

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

LEADERSHIP 21

ADDRESS (number and street) 6849 OLD DOMINION DRIVE
SUITE 222
 Check if different than previously reported. (ACC)
MCLEAN VA 22101

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00327239

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day **Post -Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 1 1 2 4 2 0 0 9 through 1 2 3 1 2 0 0 9

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 Leslie J. Kerman

Signature of Treasurer Electronically Filed by Leslie J. Kerman Date 0 1 1 2 2 0 1 0

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
LEADERSHIP 21

Report Covering the Period: From:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		65665.28
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	66621.04									
(c) Total Receipts (from Line 19)	5000.00	82750.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	71621.04	148415.28								
7. Total Disbursements (from Line 31)	27333.32	104127.56								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	44287.72	44287.72								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
LEADERSHIP 21

Report Covering the Period: From:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	5750.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	5750.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	77000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	5000.00	82750.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	5000.00	82750.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5000.00	82750.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1333.32	34127.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1333.32	34127.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	70000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	27333.32	104127.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27333.32	104127.56

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	5000.00	82750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5000.00	82750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1333.32	34127.56
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1333.32	34127.56

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 12
	(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

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)
LEADERSHIP 21

A.

Full Name (Last, First, Middle Initial)
SMITHKLINE BEECHAM CORPORATION POLITICAL ACTION COMMITTEE (GLAXOSMITHKLINE PAC)

Date of Receipt

Mailing Address FIVE MOORE DRIVE
PO BOX 13358

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	0	9

City State Zip Code
RESEARCH TRIANGLE NC 27709

Transaction ID: SA11C.5863

FEC ID number of contributing federal political committee.
C C00199703

Amount of Each Receipt this Period

5000.00

Name of Employer Occupation

Contribution

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	5000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 / 12

<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)
LEADERSHIP 21

A.	Full Name (Last, First, Middle Initial) The Waverly Group, Inc.		Transaction ID: SB21B.5864	
	Mailing Address 6849 Old Dominion Drive Suite 222		Date of Disbursement 12 / 01 / 2009	
	City McLean	State VA	Zip Code 22101	Amount of Each Disbursement this Period 1275.00
	Purpose of Disbursement PAC Mang't./Compliance: Fees and Expenses		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)	▶	1275.00
TOTAL This Period (last page this line number only)	▶	1275.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
LEADERSHIP 21

A.	Full Name (Last, First, Middle Initial) BEN CHANDLER FOR CONGRESS	Transaction ID: SB23.5860 Date of Disbursement																			
	Mailing Address P. O. Box 12678	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	1		2	0	0	9												
	City Lexington State KY Zip Code 40508	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name BEN CHANDLER	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) BOYD FOR CONGRESS	Transaction ID: SB23.5852 Date of Disbursement																			
	Mailing Address P.O. Box 15703	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	1		2	0	0	9												
	City Tallahassee State FL Zip Code 32317	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>4000.00</td></tr></table>	4000.00																		
4000.00																					
	Candidate Name F ALLEN JR BOYD	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS.COM	Transaction ID: SB23.5850 Date of Disbursement																			
	Mailing Address P.O.Box 2106	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	1		2	0	0	9												
	City Montgomery State AL Zip Code 36102	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Candidate Name BOBBY NEAL SR BRIGHT	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>7000.00</td></tr></table>	7000.00
7000.00		
TOTAL 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 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)
LEADERSHIP 21

A.

Full Name (Last, First, Middle Initial)
CARNEY FOR CONGRESS

Transaction ID: SB23.5851
Date of Disbursement

Mailing Address PO Box 38

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

City Dimock State PA Zip Code 18816

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
CHRISTOPHER CARNEY

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 10

B.

Full Name (Last, First, Middle Initial)
CHARLIE MELANCON CAMPAIGN COMMITTEE INC

Transaction ID: SB23.5870
Date of Disbursement

Mailing Address 511 CONGRESS ST
PO BOX 549

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	0	9

City NAPOLEONVILLE State LA Zip Code 70390

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
CHARLES MELANCON

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: LA District: 00

C.

Full Name (Last, First, Middle Initial)
CHILDERS FOR CONGRESS

Transaction ID: SB23.5847
Date of Disbursement

Mailing Address PO BOX 177

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

City BOONEVILLE State MS Zip Code 38829

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
TRAVIS W CHILDERS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MS District: 01

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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 10 / 12

<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)
LEADERSHIP 21

A. Full Name (Last, First, Middle Initial)
ELLSWORTH FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 62

City Evansville State IN Zip Code 47701

Purpose of Disbursement
Contribution

Candidate Name
BRAD ELLSWORTH

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IN District: 08

Transaction ID: SB23.5853

Date of Disbursement

12 / 11 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
FRANK KRATOVIK FOR CONGRESS

Mailing Address 222 Main Sail Drive
PO Box 518

City Stevensville State MD Zip Code 21666

Purpose of Disbursement
Contribution

Candidate Name
FRANK M JR KRATOVIK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MD District: 01

Transaction ID: SB23.5849

Date of Disbursement

12 / 11 / 2009

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS FOR BARON HILL

Mailing Address PO Box 1071

City Seymour State IN Zip Code 47274

Purpose of Disbursement
Contribution

Candidate Name
BARON P HILL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IN District: 09

Transaction ID: SB23.5858

Date of Disbursement

12 / 11 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 12

<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)
LEADERSHIP 21

<p>A. Full Name (Last, First, Middle Initial) KENDRICK MEEK FOR FLORIDA</p> <p>Mailing Address 111 NW 183RD STREET SUITE 325</p> <p>City MIAMI State FL Zip Code 33169</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name KENDRICK B MEEK</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5842</p> <p>Date of Disbursement 12 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) STEPHANIE HERSETH SANDLIN FOR SOUTH DAKOTA</p> <p>Mailing Address PO Box 2009</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name STEPHANIE M HERSETH</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5857</p> <p>Date of Disbursement 12 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) ZACK SPACE FOR CONGRESS COMMITTEE</p> <p>Mailing Address 714 N WOOSTER AVENUE</p> <p>City DOVER State OH Zip Code 44622</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name ZACHARY T SPACE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5859</p> <p>Date of Disbursement 12 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

26000.00