

# 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** 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**

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 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		62487.14
Y	Y	Y	Y							
2	0	1	0							
(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 <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICA'S FOUNDATION

Report Covering the Period:

From:

MM  
04

DD  
01

YY YY  
2010

To:

MM  
06

DD  
30

YY YY YY  
2010

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	112106.00	174754.00
(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

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	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)

<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)  
Andrew Abela

Mailing Address 1114 Riva Ridge Drive

City State Zip Code  
Great Falls VA 22066-2066

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

Name of Employer Occupation  
The Catholic University of America Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2010

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 State Zip Code  
Wilkes Barre PA 18703-8703

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

Name of Employer Occupation  
Bloomsburg Metal Company Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2010

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 State Zip Code  
Oxford MS 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  
MM / DD / YYYY  
04 / 26 / 2010

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: (check only one)	PAGE 8 / 175
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs Faye Allen		Date of Receipt																					
	Mailing Address 107 Douglas Dr		<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>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		2	8		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		2	8		2	0	1	0														
	City State Zip Code Oxford MS 38655-2803		<b>Transaction ID:</b> SA11AI.16896																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>		100.00																				
100.00																								

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs Faye Allen		Date of Receipt																					
	Mailing Address 107 Douglas Dr		<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>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		2	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		2	9		2	0	1	0														
	City State Zip Code Oxford MS 38655-2803		<b>Transaction ID:</b> SA11AI.16898																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>		50.00																				
50.00																								

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Kenneth H Anderson		Date of Receipt																					
	Mailing Address 1040 N 10th St Apt M12		<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 State Zip Code Spearfish SD 57783-2253		<b>Transaction ID:</b> SA11AI.17107																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>		50.00																				
50.00																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<table border="1"><tr><td>200.00</td></tr></table>	200.00
200.00			
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<table border="1"><tr><td> </td></tr></table>	

# 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)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	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 Occupation  
Ankarlo Management Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 24 / 2010

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 Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2010

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 Occupation  
Mid-America Apartment Communities, Inc SVP & Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2010

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)

<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)  
Miss Earline H Bates

Mailing Address 415 Ruby Forest Pkwy

City State Zip Code  
Suwanee GA 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  
MM / DD / YYYY  
05 / 26 / 2010

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 State Zip Code  
Colonia NJ 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  
MM / DD / YYYY  
04 / 30 / 2010

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 State Zip Code  
Colonia NJ 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  
MM / DD / YYYY  
06 / 28 / 2010

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)

<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. 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 06 / 14 / 2010

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 04 / 27 / 2010

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 06 / 29 / 2010

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)

<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)  
Maryann Bentley

Mailing Address 853 Sheridan Ln

City State Zip Code  
Gardnerville NV 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  
MM / DD / YYYY  
05 / 04 / 2010

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 State Zip Code  
Canal Winchester OH 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  
MM / DD / YYYY  
04 / 26 / 2010

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 State Zip Code  
Canal Winchester OH 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  
MM / DD / YYYY  
05 / 04 / 2010

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)

<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)  
Douglas Billian

Mailing Address 5795 Winterthur Ln NW

City Atlanta State GA Zip Code 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 06 / 08 / 2010

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 Atlanta State GA Zip Code 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 06 / 28 / 2010

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 Rockport State ME Zip Code 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 05 / 20 / 2010

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)

<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 Guenther Bizer

Mailing Address 1590 Mountain View Dr

City State Zip Code  
Bayfield CO 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  
MM / DD / YYYY  
06 / 29 / 2010

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 State Zip Code  
Beverly Hills CA 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  
MM / DD / YYYY  
04 / 05 / 2010

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 State Zip Code  
Cherry Hill NJ 08003-2577

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

Name of Employer Occupation  
Retired Ret

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 376.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2010

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)

<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)  
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  
MM / DD / YYYY  
06 / 25 / 2010

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  
MM / DD / YYYY  
04 / 01 / 2010

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  
MM / DD / YYYY  
04 / 20 / 2010

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)

<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 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  
MM / DD / YYYY  
06 / 21 / 2010

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  
MM / DD / YYYY  
06 / 21 / 2010

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  
MM / DD / YYYY  
06 / 28 / 2010

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 State Zip Code  
Bethlehem PA 18018-5754

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

Name of Employer Occupation  
Buckley Capital Management 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 State Zip Code  
Bethlehem PA 18018-5754

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

Name of Employer Occupation  
Buckley Capital Management 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 State Zip Code  
San Felipe TX 77473-0102

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

Name of Employer Occupation  
Self Employed 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)

<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)  
Sarah Cassidy

Mailing Address 2902 East Ave S

City State Zip Code  
La Crosse WI 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  
06 / 02 / 2010

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 State Zip Code  
Harrison Township MI 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  
06 / 04 / 2010

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 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 ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 01 / 2010

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  
MM / DD / YYYY  
06 / 15 / 2010

**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  
MM / DD / YYYY  
06 / 07 / 2010

**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  
MM / DD / YYYY  
05 / 26 / 2010

**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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	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 06 / 07 / 2010

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 06 / 21 / 2010

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 05 / 06 / 2010

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)

<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. 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

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

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

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

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

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

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 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 ▼ 781.00

Date of Receipt  
MM / DD / YYYY  
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 State Zip Code  
Los Altos CA 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  
MM / DD / YYYY  
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 State Zip Code  
Los Altos CA 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  
MM / DD / YYYY  
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 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 ▼ 404.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2010

**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 State Zip Code  
Sarasota FL 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  
MM / DD / YYYY  
05 / 07 / 2010

**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 State Zip Code  
Boynton Beach FL 33436-5145

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

Name of Employer Occupation  
Brown & Brown Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2010

**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)

<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 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  
MM / DD / YYYY  
06 / 16 / 2010

**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  
MM / DD / YYYY  
05 / 25 / 2010

**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  
MM / DD / YYYY  
06 / 29 / 2010

**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)

<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 C. Cowen

Mailing Address 2756 Indian Springs Rd

City State Zip Code  
Marianna FL 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 ▼ 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 State Zip Code  
Marianna FL 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 ▼ 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 State Zip Code  
Marianna FL 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 ▼ 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)

<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 C. Cowen

Mailing Address 2756 Indian Springs Rd

City State Zip Code  
Marianna FL 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  
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 State Zip Code  
West Lake Hills TX 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  
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 State Zip Code  
Lyle WA 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  
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 State Zip Code  
West Chester PA 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: 06 / 10 / 2010  
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 State Zip Code  
Marengo IL 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: 06 / 21 / 2010  
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 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 ▼ 300.00  
Date of Receipt: 06 / 21 / 2010  
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)  
 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)  
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  
MM / DD / YYYY  
06 / 29 / 2010

**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 Occupation  
Los Angeles Covent Health-care Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 26 / 2010

**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 Occupation  
Los Angeles Covent Health-care Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2010

**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)  
 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 Davis

Mailing Address 145 Village Rd

City State Zip Code  
Beech Mountain NC 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  
MM / DD / YYYY  
06 / 16 / 2010

**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 State Zip Code  
Chambersburg PA 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  
MM / DD / YYYY  
04 / 22 / 2010

**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 State Zip Code  
Chambersburg PA 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  
MM / DD / YYYY  
06 / 01 / 2010

**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 State Zip Code  
 Chambersburg PA 17202-7001  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 29 / 2010  
**Transaction ID:** SA11AI.16734  
 Amount of Each Receipt this Period  
 300.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 900.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Paul Decleva  
 Mailing Address 350 N Saint Paul St Ste 1625  
 City State Zip Code  
 Dallas TX 75201-4259  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 20 / 2010  
**Transaction ID:** SA11AI.17029  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 D. P. Consultants Self-Employed  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Paul Decleva  
 Mailing Address 350 N Saint Paul St Ste 1625  
 City State Zip Code  
 Dallas TX 75201-4259  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 08 / 2010  
**Transaction ID:** SA11AI.17030  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 D. P. Consultants Self-Employed  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 275.00

**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 State Zip Code  
 Pacific Palisades CA 90272-3239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Paralegal  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 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 State Zip Code  
 Greenville SC 29605-3277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired CFO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 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 State Zip Code  
 Saint Louis MO 63131-3834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 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: MM / DD / YYYY  
04 / 27 / 2010  
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 Occupation  
Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 235.00  
Date of Receipt: MM / DD / YYYY  
06 / 01 / 2010  
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 Occupation  
Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 415.00  
Date of Receipt: MM / DD / YYYY  
06 / 28 / 2010  
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 Santa Rosa Beach State FL Zip Code 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 06 / 28 / 2010  
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 Lancaster State PA Zip Code 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 06 / 29 / 2010  
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 Cottonwood State CA Zip Code 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 06 / 21 / 2010  
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: 05 / 10 / 2010  
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: 06 / 04 / 2010  
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 Occupation  
G/M Bos Int CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt: 06 / 29 / 2010  
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

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

NAME OF COMMITTEE (In Full)  
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  
MM / DD / YYYY  
05 / 26 / 2010

**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  
MM / DD / YYYY  
05 / 10 / 2010

**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  
MM / DD / YYYY  
04 / 26 / 2010

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 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. 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)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr Ernest V Fortin		Date of Receipt
	Mailing Address 4575 Highland Oaks Cir		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 7 / 2 0 1 0
	City	State	Zip Code
	Sarasota	FL	34235-5178
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer		Occupation	Transaction ID: SA11AI.16883
		Retired	
Receipt For:		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/>	<input type="text"/> 49.00
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 406.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr Ernest V Fortin		Date of Receipt
	Mailing Address 4575 Highland Oaks Cir		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 0 4 / 2 0 1 0
	City	State	Zip Code
	Sarasota	FL	34235-5178
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer		Occupation	Transaction ID: SA11AI.16881
		Retired	
Receipt For:		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/>	<input type="text"/> 49.00
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 455.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Patrick Franje		Date of Receipt
	Mailing Address 424 College Hill Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 6 / 2 0 1 0
	City	State	Zip Code
	Oskaloosa	IA	52577-1721
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Ohamwa Health Center		Occupation	Transaction ID: SA11AI.16841
		Social Work	
Receipt For:		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/>	<input type="text"/> 75.00
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 173.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 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. 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  
(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)  
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 06 / 07 / 2010  
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 06 / 01 / 2010  
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 06 / 07 / 2010  
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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 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)  
Miss Elaine M. Gadway

