

# 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) 1155 21st Street NW  
Suite 300  
 Check if different than previously reported. (ACC)  
Washington DC 20036

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 (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2008 through 03 31 2008

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 04 15 2008

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
America's Foundation

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		56770.64
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	56770.64									
(c) Total Receipts (from Line 19) .....	222648.80	222648.80								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	279419.44	279419.44								
7. Total Disbursements (from Line 31) .....	214189.06	214189.06								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	65230.38	65230.38								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
America's Foundation

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	65775.00	65775.00
(i) Itemized (use Schedule A) .....	147651.00	147651.00
(ii) Unitemized .....	213426.00	213426.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	213426.00	213426.00
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.) .....	9222.80	9222.80
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)) .....	222648.80	222648.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	222648.80	222648.80

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<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.....	202059.06	202059.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	202059.06	202059.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
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 .....	1130.00	1130.00
(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)) .....	1130.00	1130.00
29. Other Disbursements.....	1000.00	1000.00
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))..	214189.06	214189.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	214189.06	214189.06

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	213426.00	213426.00
34. Total Contribution Refunds (from Line 28(d)) .....	1130.00	1130.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	212296.00	212296.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	202059.06	202059.06
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	202059.06	202059.06

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 100
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Nancy Davis Alley	Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 1333 Van Steffy Ave	<b>Transaction ID:</b> 264
	City State Zip Code Reading PA 19610-2447	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer S.A. Alley MDPC Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs. Dolores D Altieri	Date of Receipt MM / DD / YYYY 02 / 19 / 2008
	Mailing Address 886 Meadowbrook Rd	<b>Transaction ID:</b> 246
	City State Zip Code Blue Bell PA 19422-1241	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Information Requested per Best Efforts Occupation Information Requested per Best Efforts Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Dolores D Altieri	Date of Receipt MM / DD / YYYY 03 / 20 / 2008
	Mailing Address 886 Meadowbrook Rd	<b>Transaction ID:</b> 247
	City State Zip Code Blue Bell PA 19422-1241	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Information Requested per Best Efforts Occupation Information Requested per Best Efforts Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 100
	<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. Dolores D Altieri		Date of Receipt MM / DD / YYYY 01 / 25 / 2008
Mailing Address 886 Meadowbrook Rd		Transaction ID: 248
City Blue Bell	State Zip Code PA 19422-1241	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Information Requested per Best Efforts	Occupation Information Requested per Best Efforts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) Ron Amini		Date of Receipt MM / DD / YYYY 01 / 28 / 2008
Mailing Address 3508 Lost Creek Blvd		Transaction ID: 102
City Austin	State Zip Code TX 78735-1506	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Self	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**C.**

Full Name (Last, First, Middle Initial) Louis J Appell, Jr		Date of Receipt MM / DD / YYYY 01 / 31 / 2008
Mailing Address 1700 Powder Mill Rd		Transaction ID: 117
City York	State Zip Code PA 17403-4945	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Susquehanna Pfaltzgraff Corpor	Occupation Business Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 8 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
America's Foundation

**A.** Full Name (Last, First, Middle Initial)  
William J Avery

Mailing Address 110 Commerce Dr

City State Zip Code  
Montgomeryville PA 18936-9624

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  
03 / 28 / 2008

**Transaction ID:** 120

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Kay Bacheller

Mailing Address PO Box 160

City State Zip Code  
Boynton Beach FL 33425-0160

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

Name of Employer Information Requested per Best Efforts Occupation Information Requested per Best Efforts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2008

**Transaction ID:** 109

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Barbara Becker

Mailing Address PO Box 675  
713 Fox Hollow Rd.

