridge
Suite 1410

City State Zip Code
West Conshohocken PA 19428

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31787

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1234.14

SUBTOTAL of Disbursements This Page (optional)

8412.60

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 163 / 175

<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)
AMERICA'S FOUNDATION**A.**Full Name (Last, First, Middle Initial)
SM Jenkins & Co**Transaction ID:** SB21B.31813

Date of Disbursement

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

Mailing Address One Tower Bridge
Suite 1410

Amount of Each Disbursement this Period

City West Conshohocken State PA Zip Code 19428

1234.14									
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Purpose of Disbursement
Rent

Category/ Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B.Full Name (Last, First, Middle Initial)
Sunrise Data Services**Transaction ID:** SB21B.31828

Date of Disbursement

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

Mailing Address 13755 Sunrise Valley Drive
Suite 450

Amount of Each Disbursement this Period

City Herndon State VA Zip Code 20171

1152.64									
---------	--	--	--	--	--	--	--	--	--

Purpose of Disbursement
Database Maintenance Services

Category/ Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

C.Full Name (Last, First, Middle Initial)
Sunrise Data Services**Transaction ID:** SB21B.31838

Date of Disbursement

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

Mailing Address 13755 Sunrise Valley Drive
Suite 450

Amount of Each Disbursement this Period

City Herndon State VA Zip Code 20171

235.00									
--------	--	--	--	--	--	--	--	--	--

Purpose of Disbursement
Database Maintenance Services

Category/ Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

2621.78

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Sunrise Data Services

Mailing Address 13755 Sunrise Valley Drive
Suite 450

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Database Maintenance Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31859

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
Sunrise Data Services

Mailing Address 13755 Sunrise Valley Drive
Suite 450

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Database Maintenance Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31871

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
Sunrise Data Services

Mailing Address 13755 Sunrise Valley Drive
Suite 450

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Database Maintenance Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31884

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

3794.43

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 165 / 175

<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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Sunrise Data Services

Mailing Address 13755 Sunrise Valley Drive
Suite 450

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Database Maintenance Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.31890

Date of Disbursement

/ /

Amount of Each Disbursement this Period

445.68

B.

Full Name (Last, First, Middle Initial)
Sunrise Data Services

Mailing Address 13755 Sunrise Valley Drive
Suite 450

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Database Maintenance Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.31905

Date of Disbursement

/ /

Amount of Each Disbursement this Period

781.55

C.

Full Name (Last, First, Middle Initial)
Sunrise Data Services

Mailing Address 13755 Sunrise Valley Drive
Suite 450

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Database Maintenance Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.31910

Date of Disbursement

/ /

Amount of Each Disbursement this Period

70.00

SUBTOTAL of Disbursements This Page (optional)

1297.23

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Sunrise Data Services	Transaction ID: SB21B.31921 Date of Disbursement																				
Mailing Address 13755 Sunrise Valley Drive Suite 450	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	1	0												
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period																				
Purpose of Disbursement Database Maintenance Fees Candidate Name	<table border="1"> <tr> <td colspan="10">658.00</td> </tr> </table>	658.00																			
658.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) The Clapham Group	Transaction ID: SB21B.31759 Date of Disbursement																				
Mailing Address 5272 Lyngate Ct. Suite 200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	2		2	0	1	0												
City Burke State VA Zip Code 22015	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Staff Fees Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) The Clapham Group	Transaction ID: SB21B.31791 Date of Disbursement																				
Mailing Address 5272 Lyngate Ct. Suite 200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	8		2	0	1	0												
City Burke State VA Zip Code 22015	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Staff Fees Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2658.00

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 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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) The Clapham Group	Transaction ID: SB21B.31805 Date of Disbursement																				
Mailing Address 5272 Lyngate Ct. Suite 200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	6		2	0	1	0												
City State Zip Code Burke VA 22015	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Staff Fees Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Tri-state Envelope Corporation	Transaction ID: SB21B.31830 Date of Disbursement																				
Mailing Address 1 Orgler Place	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	1	0												
City State Zip Code Ashland PA 17921	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing Candidate Name	<table border="1"> <tr> <td colspan="10">1883.70</td> </tr> </table>	1883.70																			
1883.70																					
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) ▼																				
C. Full Name (Last, First, Middle Initial) Tri-state Envelope Corporation	Transaction ID: SB21B.31860 Date of Disbursement																				
Mailing Address 1 Orgler Place	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	1	0												
City State Zip Code Ashland PA 17921	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing Candidate Name	<table border="1"> <tr> <td colspan="10">2993.88</td> </tr> </table>	2993.88																			
2993.88																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5877.58

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Tri-state Envelope Corporation

Mailing Address 1 Orgler Place

City Ashland State PA Zip Code 17921

Purpose of Disbursement
Direct Mail Costs - Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31922

Date of Disbursement

/ /

Amount of Each Disbursement this Period

819.00

B.