Mailing Address 215 Elm St Apt 7H

City State Zip Code  
Ellenburg NY 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  
MM / DD / YYYY  
06 / 29 / 2010

**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 State Zip Code  
Richmond VA 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  
MM / DD / YYYY  
06 / 04 / 2010

**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 State Zip Code  
Pittsburgh PA 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  
MM / DD / YYYY  
04 / 19 / 2010

**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 State Zip Code  
Kingston PA 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 State Zip Code  
Lewisburg WV 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 State Zip Code  
South Boston VA 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  
Detailed Summary Page

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 05 / 24 / 2010  
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 05 / 24 / 2010  
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 06 / 07 / 2010  
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

FOR LINE NUMBER: PAGE 44 / 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. 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 06 / 14 / 2010

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 05 / 12 / 2010

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 06 / 01 / 2010

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)

<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)  
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  
06 / 10 / 2010

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  
06 / 21 / 2010

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  
05 / 24 / 2010

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)

<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)  
Dr. Stephen P Gyland

Mailing Address 3366 Royal Palm Dr

City State Zip Code  
Jacksonville FL 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 State Zip Code  
Prescott AZ 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 State Zip Code  
Prescott AZ 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

FOR LINE NUMBER: PAGE 47 / 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. 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 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. Kimberly A. Henley

Mailing Address 619 Firethorn Dr

City State Zip Code  
Douglassville PA 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  
MM / DD / YYYY  
06 / 23 / 2010

**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 State Zip Code  
Albuquerque NM 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  
MM / DD / YYYY  
06 / 07 / 2010

**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 State Zip Code  
North Chatham MA 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  
MM / DD / YYYY  
06 / 11 / 2010

**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)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	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  
MM / DD / YYYY  
05 / 24 / 2010

**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  
MM / DD / YYYY  
06 / 03 / 2010

**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 Occupation  
Four Seasons Produce President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2010

**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 04 / 21 / 2010  
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 06 / 01 / 2010  
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 06 / 01 / 2010  
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 06 / 07 / 2010  
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 06 / 01 / 2010  
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 06 / 28 / 2010  
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 Occupation  
Insalaco Development Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2010

**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 Occupation  
pfizer/monsanto retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2010

**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  
MM / DD / YYYY  
04 / 09 / 2010

**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

FOR LINE NUMBER: PAGE 53 / 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. Noreen M. Janes

Mailing Address 301 Konawa PI

City	State	Zip Code
Loudon	TN	37774-2981

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

Name of Employer Information Requested	Occupation Information Requested
--	----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 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 Frances Johnson  
Mailing Address 3345 Valencia Ave  
City San Bernardino State CA Zip Code 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 05 / 07 / 2010  
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 Exton State PA Zip Code 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 06 / 01 / 2010  
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 Exton State PA Zip Code 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 06 / 10 / 2010  
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 Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 / 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Arnold M. Katz		Date of Receipt	
	Mailing Address 1270 Round Hill Rd		M M / D D / Y Y Y Y 04 / 07 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.16691
	Bryn Mawr	PA	19010-1950	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		5000.00	
Name of Employer Self		Occupation Insurance Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Joseph S Keelty		Date of Receipt	
	Mailing Address PO Box 134		M M / D D / Y Y Y Y 06 / 29 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.16715
	Stevenson	MD	21153-0134	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		2000.00	
Name of Employer		Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Kookkan Kim		Date of Receipt	
	Mailing Address 5438 N Lawrence St		M M / D D / Y Y Y Y 06 / 01 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.16749
	Philadelphia	PA	19120-2804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		376.00	
Name of Employer Self-Employed		Occupation Dentist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 752.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	7376.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	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  
MM / DD / YYYY  
06 / 25 / 2010

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  
MM / DD / YYYY  
05 / 28 / 2010

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  
MM / DD / YYYY  
06 / 01 / 2010

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

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

NAME OF COMMITTEE (In Full)  
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: MM / DD / YYYY  
05 / 28 / 2010  
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: MM / DD / YYYY  
06 / 28 / 2010  
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: MM / DD / YYYY  
06 / 29 / 2010  
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

FOR LINE NUMBER: PAGE 58 / 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 L Knoebel

Mailing Address 206 Knoebels Blvd

City State Zip Code  
Elysburg PA 17824-7125

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

Name of Employer Occupation  
H.H. Knoebel & Sons Owner/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2010

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 State Zip Code  
Mc Farland WI 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  
MM / DD / YYYY  
04 / 27 / 2010

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 State Zip Code  
Villanova PA 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  
MM / DD / YYYY  
06 / 25 / 2010

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)

<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. Edward Krause

Mailing Address 9066 McKendry Dr

City Saline State MI Zip Code 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 04 / 08 / 2010

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 Minneapolis State MN Zip Code 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 06 / 28 / 2010

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 Ellicott City State MD Zip Code 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 06 / 28 / 2010

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)

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

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NAME OF COMMITTEE (In Full)  
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 05 / 24 / 2010

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 04 / 28 / 2010

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 05 / 28 / 2010

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

FOR LINE NUMBER: PAGE 61 / 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 E. Lee

Mailing Address PO Box 40035

City State Zip Code  
Tucson AZ 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  
MM / DD / YYYY  
06 / 28 / 2010

**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 State Zip Code  
Patton PA 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  
MM / DD / YYYY  
06 / 16 / 2010

**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 State Zip Code  
Burleson TX 76028-1742

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

Name of Employer Occupation  
Self Rancher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2010

**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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	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 State Zip Code  
Eagle Creek OR 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  
MM / DD / YYYY  
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 State Zip Code  
Richmond VA 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  
MM / DD / YYYY  
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 State Zip Code  
Cherry Log GA 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  
MM / DD / YYYY  
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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 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 T Mason

Mailing Address 56 Little Creek Dr

City State Zip Code  
Cherry Log GA 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  
MM / DD / YYYY  
06 / 01 / 2010

**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 State Zip Code  
Cherry Log GA 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  
MM / DD / YYYY  
06 / 16 / 2010

**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 State Zip Code  
Captiva FL 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  
MM / DD / YYYY  
05 / 24 / 2010

**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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 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 Judith A Mershon

Mailing Address 2821 Colorado Ave Apt 6

City State Zip Code  
Santa Monica CA 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  
MM / DD / YYYY  
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 State Zip Code  
Agawam MA 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  
MM / DD / YYYY  
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 State Zip Code  
West Pittston PA 18643-8643

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

Name of Employer Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

NAME OF COMMITTEE (In Full)  
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: 05 / 26 / 2010

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: 04 / 29 / 2010

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: 04 / 06 / 2010

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)  
 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. Miller

Mailing Address 2917 Cliff Dr

City State Zip Code  
Fort Smith AR 72901-7710

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

Name of Employer Robert E. Miller Investments  
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 State Zip Code  
Shreveport LA 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 State Zip Code  
Shreveport LA 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 Luttrell State TN Zip Code 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 MM / DD / YYYY 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 Carpinteria State CA Zip Code 93013-1117  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation Rancher  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt MM / DD / YYYY 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 McKinney State TX Zip Code 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 MM / DD / YYYY 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)

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

**A.**

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

Mailing Address 6761 Vallon Dr

City Rancho Palos Verde State CA Zip Code 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 04 / 09 / 2010

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 Wall Township State NJ Zip Code 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 06 / 28 / 2010

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 Chesterfield State MO Zip Code 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 06 / 04 / 2010

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)

<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. John A Musil

Mailing Address 521 E Moneta Ave

City Peoria Heights State IL Zip Code 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 06 / 29 / 2010

**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 Sweet Home State OR Zip Code 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 06 / 29 / 2010

**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 Allen State TX Zip Code 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 06 / 29 / 2010

**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 05 / 10 / 2010  
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 06 / 01 / 2010  
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 06 / 21 / 2010  
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 State Zip Code  
Nampa ID 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  
06 / 25 / 2010

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 State Zip Code  
Bakersfield CA 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  
06 / 29 / 2010

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 State Zip Code  
Lakeway TX 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  
06 / 01 / 2010

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: (check only one)	PAGE 72 / 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Ray P Olden, Jr.		Date of Receipt	
	Mailing Address 702 Thora Blvd		M M / D D / Y Y Y Y 04 / 27 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.16728
	Shreveport	LA	71106-1824	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer Information Requested		Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1000.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dorothy M Olson		Date of Receipt	
	Mailing Address 3730 Pennsylvania Ave Apt 104		M M / D D / Y Y Y Y 04 / 22 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.16803
	Dubuque	IA	52002-3784	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		251.00	
Name of Employer		Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		552.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Edith P Palmer		Date of Receipt	
	Mailing Address 282 Laroe Rd		M M / D D / Y Y Y Y 06 / 01 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.16710
	Chester	NY	10918-2435	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		750.00	
Name of Employer		Occupation Housewife		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		2250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2001.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 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  
MM / DD / YYYY  
06 / 29 / 2010

**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  
MM / DD / YYYY  
06 / 21 / 2010

**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 Occupation  
Self Employed Petroleum Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2010