City State Zip Code  
Gwynedd Valley PA 19437-0675

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  
MM / DD / YYYY  
02 / 25 / 2008

**Transaction ID:** 284

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2250.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 100  
(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. Robert L Becker, Jr.  
Mailing Address 535 Smithfield St Ste 1500

City State Zip Code  
Pittsburgh PA 15222-2300

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  
01 / 30 / 2008

**Transaction ID: 135**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Jack Biltis  
Mailing Address 20815 N Cave Creek Rd

City State Zip Code  
Phoenix AZ 85024-4456

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

Name of Employer Occupation  
Tag Employer Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2008

**Transaction ID: 119**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Gunther 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  
Information Requested per Best Efforts Information Requested per Best Efforts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2008

**Transaction ID: 212**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00

**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 10 / 100
	<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

**A.** Full Name (Last, First, Middle Initial)  
Mr Gunther Bizer

Mailing Address 1590 Mountain View Dr

City Bayfield State CO Zip Code 81122-9656

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

Name of Employer Information Requested per Best Efforts

Occupation Information Requested per Best Efforts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 03 / 20 / 2008  
**Transaction ID: 213**  
Amount of Each Receipt this Period: 150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Gunther Bizer

Mailing Address 1590 Mountain View Dr

City Bayfield State CO Zip Code 81122-9656

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

Name of Employer Information Requested per Best Efforts

Occupation Information Requested per Best Efforts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 01 / 23 / 2008  
**Transaction ID: 214**  
Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gerard J Bosse

Mailing Address PO Box 299

City Augusta State NJ Zip Code 07822-0299

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: 03 / 13 / 2008  
**Transaction ID: 280**  
Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 300.00

**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 11 / 100
	<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. Gerard J Bosse	Date of Receipt MM / DD / YYYY 01 / 31 / 2008
	Mailing Address PO Box 299	<b>Transaction ID:</b> 281
	City Augusta State NJ Zip Code 07822-0299	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. J Jerald Branson	Date of Receipt MM / DD / YYYY 02 / 11 / 2008
	Mailing Address 7373 E 29th St N Apt 105 Larksfields PI	<b>Transaction ID:</b> 112
	City Wichita State KS Zip Code 67226-3405	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Marty Brown	Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 2859 Steppig Rd	<b>Transaction ID:</b> 193
	City Columbia State IL Zip Code 62236-4103	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Information Requested per Best Efforts Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1350.00</b>
<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 12 / 100
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Marty Brown		Date of Receipt
	Mailing Address 2859 Steppig Rd		<input type="text" value="01"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Columbia	IL	62236-4103
	FEC ID number of contributing federal political committee.		Transaction ID: 194
		Amount of Each Receipt this Period	
		<input type="text" value="150.00"/>	
Name of Employer Information Requested per Best Efforts		Occupation Information Requested per Best Efforts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="400.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Marty Brown		Date of Receipt
	Mailing Address 2859 Steppig Rd		<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Columbia	IL	62236-4103
	FEC ID number of contributing federal political committee.		Transaction ID: 195
		Amount of Each Receipt this Period	
		<input type="text" value="100.00"/>	
Name of Employer Information Requested per Best Efforts		Occupation Information Requested per Best Efforts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="400.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Paul K Chang		Date of Receipt
	Mailing Address 100 Eastland Dr		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Woodruff	SC	29388-2325
	FEC ID number of contributing federal political committee.		Transaction ID: 275
		Amount of Each Receipt this Period	
		<input type="text" value="50.00"/>	
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Ret.	
		Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="300.00"/>
<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 13 / 100

(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. Paul K Chang

Mailing Address 100 Eastland Dr

City State Zip Code  
Woodruff SC 29388-2325

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 01 / 21 / 2008

**Transaction ID: 276**

Amount of Each Receipt this Period 50.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Paul K Chang

Mailing Address 100 Eastland Dr

City State Zip Code  
Woodruff SC 29388-2325

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 02 / 26 / 2008

**Transaction ID: 277**

Amount of Each Receipt this Period 50.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Paul K Chang

Mailing Address 100 Eastland Dr

City State Zip Code  
Woodruff SC 29388-2325

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 01 / 31 / 2008

**Transaction ID: 278**

Amount of Each Receipt this Period 100.00

**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 14 / 100  
(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. Rhoda W Cobb