Full Name (Last, First, Middle Initial)
Union League of Philadelphia

Mailing Address 140 South Broad Street

City Philadelphia State PA Zip Code 19102-3083

Purpose of Disbursement
PAC Meeting Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31763

Date of Disbursement

/ /

Amount of Each Disbursement this Period

752.81

C.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address 900 Brentwood Rd, NE #118

City Washington State DC Zip Code 20066-9612

Purpose of Disbursement
PO Box Rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31826

Date of Disbursement

/ /

Amount of Each Disbursement this Period

520.00

SUBTOTAL of Disbursements This Page (optional)

2091.81

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) USPS	Transaction ID: SB21B.31923 Date of Disbursement																				
Mailing Address 900 Brentwood Rd, NE #118	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	8		2	0	1	0												
City Washington State DC Zip Code 20066-9612	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Postage	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB21B.31770 Date of Disbursement																				
Mailing Address P.O. Box 28000	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	2		2	0	1	0												
City Lehigh Valley State PA Zip Code 18002-0646	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telecommunications	<table border="1"> <tr> <td colspan="10">214.48</td> </tr> </table>	214.48																			
214.48																					
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) ▼																				
C. Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB21B.31784 Date of Disbursement																				
Mailing Address P.O. Box 28000	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	8		2	0	1	0												
City Lehigh Valley State PA Zip Code 18002-0646	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telecommunications	<table border="1"> <tr> <td colspan="10">298.55</td> </tr> </table>	298.55																			
298.55																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5513.03

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 170 / 175

<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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Verizon

Mailing Address P.O. Box 28000

City State Zip Code
Lehigh Valley PA 18002-0646

Purpose of Disbursement
Telecommunications

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31800

Date of Disbursement

/ /

Amount of Each Disbursement this Period

366.30

B.

Full Name (Last, First, Middle Initial)
Virginia Davis Partners, LLC

Mailing Address 834 Beechwood Dr.

City State Zip Code
Havertown PA 19083

Purpose of Disbursement
Media & Press Management Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31760

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1650.00

C.

Full Name (Last, First, Middle Initial)
Virginia Davis Partners, LLC

Mailing Address 834 Beechwood Dr.

City State Zip Code
Havertown PA 19083

Purpose of Disbursement
Expense Reimb - Printing & Reproduction

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31761

Date of Disbursement

/ /

Amount of Each Disbursement this Period

421.00

SUBTOTAL of Disbursements This Page (optional)

2437.30

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Fedex Kinkos

Mailing Address 942 South Shady Grove Road

City State Zip Code
Memphis TN 38120

Purpose of Disbursement
Printing & Reproduction

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.31761.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

421.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Virginia Davis Partners, LLC

Mailing Address 834 Beechwood Dr.

City State Zip Code
Havertown PA 19083

Purpose of Disbursement
Media & Press Management Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.31792

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1675.00

C.

Full Name (Last, First, Middle Initial)
Virginia Davis Partners, LLC

Mailing Address 834 Beechwood Dr.

City State Zip Code
Havertown PA 19083

Purpose of Disbursement
Media & Press Management Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.31807

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1675.00

SUBTOTAL of Disbursements This Page (optional)

3350.00

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 172 / 175

<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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Virginia Davis Partners, LLC

Mailing Address 834 Beechwood Dr.

City
Havertown

State
PA

Zip Code
19083

Purpose of Disbursement
Expense Reimb

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31808

Date of Disbursement

/ /

Amount of Each Disbursement this Period

133.50

B.

Full Name (Last, First, Middle Initial)

Fedex Kinkos

Mailing Address 942 South Shady Grove Road

City
Memphis

State
TN

Zip Code
38120

Purpose of Disbursement
Printing & Reproduction

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31808.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

133.50

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Washington Intelligence Bureau

Mailing Address 4128 Pepsi Place

City
Chantilly

State
VA

Zip Code
20151

Purpose of Disbursement
Direct Mail Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31853

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3255.38

SUBTOTAL of Disbursements This Page (optional)

3388.88

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Washington Intelligence Bureau

Mailing Address 4128 Pepsi Place

City
Chantilly

State
VA

Zip Code
20151

Purpose of Disbursement
Direct Mail Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.31901

Date of Disbursement

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

Amount of Each Disbursement this Period

3915.18

SUBTOTAL of Disbursements This Page (optional)

3915.18

TOTAL This Period (last page this line number only)

350709.77

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

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Friends of Roy Blunt

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement
 Campaign Contribution - Primary
 Candidate Name

Category/
Type

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

Transaction ID: SB23.31822

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
 Friends of Sharron Angle

Mailing Address PO Box 33058

City Reno State NV Zip Code 89533

Purpose of Disbursement
 Campaign Contribution - General
 Candidate Name

Category/
Type

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

Transaction ID: SB23.31821

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Findley for Iowa

Mailing Address P.O. Box 451

City
Dexter

State
IA

Zip Code
50070

Purpose of Disbursement
Campaign Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.31776

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00