**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  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 202.00

Date of Receipt 05 / 28 / 2010

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 Occupation Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 08 / 2010

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  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 562.00

Date of Receipt 06 / 02 / 2010

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 06 / 18 / 2010  
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 04 / 23 / 2010  
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 06 / 15 / 2010  
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)

<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)

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 Occupation  
Self 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)

<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. William B Rice

Mailing Address 6910 Hopeful Rd Apt 2112

City State Zip Code  
Florence KY 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 State Zip Code  
Norwalk CT 06853-1304

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

Name of Employer Occupation  
Self-Employed 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 State Zip Code  
Duxbury MA 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)

<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 Lulu B. Robbins

Mailing Address RR 1 Box 185

City

Rome

State

PA

Zip Code

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

Rome

State

PA

Zip Code

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

Rome

State

PA

Zip Code

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)

<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 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 Occupation  
Perry-Sink Nursery Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2010

**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 Occupation  
Perry-Sink Nursery Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
MM / DD / YYYY  
06 / 21 / 2010

**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 Occupation  
Perry-Sink Nursery Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 332.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2010

**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)

<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 G Robertson

Mailing Address 10510 Clipper Dr

City State Zip Code  
Fairfax Station VA 22039-1918

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

Name of Employer Occupation  
CSC Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2010

**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 State Zip Code  
Fargo ND 58104-7597

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2010

**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 State Zip Code  
Lansdale PA 19446-6231

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 26 / 2010

**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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. William L. Rosenberger		Date of Receipt MM / DD / YYYY 06 / 01 / 2010		
	Mailing Address 753 Spring Ln		<b>Transaction ID:</b> SA11AI.16753		
	City Lansdale	State PA	Zip Code 19446-6231	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Retired	Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr Burton W Rounds		Date of Receipt MM / DD / YYYY 05 / 28 / 2010		
	Mailing Address 122 96th Ave W		<b>Transaction ID:</b> SA11AI.16966		
	City Duluth	State MN	Zip Code 55808-2105	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr Burton W Rounds		Date of Receipt MM / DD / YYYY 06 / 29 / 2010		
	Mailing Address 122 96th Ave W		<b>Transaction ID:</b> SA11AI.16965		
	City Duluth	State MN	Zip Code 55808-2105	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 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

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

NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Patricia Rumely

Mailing Address 12 Long Way

City State Zip Code  
Hopewell NJ 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

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

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 State Zip Code  
Grenville NM 88424-7513

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

Name of Employer Occupation  
Self Employed Rancher

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 3 / 2 0 1 0

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 State Zip Code  
La Vista NE 68128-5729

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

Name of Employer Occupation  
Streck Laboratories CEO

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.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

FOR LINE NUMBER: PAGE 83 / 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 Nancy S Sampson  
 Mailing Address 9614 Parkwood Ct  
 City State Zip Code  
 Fort Myers FL 33908-2861  
 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  
 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

**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  
 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  
 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

**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  
 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  
 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

**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)

<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. 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  
MM / DD / YYYY  
05 / 12 / 2010

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  
MM / DD / YYYY  
05 / 28 / 2010

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  
MM / DD / YYYY  
06 / 01 / 2010

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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 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 ▼ 2374.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2010

**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  
MM / DD / YYYY  
06 / 14 / 2010

**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  
MM / DD / YYYY  
06 / 25 / 2010

**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)

<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. Fred A. Schmitz

Mailing Address 410 3rd Ave SW Apt 207

City State Zip Code  
Sidney MT 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

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

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 State Zip Code  
Tucson AZ 85730-1660

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

Name of Employer Information Requested Occupation Information Requested  
Trul Nolen Of America, IN-C TFCH Writer

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 / 1 6 / 2 0 1 0

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 State Zip Code  
Santa Monica CA 90401-0401

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

Name of Employer Information Requested Occupation Information Requested  
SGL CEO

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.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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 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)  
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  
MM / DD / YYYY  
05 / 21 / 2010

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  
MM / DD / YYYY  
06 / 09 / 2010

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  
MM / DD / YYYY  
06 / 01 / 2010

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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 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)  
Sylvia Janet Shiller  
Mailing Address 6 Canterbury Ct  
City Easton State PA Zip Code 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 04 / 27 / 2010  
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 Easton State PA Zip Code 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 05 / 03 / 2010  
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 Easton State PA Zip Code 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 06 / 09 / 2010  
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

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

FOR LINE NUMBER: PAGE 89 / 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
							17

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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  
MM / DD / YYYY  
06 / 21 / 2010

**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  
MM / DD / YYYY  
06 / 21 / 2010

**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  
MM / DD / YYYY  
06 / 28 / 2010

**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

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

FOR LINE NUMBER: PAGE 90 / 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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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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 State Zip Code  
Charlottesville VA 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  
MM / DD / YYYY  
05 / 20 / 2010

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 State Zip Code  
Whiting NJ 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  
MM / DD / YYYY  
06 / 29 / 2010

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 State Zip Code  
Mission TX 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  
MM / DD / YYYY  
06 / 29 / 2010

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 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. 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: MM / DD / YYYY  
04 / 27 / 2010

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 Investments Occupation Property Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: MM / DD / YYYY  
05 / 18 / 2010

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 Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 442.00

Date of Receipt: MM / DD / YYYY  
04 / 26 / 2010

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**

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

FOR LINE NUMBER: PAGE 92 / 175  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
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  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 556.00

Date of Receipt 06 / 01 / 2010  
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  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 670.00

Date of Receipt 06 / 29 / 2010  
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  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 254.00

Date of Receipt 04 / 09 / 2010  
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

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

FOR LINE NUMBER: PAGE 93 / 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. 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 Occupation  
Self Employed Farmer / Livestock

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 662.00

Date of Receipt  
MM / DD / YYYY  
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 Strawnski

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 Occupation  
New York Life Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 628.00

Date of Receipt  
MM / DD / YYYY  
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 Occupation  
Eric Strayer Company Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
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**

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

FOR LINE NUMBER: PAGE 94 / 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 Sunderland

Mailing Address 953 Pyrite Ave

City Henderson State NV Zip Code 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  
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 Henderson State NV Zip Code 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  
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 Henderson State NV Zip Code 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  
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

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

FOR LINE NUMBER: PAGE 95 / 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)  
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 Occupation  
John Templeton Foundation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2010

**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  
MM / DD / YYYY  
06 / 11 / 2010

**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  
MM / DD / YYYY  
05 / 10 / 2010

**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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 96 / 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr & Mrs Terry G Tibeau		Date of Receipt
	Mailing Address 16 197th Avenue Ct E		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 04 / 2010
	City	State	Zip Code
	Lake Tapps	WA	98391-9375
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.17120
		Amount of Each Receipt this Period	<input type="text"/> 50.00
Name of Employer Information Requested		Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 225.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Robert S. Troth		Date of Receipt
	Mailing Address 3003 Gulf Shore Blvd N Apt 301		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 01 / 2010
	City	State	Zip Code
	Naples	FL	34103-3912
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.17087
		Amount of Each Receipt this Period	<input type="text"/> 250.00
Name of Employer		Occupation	
Retired		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Martha H Turney		Date of Receipt
	Mailing Address 1361 E Boot Rd # 265		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 01 / 2010
	City	State	Zip Code
	West Chester	PA	19380-5988
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.17323
		Amount of Each Receipt this Period	<input type="text"/> 40.00
Name of Employer		Occupation	
Retired		Aggregate Year-to-Date ▼	<input type="text"/> 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 340.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 97 / 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. Martha H Turney  
Mailing Address 1361 E Boot Rd # 265

City State Zip Code  
West Chester PA 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  
M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

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 State Zip Code  
Allendale NJ 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  
M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

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 State Zip Code  
Scranton PA 18505-8505

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

Name of Employer Occupation  
New York Life Insurance Agent

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 5 / 2 4 / 2 0 1 0

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 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. 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 Occupation  
med imoyvae Engr Mgr

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 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
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**SUBTOTAL** of Receipts This Page (optional) ..... ►

425.00
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**TOTAL** This Period (last page this line number only) ..... ►

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 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 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  
MM / DD / YYYY  
06 / 25 / 2010

**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  
MM / DD / YYYY  
06 / 28 / 2010

**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  
MM / DD / YYYY  
05 / 13 / 2010

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 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. 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  
06 / 01 / 2010  
**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  
06 / 29 / 2010  
**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  
06 / 21 / 2010  
**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 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 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**

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

FOR LINE NUMBER: PAGE 102 / 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 Jopsephine E Wood

Mailing Address 1400 Enterprise Dr Apt 330

City State Zip Code  
Lynchburg VA 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  
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 State Zip Code  
Lynchburg VA 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  
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 State Zip Code  
St. Augustine FL 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  
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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 103 / 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Frank M Zielinski	Date of Receipt MM / DD / YYYY 04 / 15 / 2010
	Mailing Address 126 E Wing St Apt 211	<b>Transaction ID:</b> SA11AI.16809
	City State Zip Code Arlington Heights IL 60004-6064	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Barnaby's of Northbrook Occupation Restaurant Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Frank M Zielinski	Date of Receipt MM / DD / YYYY 04 / 26 / 2010
	Mailing Address 126 E Wing St Apt 211	<b>Transaction ID:</b> SA11AI.16812
	City State Zip Code Arlington Heights IL 60004-6064	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Barnaby's of Northbrook Occupation Restaurant Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Frank M Zielinski	Date of Receipt MM / DD / YYYY 05 / 12 / 2010
	Mailing Address 126 E Wing St Apt 211	<b>Transaction ID:</b> SA11AI.16810
	City State Zip Code Arlington Heights IL 60004-6064	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Barnaby's of Northbrook Occupation Restaurant Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