Mailing Address 336 E Coconut Palm Rd

City State Zip Code  
Boca Raton FL 33432-7916

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  
03 / 31 / 2008

**Transaction ID: 130**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Paul Comon

Mailing Address 457 Calle Mayor

City State Zip Code  
Redondo Beach CA 90277-6417

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

Name of Employer Information Requested per Best Efforts Occupation  
Information Requested per Best Efforts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2008

**Transaction ID: 196**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Paul Comon

Mailing Address 457 Calle Mayor

City State Zip Code  
Redondo Beach CA 90277-6417

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

Name of Employer Information Requested per Best Efforts Occupation  
Information Requested per Best Efforts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2008

**Transaction ID: 197**

Amount of Each Receipt this Period  
100.00

**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: (check only one)	PAGE 15 / 100
	<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) Rev. John Conte		Date of Receipt
	Mailing Address 1325 Prospect 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
	City	State	Zip Code
	Bethlehem	PA	18018-4916
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: 243
Name of Employer Information Requested per Best Efforts		Occupation Information Requested per Best Efforts	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Rev. John Conte		Date of Receipt
	Mailing Address 1325 Prospect 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
	City	State	Zip Code
	Bethlehem	PA	18018-4916
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: 244
Name of Employer Information Requested per Best Efforts		Occupation Information Requested per Best Efforts	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Rev. John Conte		Date of Receipt
	Mailing Address 1325 Prospect 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
	City	State	Zip Code
	Bethlehem	PA	18018-4916
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: 245
Name of Employer Information Requested per Best Efforts		Occupation Information Requested per Best Efforts	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 300.00
<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 16 / 100
	(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 Thomas J Cote	Date of Receipt MM / DD / YYYY 03 / 26 / 2008
	Mailing Address 6300 SE Winged Foot Dr	<b>Transaction ID: 272</b>
	City State Zip Code Stuart FL 34997-8656	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr Marshall Cusick	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address PO Box 414	<b>Transaction ID: 111</b>
	City State Zip Code Minneola KS 67865-0414	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Marjorie Davis	Date of Receipt MM / DD / YYYY 01 / 31 / 2008
	Mailing Address 6 Huckleberry Ln	<b>Transaction ID: 141</b>
	City State Zip Code Augusta ME 04330-6022	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Information Requested per Best Efforts Information Requested per Best Efforts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<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 17 / 100
	(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

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Mary Frances Duskocil

Mailing Address 5306 Mansfield Rd

City Arlington State TX Zip Code 76017-2754

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

Name of Employer Information Requested per Best Efforts  
Occupation Information Requested per Best Efforts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2008

**Transaction ID: 133**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joseph Duffy

Mailing Address 8446 Portland Pl

City Mc Lean State VA Zip Code 22102-1708

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  
03 / 19 / 2008

**Transaction ID: 151**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Kathlyn Dungan

Mailing Address 1107 S Dwight Ave

City Monahans State TX Zip Code 79756-5523

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

Name of Employer Information Requested per Best Efforts  
Occupation Information Requested per Best Efforts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2008

**Transaction ID: 257**

Amount of Each Receipt this Period  
250.00

**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 18 / 100  
(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)  
Leslie Edelman

Mailing Address 16 Wesley Chapel Rd

City State Zip Code  
Suffern NY 10901-2604

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Kimber Mfg Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY  
03 / 26 / 2008

**Transaction ID:** 104

Amount of Each Receipt this Period 5000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr G. Michael Edwards

Mailing Address 3533 Windsor Dr

City State Zip Code  
Charlotte NC 28209-3357

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
State Of North Carolina Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
01 / 21 / 2008

**Transaction ID:** 115

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr G. Michael Edwards

Mailing Address 3533 Windsor Dr

City State Zip Code  
Charlotte NC 28209-3357

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
State Of North Carolina Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
03 / 24 / 2008