**A.**

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

Mailing Address 126 E Wing St Apt 211

City State Zip Code  
Arlington Heights IL 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  
MM / DD / YYYY  
05 / 26 / 2010

**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 State Zip Code  
Arlington Heights IL 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  
MM / DD / YYYY  
06 / 09 / 2010

**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 State Zip Code  
Arlington Heights IL 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  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** SA11AI.16813

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>125.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>112106.00</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 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)  
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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	500.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 175  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
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
---------

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

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

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

FOR LINE NUMBER: PAGE 107 / 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)  
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**

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

FOR LINE NUMBER: PAGE 108 / 175

(check only one)

<input 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 checked="" type="checkbox"/> 17

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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 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 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 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 175  
(check only one)

<input 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 checked="" type="checkbox"/> 17

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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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1260.99
<b>TOTAL</b> 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)

PAGE 110 / 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

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

NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

<b>A.</b> Full Name (Last, First, Middle Initial) Advanced Mailing Sevices Mailing Address 14970 Farm Creek Drive City Woodbridge State VA Zip Code 22191 Purpose of Disbursement Direct Mail Costs - Printing/Mailshop Candidate Name	Transaction ID: SB21B.31867 Date of Disbursement 05 / 06 / 2010
	Amount of Each Disbursement this Period 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) ▼	Category/Type

<b>B.</b> 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	Transaction ID: SB21B.31754 Date of Disbursement 04 / 01 / 2010
	Amount of Each Disbursement this Period 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) ▼	Category/Type

<b>C.</b> 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	Transaction ID: SB21B.31755 Date of Disbursement 04 / 05 / 2010
	Amount of Each Disbursement this Period 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) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	163.43
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Merchant Credit Card 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><b>Transaction ID:</b> SB21B.31794</p> <p>Date of Disbursement 05 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 202.31</p> <p>Category/Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Merchant Credit Card 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><b>Transaction ID:</b> SB21B.31796</p> <p>Date of Disbursement 06 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 4.95</p> <p>Category/Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Merchant Credit Card 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><b>Transaction ID:</b> SB21B.31799</p> <p>Date of Disbursement 06 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 214.82</p> <p>Category/Type</p>

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Merchant Credit Card 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><b>Transaction ID:</b> SB21B.31823</p> <p>Date of Disbursement 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 196.62</p> <p>Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) American Heritage Credit Union</p> <p>Mailing Address P.O. Box 67001</p> <p>City Harrisburg State PA Zip Code 17106-7001</p> <p>Purpose of Disbursement Credit Card Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31765</p> <p>Date of Disbursement 04 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 7032.39</p> <p>Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address 4255 Amon Carter Blvd. MD 2400</p> <p>City Fort Worth State TX Zip Code 76155</p> <p>Purpose of Disbursement Travel Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31765.1</p> <p>Date of Disbursement 04 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 949.80</p> <p><b>[MEMO ITEM]</b></p>

**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)

PAGE 113 / 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) United Airlines	Transaction ID: SB21B.31765.2 Date of Disbursement 04 / 22 / 2010
	Mailing Address 77 West Wacker Drive	Amount of Each Disbursement this Period 249.70
	City Chicago State IL Zip Code 60601	
	Purpose of Disbursement Travel Expenses	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B.31765.3 Date of Disbursement 04 / 22 / 2010
	Mailing Address 4255 Amon Carter Blvd. MD 2400	Amount of Each Disbursement this Period 407.70
	City Fort Worth State TX Zip Code 76155	
	Purpose of Disbursement Travel Expenses	[MEMO ITEM]
	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) ▼

C.	Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.31765.5 Date of Disbursement 04 / 22 / 2010
	Mailing Address 30th and Market St, Fl. 5	Amount of Each Disbursement this Period 209.00
	City Philadelphia State PA Zip Code 19102	
	Purpose of Disbursement Travel Expenses	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

<input 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	<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expenses	<input type="text" value="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) ▼
		[MEMO ITEM]

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	<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expenses	<input type="text" value="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) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.31765.9 Date of Disbursement
	Mailing Address 77 West Wacker Drive	<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expenses	<input type="text" value="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) ▼
		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 115 / 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)  
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

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.31765.10  
Date of Disbursement

04 / 22 / 2010

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

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.31765.11  
Date of Disbursement

04 / 22 / 2010

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

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.31765.12  
Date of Disbursement

04 / 22 / 2010

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)

PAGE 116 / 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) US Airways	Transaction ID: SB21B.31765.14 Date of Disbursement 04 / 22 / 2010
	Mailing Address 3311 Airport Rd	Amount of Each Disbursement this Period 224.40
	City Allentown State PA Zip Code 18109	
	Purpose of Disbursement Travel Expenses	Category/ Type
	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) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.31765.15 Date of Disbursement 04 / 22 / 2010
	Mailing Address 77 West Wacker Drive	Amount of Each Disbursement this Period 300.40
	City Chicago State IL Zip Code 60601	
	Purpose of Disbursement Travel Expenses	Category/ Type
	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) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.31765.17 Date of Disbursement 04 / 22 / 2010
	Mailing Address 77 West Wacker Drive	Amount of Each Disbursement this Period 409.70
	City Chicago State IL Zip Code 60601	
	Purpose of Disbursement Travel Expenses	Category/ Type
	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) ▼
		[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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<input 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.31765.18 Date of Disbursement 04 / 22 / 2010
	Mailing Address 30th and Market St, Fl. 5	Amount of Each Disbursement this Period 232.00
	City Philadelphia State PA Zip Code 19102	
	Purpose of Disbursement Travel Expenses	[MEMO ITEM]
	Candidate Name	
	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) United Airlines	Transaction ID: SB21B.31765.21 Date of Disbursement 04 / 22 / 2010
	Mailing Address 77 West Wacker Drive	Amount of Each Disbursement this Period 381.70
	City Chicago State IL Zip Code 60601	
	Purpose of Disbursement Travel Expenses	[MEMO ITEM]
	Candidate Name	
	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) US Airways	Transaction ID: SB21B.31765.24 Date of Disbursement 04 / 22 / 2010
	Mailing Address 3311 Airport Rd	Amount of Each Disbursement this Period 413.70
	City Allentown State PA Zip Code 18109	
	Purpose of Disbursement Travel Expenses	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

<input 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.31765.26 Date of Disbursement
	Mailing Address 77 West Wacker Drive	<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expenses	<input type="text" value="972.40"/>
	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) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: SB21B.31765.29 Date of Disbursement
	Mailing Address 11816 Spectrum Center	<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Reston State VA Zip Code 20190	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supplies	<input type="text" value="215.49"/>
	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) American Heritage Credit Union	Transaction ID: SB21B.31766 Date of Disbursement
	Mailing Address P.O. Box 67001	<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Harrisburg State PA Zip Code 17106-7001	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Payment	<input type="text" value="26.55"/>
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="26.55"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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<input 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	Transaction ID: SB21B.31779 Date of Disbursement																			
	Mailing Address P.O. Box 67001	<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
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	8		2	0	1	0												
	City Harrisburg State PA Zip Code 17106-7001	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Payment	<table border="1"><tr><td>24.02</td></tr></table>	24.02																		
24.02																					
	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) American Heritage Credit Union	Transaction ID: SB21B.31780 Date of Disbursement																			
	Mailing Address P.O. Box 67001	<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
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	8		2	0	1	0												
	City Harrisburg State PA Zip Code 17106-7001	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Payment	<table border="1"><tr><td>3834.14</td></tr></table>	3834.14																		
3834.14																					
	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) Amtrak	Transaction ID: SB21B.31780.0 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
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>46.00</td></tr></table>	46.00																		
46.00																					
	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) ▼																			

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>3858.16</td></tr></table>	3858.16
3858.16		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

PAGE 120 / 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

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

NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.31780.1 Date of Disbursement 05 / 18 / 2010
	Mailing Address 77 West Wacker Drive	Amount of Each Disbursement this Period 740.41
	City Chicago State IL Zip Code 60601	
	Purpose of Disbursement Travel Expenses	[MEMO ITEM]
	Candidate Name	
	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) United Airlines	Transaction ID: SB21B.31780.3 Date of Disbursement 05 / 18 / 2010
	Mailing Address 77 West Wacker Drive	Amount of Each Disbursement this Period 759.40
	City Chicago State IL Zip Code 60601	
	Purpose of Disbursement Travel Expenses	[MEMO ITEM]
	Candidate Name	
	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) Delta Airlines	Transaction ID: SB21B.31780.7 Date of Disbursement 05 / 18 / 2010
	Mailing Address P.O. Box 20706	Amount of Each Disbursement this Period 74.70
	City Atlanta State GA Zip Code 30320	
	Purpose of Disbursement Travel Expenses	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 121 / 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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 3311 Airport Rd</p> <p>City Allentown State PA Zip Code 18109</p> <p>Purpose of Disbursement Travel Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31780.8</p> <p>Date of Disbursement 05 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 774.10</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address P.O. Box 20706</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement Travel Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31780.10</p> <p>Date of Disbursement 05 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 240.70</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Wyndham Hotels</p> <p>Mailing Address 1910 8th Ave NE</p> <p>City Aberdeen State SD Zip Code 57401</p> <p>Purpose of Disbursement Travel Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31780.12</p> <p>Date of Disbursement 05 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 215.57</p> <p><b>[MEMO ITEM]</b></p>

**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)

<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 05 / 18 / 2010
	Mailing Address 30th and Market St, Fl. 5	Amount of Each Disbursement this Period 88.00
	City Philadelphia State PA Zip Code 19102	
	Purpose of Disbursement Travel Expenses	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.31780.14 Date of Disbursement 05 / 18 / 2010
	Mailing Address 30th and Market St, Fl. 5	Amount of Each Disbursement this Period 264.00
	City Philadelphia State PA Zip Code 19102	
	Purpose of Disbursement Travel Expenses	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Hilton Hotels	Transaction ID: SB21B.31780.15 Date of Disbursement 05 / 18 / 2010
	Mailing Address 7930 Jones Branch Drive Suite 1100	Amount of Each Disbursement this Period 80.00
	City McLean State VA Zip Code 22102	
	Purpose of Disbursement Travel Expenses	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 123 / 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)  
American Heritage Credit Union

Transaction ID: SB21B.31801  
Date of Disbursement

Mailing Address P.O. Box 67001

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

City Harrisburg State PA Zip Code 17106-7001

Amount of Each Disbursement this Period

3641.55
---------

Purpose of Disbursement  
Credit Card Payment

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

Candidate Name

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

B.