**Transaction ID:** 116

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 6000.00

**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 / 100  
(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 Helen E Farson, Tte  
Mailing Address 211 S 6th St Apt 111  
City Alhambra State CA Zip Code 91801-3621  
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 01 / 21 / 2008  
Transaction ID: 217  
Amount of Each Receipt this Period 80.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs Helen E Farson, Tte  
Mailing Address 211 S 6th St Apt 111  
City Alhambra State CA Zip Code 91801-3621  
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 01 / 31 / 2008  
Transaction ID: 218  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs Helen E Farson, Tte  
Mailing Address 211 S 6th St Apt 111  
City Alhambra State CA Zip Code 91801-3621  
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 02 / 26 / 2008  
Transaction ID: 219  
Amount of Each Receipt this Period 50.00

**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 20 / 100

(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 Helen E Farson, Tte

Mailing Address 211 S 6th St Apt 111

City State Zip Code  
Alhambra CA 91801-3621

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

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

Transaction ID: 220

Amount of Each Receipt this Period  
35.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs Helen E Farson, Tte

Mailing Address 211 S 6th St Apt 111

City State Zip Code  
Alhambra CA 91801-3621

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

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

Transaction ID: 221

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs Helen E Farson, Tte

Mailing Address 211 S 6th St Apt 111

City State Zip Code  
Alhambra CA 91801-3621

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

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

Transaction ID: 222

Amount of Each Receipt this Period  
35.00

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

95.00

**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 / 100  
(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 Helen E Farson, Tte  
Mailing Address 211 S 6th St Apt 111  
City Alhambra State CA Zip Code 91801-3621  
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 02 / 14 / 2008  
Transaction ID: 223  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Andy Fox  
Mailing Address 25739 Kilreigh Ct  
City Farmington Hills State MI Zip Code 48336-1546  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation Engr.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 01 / 31 / 2008  
Transaction ID: 227  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Andrew G Fox  
Mailing Address 25739 Kilreigh Ct  
City Farmington Hills State MI Zip Code 48336-1546  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation Information Requested per Best Efforts  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 13 / 2008  
Transaction ID: 250  
Amount of Each Receipt this Period 300.00

**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 22 / 100  
(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. Richard F Galbraith  
Mailing Address 5313 320th St

City State Zip Code  
Cushing MN 56443-2128

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

Name of Employer  
Mn Neurologic Evaluations Ltc

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

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

Transaction ID: 279

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. James Gardner  
Mailing Address 20 Dolphin Ln

City State Zip Code  
Key Largo FL 33037-5214

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

Name of Employer  
Information Requested per Best Efforts

Occupation  
Information Requested per Best Efforts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 8

Transaction ID: 131

Amount of Each Receipt this Period

500.00

**C.**

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 ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 8

Transaction ID: 254

Amount of Each Receipt this Period

250.00

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

1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 100  
(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. Betty Haddon

Mailing Address 1580 Ohio Ave

City State Zip Code  
Helena MT 59601-5429

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

Name of Employer Occupation  
Ret.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 274

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Clay W Hamin, III

Mailing Address 40 Morris Ave

City State Zip Code  
Bryn Mawr PA 19010-3300

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

Name of Employer Information Requested per Best Efforts Occupation Information Requested per Best Efforts

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

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

Transaction ID: 210

Amount of Each Receipt this Period

375.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael J Hannum

Mailing Address 14 Lange Ct

City State Zip Code  
Mullica Hill NJ 08062-2513

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

Name of Employer Occupation  
Campbells Express C.E.O.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: 137

Amount of Each Receipt this Period

500.00

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

1125.00

**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 / 100  
(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. Michael E Hayes

Mailing Address 4294 Cheyenne Dr

City State Zip Code  
Larkspur CO 80118-8933

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  
02 / 19 / 2008

**Transaction ID: 270**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael E Hayes

Mailing Address 4294 Cheyenne Dr

City State Zip Code  
Larkspur CO 80118-8933

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  
03 / 24 / 2008

**Transaction ID: 271**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Rosemary L Hegenbart

Mailing Address 6266 Altura Ave

City State Zip Code  
La Crescenta CA 91214-2325

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

Name of Employer Occupation  
Retired Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 22 / 2008

**Transaction ID: 265**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00

**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 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
America's Foundation