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

Transaction ID: SB21B.31801.0  
Date of Disbursement

Mailing Address 77 West Wacker Drive

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

City Chicago State IL Zip Code 60601

Amount of Each Disbursement this Period

597.70
--------

Purpose of Disbursement  
Travel Expenses

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

Candidate Name

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

[MEMO ITEM]

C.

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

Transaction ID: SB21B.31801.1  
Date of Disbursement

Mailing Address 77 West Wacker Drive

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

City Chicago State IL Zip Code 60601

Amount of Each Disbursement this Period

309.70
--------

Purpose of Disbursement  
Travel Expenses

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

Candidate Name

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

[MEMO ITEM]

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

3641.55
---------

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

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.31801.2

Date of Disbursement

06 / 16 / 2010

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

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.31801.3

Date of Disbursement

06 / 16 / 2010

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

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.31801.5

Date of Disbursement

06 / 16 / 2010

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)

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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) Delta Airlines	Transaction ID: SB21B.31801.6 Date of Disbursement 06 / 16 / 2010
	Mailing Address P.O. Box 20706	Amount of Each Disbursement this Period 464.40
	City Atlanta State GA Zip Code 30320	
	Purpose of Disbursement Travel Expenses	[MEMO ITEM]
	Candidate Name	
	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) United Airlines	Transaction ID: SB21B.31801.7 Date of Disbursement 06 / 16 / 2010
	Mailing Address 77 West Wacker Drive	Amount of Each Disbursement this Period 326.70
	City Chicago State IL Zip Code 60601	
	Purpose of Disbursement Travel Expenses	[MEMO ITEM]
	Candidate Name	
	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) United Airlines	Transaction ID: SB21B.31801.8 Date of Disbursement 06 / 16 / 2010
	Mailing Address 77 West Wacker Drive	Amount of Each Disbursement this Period 59.95
	City Chicago State IL Zip Code 60601	
	Purpose of Disbursement Travel Expenses	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 126 / 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) Travelocity.com	Transaction ID: SB21B.31801.9 Date of Disbursement 06 / 16 / 2010
	Mailing Address 11603 Crosswinds Way, Suite 125	Amount of Each Disbursement this Period 19.95
	City San Antonio State TX Zip Code 78233	
	Purpose of Disbursement Travel Expenses	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) American Heritage Credit Union	Transaction ID: SB21B.31802 Date of Disbursement 06 / 16 / 2010
	Mailing Address P.O. Box 67001	Amount of Each Disbursement this Period 24.36
	City Harrisburg State PA Zip Code 17106-7001	
	Purpose of Disbursement Credit Card Payment	[MEMO ITEM]
	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) ▼	

C.	Full Name (Last, First, Middle Initial) Barna Advisory Services, PC	Transaction ID: SB21B.31753 Date of Disbursement 04 / 01 / 2010
	Mailing Address 270 S. Woodmont Drive	Amount of Each Disbursement this Period 2500.00
	City Downingtown State PA Zip Code 19335	
	Purpose of Disbursement Accounting Fees	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2524.36
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 127 / 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)  
Barna Advisory Services, PC

Transaction ID: SB21B.31774  
Date of Disbursement

Mailing Address 270 S. Woodmont Drive

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

City State Zip Code  
Downingtown PA 19335

Amount of Each Disbursement this Period

Purpose of Disbursement  
Accounting Fees  
Candidate Name

Category/  
Type

2500.00
---------

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

B.

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

Transaction ID: SB21B.31797  
Date of Disbursement

Mailing Address 270 S. Woodmont Drive

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

City State Zip Code  
Downingtown PA 19335

Amount of Each Disbursement this Period

Purpose of Disbursement  
Accounting Fees  
Candidate Name

Category/  
Type

2500.00
---------

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

C.

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

Transaction ID: SB21B.31818  
Date of Disbursement

Mailing Address 270 S. Woodmont Drive

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

City State Zip Code  
Downingtown PA 19335

Amount of Each Disbursement this Period

Purpose of Disbursement  
Accounting Fees  
Candidate Name

Category/  
Type

2500.00
---------

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

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

7500.00
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TOTAL This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

<input 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.31844
	Mailing Address PO Box 200	Date of Disbursement 04 / 12 / 2010
	City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period 341.45
	Purpose of Disbursement Bank Service Charges	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21B.31846
	Mailing Address PO Box 200	Date of Disbursement 04 / 15 / 2010
	City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Bank Service Charges	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21B.31848
	Mailing Address PO Box 200	Date of Disbursement 04 / 20 / 2010
	City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Bank Service Charges	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>381.45</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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

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

NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

A.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21B.31879
	Mailing Address PO Box 200	Date of Disbursement 05 / 12 / 2010
	City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period 305.23
	Purpose of Disbursement Bank Service Charges	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21B.31881
	Mailing Address PO Box 200	Date of Disbursement 05 / 14 / 2010
	City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Bank Service Charges	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21B.31897
	Mailing Address PO Box 200	Date of Disbursement 06 / 03 / 2010
	City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Bank Service Charges	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>345.23</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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
	Mailing Address PO Box 200	Date of Disbursement 06 / 15 / 2010
	City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Bank Service Charges	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21B.31907
	Mailing Address PO Box 200	Date of Disbursement 06 / 16 / 2010
	City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Bank Service Charges	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Matt Beynon	Transaction ID: SB21B.31757
	Mailing Address 1747 Pennsylvania Ave, NW Suite 1200	Date of Disbursement 04 / 22 / 2010
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement PAC Staff Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2040.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<input 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	Transaction ID: SB21B.31758 Date of Disbursement 04 / 22 / 2010
	Mailing Address 1747 Pennsylvania Ave, NW Suite 1200	Amount of Each Disbursement this Period 235.99
	City Washington State DC Zip Code 20006	
	Purpose of Disbursement Exp Reimb - Travel, Parking, Printing	
	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) Fedex Kinkos	Transaction ID: SB21B.31758.0 Date of Disbursement 04 / 22 / 2010
	Mailing Address 942 South Shady Grove Road	Amount of Each Disbursement this Period 103.75
	City Memphis State TN Zip Code 38120	
	Purpose of Disbursement Printing & Reproduction	
	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) Matt Beynon	Transaction ID: SB21B.31790 Date of Disbursement 05 / 18 / 2010
	Mailing Address 1747 Pennsylvania Ave, NW Suite 1200	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20006	
	Purpose of Disbursement PAC Staff Fees	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2235.99
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

<input 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	Transaction ID: SB21B.31806 Date of Disbursement 06 / 16 / 2010
	Mailing Address 1747 Pennsylvania Ave, NW Suite 1200	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20006	
	Purpose of Disbursement PAC Staff Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Matt Beynon	Transaction ID: SB21B.31819 Date of Disbursement 06 / 29 / 2010
	Mailing Address 1747 Pennsylvania Ave, NW Suite 1200	Amount of Each Disbursement this Period 132.08
	City Washington State DC Zip Code 20006	
	Purpose of Disbursement Expense Reimb - Travel & Printing	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Fedex Kinkos	Transaction ID: SB21B.31819.0 Date of Disbursement 06 / 29 / 2010
	Mailing Address 942 South Shady Grove Road	Amount of Each Disbursement this Period 19.80
	City Memphis State TN Zip Code 38120	
	Purpose of Disbursement Printing & Reproduction	Category/ Type
	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) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2132.08
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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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	<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Memphis State TN Zip Code 38120	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing & Reproduction	<input type="text" value="30.16"/>
	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) Fedex Kinkos	Transaction ID: SB21B.31819.2 Date of Disbursement
	Mailing Address 942 South Shady Grove Road	<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Memphis State TN Zip Code 38120	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing & Reproduction	<input type="text" value="19.97"/>
	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) BigEye Direct, Inc.	Transaction ID: SB21B.31833 Date of Disbursement
	Mailing Address 13860 Redskin Drive	<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Costs - Postage	<input type="text" value="1902.63"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1902.63"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

<input 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 04 / 07 / 2010
	Mailing Address 13860 Redskin Drive	Amount of Each Disbursement this Period 4671.33
	City Herndon State VA Zip Code 20171	
	Purpose of Disbursement Direct Mail Costs - Postage	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.31851 Date of Disbursement 04 / 28 / 2010
	Mailing Address 13860 Redskin Drive	Amount of Each Disbursement this Period 2086.65
	City Herndon State VA Zip Code 20171	
	Purpose of Disbursement Direct Mail Costs - Postage	Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.31854 Date of Disbursement 04 / 29 / 2010
	Mailing Address 13860 Redskin Drive	Amount of Each Disbursement this Period 4505.65
	City Herndon State VA Zip Code 20171	
	Purpose of Disbursement Direct Mail Costs - Printing	Category/Type
	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) ▼

**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)

<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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) BigEye Direct, Inc.</p> <p>Mailing Address 13860 Redskin Drive</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><b>Transaction ID:</b> SB21B.31865</p> <p>Date of Disbursement 05 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 1522.29</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) BigEye Direct, Inc.</p> <p>Mailing Address 13860 Redskin Drive</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><b>Transaction ID:</b> SB21B.31866</p> <p>Date of Disbursement 05 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 730.64</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) BigEye Direct, Inc.</p> <p>Mailing Address 13860 Redskin Drive</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><b>Transaction ID:</b> SB21B.31877</p> <p>Date of Disbursement 05 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 934.89</p>

**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)

<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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) BigEye Direct, Inc.</p> <p>Mailing Address 13860 Redskin Drive</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><b>Transaction ID:</b> SB21B.31878</p> <p>Date of Disbursement 05 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 119.43</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) BigEye Direct, Inc.</p> <p>Mailing Address 13860 Redskin Drive</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Costs - Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31895</p> <p>Date of Disbursement 06 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 908.98</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) BigEye Direct, Inc.</p> <p>Mailing Address 13860 Redskin Drive</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Costs - Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31896</p> <p>Date of Disbursement 06 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 2807.52</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3835.93</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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. Mailing Address 13860 Redskin Drive City Herndon State VA Zip Code 20171 Purpose of Disbursement Direct Mail Costs - Postage 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.31898 Date of Disbursement 06 / 09 / 2010	Amount of Each Disbursement this Period 6916.05
B.	Full Name (Last, First, Middle Initial) BigEye Direct, Inc. Mailing Address 13860 Redskin Drive City Herndon State VA Zip Code 20171 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.31908 Date of Disbursement 06 / 17 / 2010	Amount of Each Disbursement this Period 2257.50
C.	Full Name (Last, First, Middle Initial) BigEye Direct, Inc. Mailing Address 13860 Redskin Drive City Herndon State VA Zip Code 20171 Purpose of Disbursement Direct Mail Costs - Postage 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.31912 Date of Disbursement 06 / 21 / 2010	Amount of Each Disbursement this Period 781.50

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9955.05
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input 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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) BigEye Direct, Inc.</p> <p>Mailing Address 13860 Redskin Drive</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><b>Transaction ID:</b> SB21B.31924</p> <p>Date of Disbursement 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 4331.55</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) BigEye Direct, Inc.</p> <p>Mailing Address 13860 Redskin Drive</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><b>Transaction ID:</b> SB21B.31925</p> <p>Date of Disbursement 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 614.28</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Big Fish, A Design Ptrship, Inc.</p> <p>Mailing Address 405 8th Street, SE Suite 200</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Website Design &amp; Maintenance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31814</p> <p>Date of Disbursement 06 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p>

**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)

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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

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

NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company</p> <p>Mailing Address 801 Lancaster Avenue</p> <p>City Bryn Mawr State PA Zip Code 19010</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31756</p> <p>Date of Disbursement 04 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 80.07</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company</p> <p>Mailing Address 801 Lancaster Avenue</p> <p>City Bryn Mawr State PA Zip Code 19010</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31777</p> <p>Date of Disbursement 04 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 75.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company</p> <p>Mailing Address 801 Lancaster Avenue</p> <p>City Bryn Mawr State PA Zip Code 19010</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31778</p> <p>Date of Disbursement 05 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 78.43</p>

**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 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)  
Bryn Mawr Trust Company

Transaction ID: SB21B.31795  
Date of Disbursement

Mailing Address 801 Lancaster Avenue

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

75.00
-------

Purpose of Disbursement  
Bank Service Charges

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Bryn Mawr Trust Company

Transaction ID: SB21B.31798  
Date of Disbursement

Mailing Address 801 Lancaster Avenue

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

67.07
-------

Purpose of Disbursement  
Bank Service Charges

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Bryn Mawr Trust Company

Transaction ID: SB21B.31824  
Date of Disbursement

Mailing Address 801 Lancaster Avenue

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

75.00
-------

Purpose of Disbursement  
Bank Service Charges

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

217.07
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**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER:  
(check only one)

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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	Transaction ID: SB21B.31868 Date of Disbursement 05 / 06 / 2010
	Mailing Address P.O. Box 18160	
	City Merrifield State VA Zip Code 22118-0160	Amount of Each Disbursement this Period 5060.07
	Purpose of Disbursement Direct Mail Costs - Printing 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) Colortree	Transaction ID: SB21B.31915 Date of Disbursement 06 / 24 / 2010
	Mailing Address P.O. Box 18160	
	City Merrifield State VA Zip Code 22118-0160	Amount of Each Disbursement this Period 2583.97
	Purpose of Disbursement Direct Mail Costs - Printing 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) Conrad Direct, Inc.	Transaction ID: SB21B.31835 Date of Disbursement 04 / 08 / 2010
	Mailing Address 300 Knickerbocker Road	
	City Cresskill State NJ Zip Code 07626-7626	Amount of Each Disbursement this Period 5573.66
	Purpose of Disbursement List Rental Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>13217.70</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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

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

NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

<p><b>A.</b> Full Name (Last, First, Middle Initial) Conrad Direct, Inc.</p> <p>Mailing Address 300 Knickerbocker Road</p> <p>City Cresskill State NJ Zip Code 07626-7626</p> <p>Purpose of Disbursement List Rental 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><b>Transaction ID:</b> SB21B.31882 <b>Date of Disbursement</b> 05 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 13118.49</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Digital Donation, LLC</p> <p>Mailing Address P.O. Box 82130</p> <p>City Baton Rouge State LA Zip Code 70884</p> <p>Purpose of Disbursement Compensation for Fundraising Svcs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.32017 <b>Date of Disbursement</b> 04 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 93.11</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Digital Donation, LLC</p> <p>Mailing Address P.O. Box 82130</p> <p>City Baton Rouge State LA Zip Code 70884</p> <p>Purpose of Disbursement Compensation for Fundraising Svcs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.32018 <b>Date of Disbursement</b> 05 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 1060.00</p>

**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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<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><b>A.</b> Full Name (Last, First, Middle Initial) Digital Donation, LLC</p> <p>Mailing Address P.O. Box 82130</p> <p>City Baton Rouge State LA Zip Code 70884</p> <p>Purpose of Disbursement Compensation for Fundraising Svcs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.32019</p> <p>Date of Disbursement 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 416.37</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Direct Impressions, Inc.</p> <p>Mailing Address 2100 Tomlynn Street</p> <p>City Richmond State VA Zip Code 23230</p> <p>Purpose of Disbursement Direct Mail Costs - Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31836</p> <p>Date of Disbursement 04 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 7044.30</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Direct Impressions, Inc.</p> <p>Mailing Address 2100 Tomlynn Street</p> <p>City Richmond State VA Zip Code 23230</p> <p>Purpose of Disbursement Direct Mail Costs - Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31855</p> <p>Date of Disbursement 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 2186.10</p>

**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 05 / 06 / 2010
	Mailing Address 2100 Tomlynn Street	Amount of Each Disbursement this Period 3570.80
	City Richmond State VA Zip Code 23230	
	Purpose of Disbursement Direct Mail Costs - Printing	Category/Type
	Candidate Name	
	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) Direct Impressions, Inc.	Transaction ID: SB21B.31886 Date of Disbursement 05 / 27 / 2010
	Mailing Address 2100 Tomlynn Street	Amount of Each Disbursement this Period 6125.18
	City Richmond State VA Zip Code 23230	
	Purpose of Disbursement Direct Mail Costs - Printing	Category/Type
	Candidate Name	
	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) Direct Impressions, Inc.	Transaction ID: SB21B.31916 Date of Disbursement 06 / 24 / 2010
	Mailing Address 2100 Tomlynn Street	Amount of Each Disbursement this Period 3082.80
	City Richmond State VA Zip Code 23230	
	Purpose of Disbursement Direct Mail Costs - Printing	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	12778.78
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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	<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City State Zip Code St. Paul MN 55128	Amount of Each Disbursement this Period
	Purpose of Disbursement Telemarketing Expenses	<input type="text" value="3261.25"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<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	<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City State Zip Code St. Paul MN 55128	Amount of Each Disbursement this Period
	Purpose of Disbursement Telemarketing Expenses	<input type="text" value="3797.06"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<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	<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City State Zip Code St. Paul MN 55128	Amount of Each Disbursement this Period
	Purpose of Disbursement Telemarketing Expenses	<input type="text" value="3831.50"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10889.81"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) FORmost Graphic Communications</p> <p>Mailing Address 7564 Standish Place, Ste 115</p> <p>City Rockville State MD Zip Code 20855-2745</p> <p>Purpose of Disbursement Direct Mail Costs - Printing/Mailshop</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31856</p> <p>Date of Disbursement 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1064.64</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) FORmost Graphic Communications</p> <p>Mailing Address 7564 Standish Place, Ste 115</p> <p>City Rockville State MD Zip Code 20855-2745</p> <p>Purpose of Disbursement Direct Mail Costs - Printing/Mailshop</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31887</p> <p>Date of Disbursement 05 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 44.25</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) FORmost Graphic Communications</p> <p>Mailing Address 7564 Standish Place, Ste 115</p> <p>City Rockville State MD Zip Code 20855-2745</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><b>Transaction ID:</b> SB21B.31892</p> <p>Date of Disbursement 06 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**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

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

NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

<p><b>A.</b> Full Name (Last, First, Middle Initial) FORmost Graphic Communications</p> <p>Mailing Address 7564 Standish Place, Ste 115</p> <p>City Rockville State MD Zip Code 20855-2745</p> <p>Purpose of Disbursement Direct Mail Costs - Printing/Mailshop</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31909</p> <p>Date of Disbursement 06 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 242.13</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Fulfillment House</p> <p>Mailing Address 13860 Redskin Drive</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><b>Transaction ID:</b> SB21B.31874</p> <p>Date of Disbursement 05 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 9571.42</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Fulfillment House</p> <p>Mailing Address 13860 Redskin Drive</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Costs - Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31917</p> <p>Date of Disbursement 06 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 4048.40</p>

**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)

<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)  
Global Payments Inc.