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Rosemary L Hegenbart  
Mailing Address 6266 Altura Ave  
City La Crescenta State CA Zip Code 91214-2325  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation Retired Homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 02 / 21 / 2008  
Transaction ID: 266  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Rosemary L Hegenbart  
Mailing Address 6266 Altura Ave  
City La Crescenta State CA Zip Code 91214-2325  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation Retired Homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 01 / 29 / 2008  
Transaction ID: 267  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Rosemary L Hegenbart  
Mailing Address 6266 Altura Ave  
City La Crescenta State CA Zip Code 91214-2325  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation Retired Homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 02 / 11 / 2008  
Transaction ID: 268  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 100

(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. Rosemary L Hegenbart

Mailing Address 6266 Altura Ave

City State Zip Code  
La Crescenta CA 91214-2325

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

Name of Employer Occupation  
Retired Homemaker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 269

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr Marlene Hodder

Mailing Address 13910 W 30th Pl

City State Zip Code  
Golden CO 80401-1508

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 3 / 3 1 / 2 0 0 8

Transaction ID: 132

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms Mary Clare Hohmann

Mailing Address 212 Colonade Cir

City State Zip Code  
Naples FL 34103-8706

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 405.00

Date of Receipt

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

Transaction ID: 188

Amount of Each Receipt this Period

105.00

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

655.00

**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 / 100  
(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 Mary Clare Hohmann

Mailing Address 212 Colonade Cir

City State Zip Code  
Naples FL 34103-8706

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2008

**Transaction ID: 189**

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms Mary Clare Hohmann

Mailing Address 212 Colonade Cir

City State Zip Code  
Naples FL 34103-8706

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2008

**Transaction ID: 190**

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Norelle Hudall

Mailing Address 308 Ravilla Ave

City State Zip Code  
Staples MN 56479-3309

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  
MM / DD / YYYY  
03 / 28 / 2008

**Transaction ID: 207**

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 28 / 100  
(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)  
Norelle Hudall

Mailing Address 308 Ravilla Ave

City State Zip Code  
Staples MN 56479-3309

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  
MM / DD / YYYY  
01 / 31 / 2008

**Transaction ID: 208**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Goerge F Huff

Mailing Address 302 Fox Chapel Rd

City State Zip Code  
Pittsburgh PA 15238-2335

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  
02 / 19 / 2008

**Transaction ID: 191**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Goerge F Huff

Mailing Address 302 Fox Chapel Rd

City State Zip Code  
Pittsburgh PA 15238-2335

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  
03 / 18 / 2008

**Transaction ID: 192**

Amount of Each Receipt this Period  
200.00

**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 29 / 100  
(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. Leah J Jeffries

Mailing Address 4805 Zakon Rd

City State Zip Code  
Torrance CA 90505-4355

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

Name of Employer Information Requested per Best Efforts  
Occupation Information Requested per Best Efforts

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	0	8

**Transaction ID:** 128

Amount of Each Receipt this Period  
525.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. W. C. Jernigan

Mailing Address 5 Turnberry Pl

City State Zip Code  
Shoal Creek AL 35242-5934

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	3	/	3	1	/	2	0	0	8

**Transaction ID:** 144

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms Jean L Jones

Mailing Address 4273 Ivanhoe Rd

City State Zip Code  
Sharpsville PA 16150-9487

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	1	/	2	1	/	2	0	0	8

**Transaction ID:** 229

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1325.00**

**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 / 100  
(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. Mary C Jordan

Mailing Address 321 W South St

City State Zip Code  
Grayville IL 62844-1534

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  
01 / 21 / 2008

**Transaction ID: 198**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary C Jordan

Mailing Address 321 W South St

City State Zip Code  
Grayville IL 62844-1534

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  
02 / 14 / 2008

**Transaction ID: 199**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mary C Jordan

Mailing Address 321 W South St

City State Zip Code  
Grayville IL 62844-1534

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  
02 / 26 / 2008

**Transaction ID: 200**

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 31 / 100

(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. Mary C Jordan

Mailing Address 321 W South St

City State Zip Code  
Grayville IL 62844-1534

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 3 / 2 5 / 2 0 0 8

Transaction ID: 201

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Mary C Jordan

Mailing Address 321 W South St

City State Zip Code  
Grayville IL 62844-1534

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 1 / 2 1 / 2 0 0 8

Transaction ID: 202

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Robert J Kania, Jr

Mailing Address 1616 Cook School Rd

City State Zip Code  
Pittsburgh PA 15241-2606

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

Name of Employer Occupation  
Self-Employed Executive Management

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 8

Transaction ID: 105

Amount of Each Receipt this Period

1200.00

**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 32 / 100  
(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 J Kania, Jr