Transaction ID: SB21B.31831  
Date of Disbursement

Mailing Address 10 Glenlake Pkwy NE  
North Tower

/   /

City Atlanta State GA Zip Code 30328

Amount of Each Disbursement this Period

Purpose of Disbursement  
Merchant Credit Card Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 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

/   /

City Atlanta State GA Zip Code 30328

Amount of Each Disbursement this Period

Purpose of Disbursement  
Merchant Credit Card Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 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

/   /

City Atlanta State GA Zip Code 30328

Amount of Each Disbursement this Period

Purpose of Disbursement  
Merchant Credit Card Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

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

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

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

FOR LINE NUMBER: (check only one)

<input 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><b>A.</b> 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 &amp; Creative Design</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31827</p> <p>Date of Disbursement 04 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 67.23</p>
<p><b>B.</b> 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 &amp; Creative Design</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31837</p> <p>Date of Disbursement 04 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 6731.57</p>
<p><b>C.</b> 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 &amp; Creative Design</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31857</p> <p>Date of Disbursement 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 7093.30</p>

**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

A.	Full Name (Last, First, Middle Initial) HSP Direct	Transaction ID: SB21B.31858 Date of Disbursement 04 / 29 / 2010
	Mailing Address 13755 Sunrise Valley Drive Suite 450	Amount of Each Disbursement this Period 17836.37
	City Herndon State VA Zip Code 20171	
	Purpose of Disbursement Direct Mail Costs - Postage	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HSP Direct	Transaction ID: SB21B.31870 Date of Disbursement 05 / 06 / 2010
	Mailing Address 13755 Sunrise Valley Drive Suite 450	Amount of Each Disbursement this Period 9648.72
	City Herndon State VA Zip Code 20171	
	Purpose of Disbursement Direct Mail Expenses and Creative Design Fees	Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) HSP Direct	Transaction ID: SB21B.31888 Date of Disbursement 05 / 27 / 2010
	Mailing Address 13755 Sunrise Valley Drive Suite 450	Amount of Each Disbursement this Period 4100.77
	City Herndon State VA Zip Code 20171	
	Purpose of Disbursement Direct Mail Expenses and Creative Design Fees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>31585.86</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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><b>A.</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 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><b>Transaction ID:</b> SB21B.31904</p> <p>Date of Disbursement 06 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 7750.54</p>
<p><b>B.</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><b>Transaction ID:</b> SB21B.31918</p> <p>Date of Disbursement 06 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 5123.09</p>
<p><b>C.</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 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><b>Transaction ID:</b> SB21B.31920</p> <p>Date of Disbursement 06 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 14085.32</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) Integram	Transaction ID: SB21B.31839 Date of Disbursement
	Mailing Address 8421 Hilltop Rd.	<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Fairfax State VA Zip Code 22031	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Costs - Postage	<input type="text" value="12938.10"/>
	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) ▼

B.	Full Name (Last, First, Middle Initial) Integram	Transaction ID: SB21B.31902 Date of Disbursement
	Mailing Address 8421 Hilltop Rd.	<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City Fairfax State VA Zip Code 22031	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Costs - Printing	<input type="text" value="6538.64"/>
	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) Irides, LLC	Transaction ID: SB21B.31785 Date of Disbursement
	Mailing Address 1000 Wilson Blve, Suite 601	<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City Arlington State VA Zip Code 22209	Amount of Each Disbursement this Period
	Purpose of Disbursement Website Design & Maintenance	<input type="text" value="150.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="19626.74"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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 New York State NY Zip Code 10087-7128  Purpose of Disbursement Rent 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.31768 Date of Disbursement 04 / 22 / 2010	Amount of Each Disbursement this Period 813.95
B.	Full Name (Last, First, Middle Initial) Iron Mountain  Mailing Address PO Box 27128  City New York State NY Zip Code 10087-7128  Purpose of Disbursement Rent 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.31782 Date of Disbursement 05 / 18 / 2010	Amount of Each Disbursement this Period 1618.62
C.	Full Name (Last, First, Middle Initial) Iron Mountain  Mailing Address PO Box 27128  City New York State NY Zip Code 10087-7128  Purpose of Disbursement Rent 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.31809 Date of Disbursement 06 / 16 / 2010	Amount of Each Disbursement this Period 1627.90

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4060.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kenmore Envelope Company <hr/> Mailing Address 4641 International Trade Court <hr/> City Richmond State VA Zip Code 23231 <hr/> Purpose of Disbursement Direct Mail Costs - Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.31883 Date of Disbursement 05 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 4589.85
<b>B.</b>	Full Name (Last, First, Middle Initial) Nadine Maenza <hr/> Mailing Address 315 Foxtail Lane <hr/> City Spring city State PA Zip Code 19475 <hr/> Purpose of Disbursement PAC Staff Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.31804 Date of Disbursement 06 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) MDI Mail & Imaging <hr/> Mailing Address 21721-A Filigree Court <hr/> City Adhburn State VA Zip Code 20147 <hr/> Purpose of Disbursement Direct Mail Costs - Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.31891 Date of Disbursement 06 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 15162.95

**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)

<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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) MDI Mail &amp; Imaging</p> <p>Mailing Address 21721-A Filigree Court</p> <p>City Adhburn State VA Zip Code 20147</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><b>Transaction ID:</b> SB21B.31893</p> <p>Date of Disbursement 06 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1692.39</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) MDI Mail &amp; Imaging</p> <p>Mailing Address 21721-A Filigree Court</p> <p>City Adhburn State VA Zip Code 20147</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><b>Transaction ID:</b> SB21B.31900</p> <p>Date of Disbursement 06 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 4090.13</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) MDI Mail &amp; Imaging</p> <p>Mailing Address 21721-A Filigree Court</p> <p>City Adhburn State VA Zip Code 20147</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><b>Transaction ID:</b> SB21B.31911</p> <p>Date of Disbursement 06 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>

**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	Transaction ID: SB21B.31913 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>2</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		2	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	1	0												
	City Adhurn State VA Zip Code 20147	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Direct Mail Costs - Postage	<table border="1"><tr><td>1235.49</td></tr></table>	1235.49																		
1235.49																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) Anna Minkler	Transaction ID: SB21B.31773 Date of Disbursement																			
	Mailing Address 371 Spruce St.	<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
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	2		2	0	1	0												
	City Pottsville State PA Zip Code 19464	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Mailing Fees	<table border="1"><tr><td>2085.87</td></tr></table>	2085.87																		
2085.87																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) NJi New Media	Transaction ID: SB21B.31767 Date of Disbursement																			
	Mailing Address Summit of Richfield II 3046 Brecksville Road	<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
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	2		2	0	1	0												
	City Richfield State OH Zip Code 44286	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Website Design & Maintenance	<table border="1"><tr><td>1890.00</td></tr></table>	1890.00																		
1890.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>5211.36</td></tr></table>	5211.36
5211.36		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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	Transaction ID: SB21B.31788 Date of Disbursement 05 / 18 / 2010
	Mailing Address Summit of Richfield II 3046 Brecksville Road	Amount of Each Disbursement this Period 175.00
	City Richfield	State OH
	Zip Code 44286	
	Purpose of Disbursement Website Design & Maintenance	Category/ Type
	Candidate Name	
	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) NJi New Media	Transaction ID: SB21B.31789 Date of Disbursement 05 / 18 / 2010
	Mailing Address Summit of Richfield II 3046 Brecksville Road	Amount of Each Disbursement this Period 50.00
	City Richfield	State OH
	Zip Code 44286	
	Purpose of Disbursement Website Design & Maintenance	Category/ Type
	Candidate Name	
	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) NJi New Media	Transaction ID: SB21B.31810 Date of Disbursement 06 / 16 / 2010
	Mailing Address Summit of Richfield II 3046 Brecksville Road	Amount of Each Disbursement this Period 50.00
	City Richfield	State OH
	Zip Code 44286	
	Purpose of Disbursement Website Design & Maintenance	Category/ Type
	Candidate Name	
	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) .....

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)

<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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Pitney Bowes</p> <p>Mailing Address PO Box 856390</p> <p>City Louisville State PA Zip Code 40285-6390</p> <p>Purpose of Disbursement Postage and Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31769</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="223.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Pitney Bowes</p> <p>Mailing Address PO Box 856390</p> <p>City Louisville State PA Zip Code 40285-6390</p> <p>Purpose of Disbursement Postage and Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31786</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="29.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Progressive Productions</p> <p>Mailing Address 1602 Cullowee Circle</p> <p>City Mt. Pleasant State SC Zip Code 29464</p> <p>Purpose of Disbursement Video Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31816</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="350.00"/></p>

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) RST Marketing Associates, Inc. <hr/> Mailing Address P.O. Box 228 <hr/> City Forest State VA Zip Code 24551 <hr/> Purpose of Disbursement Direct Mail Costs - Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.31889 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>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> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">11339.61</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	1	0	11339.61
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	7		2	0	1	0														
11339.61																							
<b>B.</b>	Full Name (Last, First, Middle Initial) RST Marketing Associates, Inc. <hr/> Mailing Address P.O. Box 228 <hr/> City Forest State VA Zip Code 24551 <hr/> Purpose of Disbursement Direct Mail Costs - Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.31899 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>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> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">4412.62</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	9		2	0	1	0	4412.62
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	9		2	0	1	0														
4412.62																							
<b>C.</b>	Full Name (Last, First, Middle Initial) Sisk Mailing Service, Inc. <hr/> Mailing Address 203 Log Canoe Circle <hr/> City Stevensville State MD Zip Code 21666 <hr/> Purpose of Disbursement Direct Mail Costs - Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.31841 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</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> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">3889.73</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	9		2	0	1	0	3889.73
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		0	9		2	0	1	0														
3889.73																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<table border="1"> <tr> <td style="font-size: 1.2em;">19641.96</td> </tr> </table>	19641.96
19641.96		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1"> <tr> <td style="height: 20px;"> </td> </tr> </table>	

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

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

FOR LINE NUMBER: (check only one)

<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

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

2030.69
---------

Purpose of Disbursement  
Direct Mail Costs - Postage

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Sisk Mailing Service, Inc.

Transaction ID: SB21B.31850  
Date of Disbursement

Mailing Address 203 Log Canoe Circle

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

833.66
--------

Purpose of Disbursement  
Direct Mail Costs - Postage

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Sisk Mailing Service, Inc.

Transaction ID: SB21B.31864  
Date of Disbursement

Mailing Address 203 Log Canoe Circle

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

849.90
--------

Purpose of Disbursement  
Direct Mail Costs - Postage

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

3714.25
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**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER:  
(check only one)

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
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>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
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>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
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>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) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>1578.77</td></tr></table>	1578.77
1578.77		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 162 / 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Sisk Mailing Service, Inc.</p> <p>Mailing Address 203 Log Canoe Circle</p> <p>City Stevensville State MD Zip Code 21666</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31926</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5948.04"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) SM Jenkins &amp; Co</p> <p>Mailing Address One Tower Bridge Suite 1410</p> <p>City West Conshohocken State PA Zip Code 19428</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31764</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1230.42"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) SM Jenkins &amp; Co</p> <p>Mailing Address One Tower Bridge Suite 1410</p> <p>City West Conshohocken State PA Zip Code 19428</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31787</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1234.14"/></p>

**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 Page

FOR LINE NUMBER:  
(check only one)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) SM Jenkins & Co  Mailing Address One Tower Bridge Suite 1410  City West Conshohocken State PA Zip Code 19428  Purpose of Disbursement Rent Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.31813 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 1234.14
<b>B.</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 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) ▼	<b>Transaction ID:</b> SB21B.31828 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 1152.64
<b>C.</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 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) ▼	<b>Transaction ID:</b> SB21B.31838 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 235.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2621.78</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<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.31859 Date of Disbursement
	Mailing Address 13755 Sunrise Valley Drive Suite 450	<input type="text" value="04"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Database Maintenance Services	<input type="text" value="1292.98"/>
	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) Sunrise Data Services	Transaction ID: SB21B.31871 Date of Disbursement
	Mailing Address 13755 Sunrise Valley Drive Suite 450	<input type="text" value="05"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Database Maintenance Fees	<input type="text" value="829.83"/>
	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) Sunrise Data Services	Transaction ID: SB21B.31884 Date of Disbursement
	Mailing Address 13755 Sunrise Valley Drive Suite 450	<input type="text" value="05"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Database Maintenance Fees	<input type="text" value="1671.62"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3794.43"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

<input 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.31890 Date of Disbursement
	Mailing Address 13755 Sunrise Valley Drive Suite 450	<input type="text" value="05"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Database Maintenance Fees	<input type="text" value="445.68"/>
	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) Sunrise Data Services	Transaction ID: SB21B.31905 Date of Disbursement
	Mailing Address 13755 Sunrise Valley Drive Suite 450	<input type="text" value="06"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Database Maintenance Fees	<input type="text" value="781.55"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Sunrise Data Services	Transaction ID: SB21B.31910 Date of Disbursement
	Mailing Address 13755 Sunrise Valley Drive Suite 450	<input type="text" value="06"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Database Maintenance Fees	<input type="text" value="70.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1297.23"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Database Maintenance Fees	<input type="text" value="658.00"/>
	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) The Clapham Group	Transaction ID: SB21B.31759 Date of Disbursement
	Mailing Address 5272 Lyngate Ct. Suite 200	<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Burke State VA Zip Code 22015	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Staff Fees	<input type="text" value="1000.00"/>
	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) The Clapham Group	Transaction ID: SB21B.31791 Date of Disbursement
	Mailing Address 5272 Lyngate Ct. Suite 200	<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City Burke State VA Zip Code 22015	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Staff Fees	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2658.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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<input 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
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 <table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Purpose of Disbursement PAC Staff Fees	Category/ Type																			
	Candidate Name																				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	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
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 <table border="1"><tr><td>1883.70</td></tr></table>	1883.70																		
1883.70																					
	Purpose of Disbursement Direct Mail Costs - Printing	Category/ Type																			
	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) ▼																			

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
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 <table border="1"><tr><td>2993.88</td></tr></table>	2993.88																		
2993.88																					
	Purpose of Disbursement Direct Mail Costs - Printing	Category/ Type																			
	Candidate Name																				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>5877.58</td></tr></table>	5877.58
5877.58		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:  
(check only one)

<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	Transaction ID: SB21B.31922 Date of Disbursement 06 / 24 / 2010
	Mailing Address 1 Orgler Place	
	City Ashland State PA Zip Code 17921	Amount of Each Disbursement this Period 819.00
	Purpose of Disbursement Direct Mail Costs - Printing	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Union League of Philadelphia	Transaction ID: SB21B.31763 Date of Disbursement 04 / 28 / 2010
	Mailing Address 140 South Broad Street	
	City Philadelphia State PA Zip Code 19102-3083	Amount of Each Disbursement this Period 752.81
	Purpose of Disbursement PAC Meeting Expenses	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) USPS	Transaction ID: SB21B.31826 Date of Disbursement 04 / 01 / 2010
	Mailing Address 900 Brentwood Rd, NE #118	
	City Washington State DC Zip Code 20066-9612	Amount of Each Disbursement this Period 520.00
	Purpose of Disbursement PO Box Rental	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2091.81
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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

<b>A.</b>	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 Direct Mail Costs - Postage 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.31923 Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2010  Amount of Each Disbursement this Period 5000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Verizon  Mailing Address P.O. Box 28000  City Lehigh Valley State PA Zip Code 18002-0646  Purpose of Disbursement Telecommunications 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.31770 Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2010  Amount of Each Disbursement this Period 214.48
<b>C.</b>	Full Name (Last, First, Middle Initial) Verizon  Mailing Address P.O. Box 28000  City Lehigh Valley State PA Zip Code 18002-0646  Purpose of Disbursement Telecommunications 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.31784 Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2010  Amount of Each Disbursement this Period 298.55

**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)

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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><b>A.</b> Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address P.O. Box 28000</p> <p>City Lehigh Valley State PA Zip Code 18002-0646</p> <p>Purpose of Disbursement Telecommunications</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31800</p> <p>Date of Disbursement 06 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 366.30</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Virginia Davis Partners, LLC</p> <p>Mailing Address 834 Beechwood Dr.</p> <p>City Havertown State PA Zip Code 19083</p> <p>Purpose of Disbursement Media &amp; Press Management Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31760</p> <p>Date of Disbursement 04 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1650.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Virginia Davis Partners, LLC</p> <p>Mailing Address 834 Beechwood Dr.</p> <p>City Havertown State PA Zip Code 19083</p> <p>Purpose of Disbursement Expense Reimb - Printing &amp; Reproduction</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31761</p> <p>Date of Disbursement 04 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 421.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2437.30</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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.31761.0 Date of Disbursement 04 / 22 / 2010
	Mailing Address 942 South Shady Grove Road	Amount of Each Disbursement this Period 421.00
	City Memphis State TN Zip Code 38120	
	Purpose of Disbursement Printing & Reproduction	
	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) Virginia Davis Partners, LLC	Transaction ID: SB21B.31792 Date of Disbursement 05 / 18 / 2010
	Mailing Address 834 Beechwood Dr.	Amount of Each Disbursement this Period 1675.00
	City Havertown State PA Zip Code 19083	
	Purpose of Disbursement Media & Press Management Fees	
	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) Virginia Davis Partners, LLC	Transaction ID: SB21B.31807 Date of Disbursement 06 / 16 / 2010
	Mailing Address 834 Beechwood Dr.	Amount of Each Disbursement this Period 1675.00
	City Havertown State PA Zip Code 19083	
	Purpose of Disbursement Media & Press Management Fees	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3350.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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 State Zip Code  
Havertown PA 19083

Purpose of Disbursement  
Expense Reimb  
Candidate Name

Category/  
Type

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

Transaction ID: SB21B.31808  
Date of Disbursement

06 / 16 / 2010

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 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.31808.0  
Date of Disbursement

06 / 16 / 2010

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 State Zip Code  
Chantilly VA 20151

Purpose of Disbursement  
Direct Mail Processing Fees  
Candidate Name

Category/  
Type

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

Transaction ID: SB21B.31853  
Date of Disbursement

04 / 29 / 2010

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.31901

Date of Disbursement

06 / 09 / 2010

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

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NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION

<b>A.</b> 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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.31822 Date of Disbursement MM / DD / YYYY 06 / 29 / 2010
	Amount of Each Disbursement this Period 1000.00
<b>B.</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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.31821 Date of Disbursement MM / DD / YYYY 06 / 29 / 2010
	Amount of Each Disbursement this Period 1000.00

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

2000.00

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

2000.00

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

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

FOR LINE NUMBER:  
(check only one)

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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			Transaction ID: SB29.31776	
	Mailing Address P.O. Box 451			Date of Disbursement 04 / 28 / 2010	
	City Dexter	State IA	Zip Code 50070	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Campaign Contribution		Category/ Type		
	Candidate Name				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
	State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1000.00