Mailing Address 1616 Cook School Rd

City State Zip Code  
Pittsburgh PA 15241-2606

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

Name of Employer Self-Employed Occupation  
Self-Employed Executive Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3700.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2008

**Transaction ID: 106**

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Robert J Kania, Jr

Mailing Address 1616 Cook School Rd

City State Zip Code  
Pittsburgh PA 15241-2606

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

Name of Employer Self-Employed Occupation  
Self-Employed Executive Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3700.00

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2008

**Transaction ID: 107**

Amount of Each Receipt this Period  
1200.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Robert J Kania, Jr

Mailing Address 1616 Cook School Rd

City State Zip Code  
Pittsburgh PA 15241-2606

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

Name of Employer Self-Employed Occupation  
Self-Employed Executive Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3700.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2008

**Transaction ID: 108**

Amount of Each Receipt this Period  
800.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

**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 / 100  
(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. Thomas Kelly

Mailing Address 5211 Arquilla Dr

City State Zip Code  
Richton Park IL 60471-1519

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

Name of Employer Occupation  
Governors State University Professor Of History

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2008

**Transaction ID: 181**

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas Kelly

Mailing Address 5211 Arquilla Dr

City State Zip Code  
Richton Park IL 60471-1519

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

Name of Employer Occupation  
Governors State University Professor Of History

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
01 / 28 / 2008

**Transaction ID: 182**

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas Kelly

Mailing Address 5211 Arquilla Dr

City State Zip Code  
Richton Park IL 60471-1519

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

Name of Employer Occupation  
Governors State University Professor Of History

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
01 / 03 / 2008

**Transaction ID: 183**

Amount of Each Receipt this Period  
50.00

**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 34 / 100  
(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. Florence N Kim

Mailing Address 3458 Keahi Pl

City State Zip Code  
Honolulu HI 96822-1202

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

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 237

Amount of Each Receipt this Period

300.00

**B.**

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

Mailing Address 5438 N Lawrence St

City State Zip Code  
Philadelphia PA 19120-2804

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

Name of Employer Occupation  
Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 7 / 2 0 0 8

Transaction ID: 211

Amount of Each Receipt this Period

375.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr Von Klemperer

Mailing Address 4 Yellowwood Cluster  
Pine Run Community

City State Zip Code  
Doylestown PA 18901-2161

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

Name of Employer Occupation  
Information Requested per Best Efforts Information Requested per Best Efforts

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: 143

Amount of Each Receipt this Period

500.00

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

1175.00

**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 / 100  
(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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 23 / 2008

**Transaction ID: 255**

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms Mary M Koessler

Mailing Address S6122 Old Lake Shore Rd

City State Zip Code  
Lake View NY 14085

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  
01 / 21 / 2008

**Transaction ID: 226**

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Ronald A Krancer

Mailing Address 7219 Queenferry Cir

City State Zip Code  
Boca Raton FL 33496-5952

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  
02 / 19 / 2008

**Transaction ID: 101**

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5550.00**

**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 / 100  
(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 W Lapp

Mailing Address 41 Ridge View Dr

City Leola State PA Zip Code 17540-1119

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

Name of Employer Self-Employed Occupation Trucker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 28 / 2008

**Transaction ID: 285**

Amount of Each Receipt this Period 110.00

**B.** Full Name (Last, First, Middle Initial)  
Mr John W Lapp

Mailing Address 41 Ridge View Dr

City Leola State PA Zip Code 17540-1119

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

Name of Employer Self-Employed Occupation Trucker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 01 / 21 / 2008

**Transaction ID: 286**

Amount of Each Receipt this Period 110.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Charles Lazure

Mailing Address 2725 N 45th Ave

City Omaha State NE Zip Code 68104-4526

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

Name of Employer Occupation Ret

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 01 / 17 / 2008

**Transaction ID: 184**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 320.00

**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 / 100  
(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. Charles Lazure

Mailing Address 2725 N 45th Ave

City Omaha State NE Zip Code 68104-4526

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

Name of Employer Occupation Ret

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	0	8

**Transaction ID: 185**

Amount of Each Receipt this Period  
75.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Charles Lazure

Mailing Address 2725 N 45th Ave

City Omaha State NE Zip Code 68104-4526

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

Name of Employer Occupation Ret

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	0	8

**Transaction ID: 186**

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Charles Lazure

Mailing Address 2725 N 45th Ave

City Omaha State NE Zip Code 68104-4526

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

Name of Employer Occupation Ret

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  

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

**Transaction ID: 187**

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **325.00**

**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 / 100
	(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 John E Maloy	Date of Receipt MM / DD / YYYY 01 / 15 / 2008
	Mailing Address 85 Old Niskayuna Rd	<b>Transaction ID:</b> 252
	City Albany State NY Zip Code 12211-1349	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Suzanne R Mason	Date of Receipt MM / DD / YYYY 02 / 26 / 2008
	Mailing Address 723 W Valley Forge Rd	<b>Transaction ID:</b> 249
	City King Of Prussia State PA Zip Code 19406-1572	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms Louise Mayo	Date of Receipt MM / DD / YYYY 03 / 24 / 2008
	Mailing Address 31 W Sycamore Ave	<b>Transaction ID:</b> 242
	City Arcadia State CA Zip Code 91006-2355	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Information Requested per Best Efforts Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<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 39 / 100  
(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. Donald McClanahan

Mailing Address 160 Cerro Crest Dr

City State Zip Code  
Novato CA 94945-1519

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

Name of Employer Occupation  
Information Requested per Information Requested per Best Efforts  
Best Efforts

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 8

Transaction ID: 256

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Leland C McGill

Mailing Address 4245 E 46th Ave

City State Zip Code  
Denver CO 80216-3219

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

Name of Employer Occupation  
Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: 146

Amount of Each Receipt this Period

500.00

**C.**

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

Mailing Address 766 Jackson Center Polk Rd

City State Zip Code  
Stoneboro PA 16153-3114

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

Name of Employer Occupation  
Consultant

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 0 / 2 0 0 8

Transaction ID: 205

Amount of Each Receipt this Period

300.00

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

1050.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 100  
(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. H Robert McQuiston

Mailing Address 766 Jackson Center Polk Rd

City State Zip Code  
Stoneboro PA 16153-3114

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

Name of Employer Occupation  
Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
01 / 18 / 2008

**Transaction ID: 206**

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr James Morris

Mailing Address 13400 Riverside Dr Ste 112

City State Zip Code  
Sherman Oaks CA 91423-2513

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

Name of Employer Occupation  
Self-Employed Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2008

**Transaction ID: 236**

Amount of Each Receipt this Period  
300.00

**C.**

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

Mailing Address 93 Carol St

City State Zip Code  
New Cumberland PA 17070

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

Name of Employer Occupation  
Printer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2008

**Transaction ID: 238**

Amount of Each Receipt this Period  
300.00

**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 41 / 100  
(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. Peter B Mulloney

Mailing Address 213 Grandview Ave

City State Zip Code  
Pittsburgh PA 15211-1525

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  
01 / 30 / 2008

**Transaction ID: 129**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr James L Murdy

Mailing Address PO Box 237  
400 Meadow Run Rd E

City State Zip Code  
Farmington PA 15437-0237

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

Name of Employer Occupation  
Allegheny Teledyne Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 21 / 2008

**Transaction ID: 136**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Rita L Mussell

Mailing Address 610 Glen Hampton Dr

City State Zip Code  
Alpharetta GA 30004-3067

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  
03 / 24 / 2008

**Transaction ID: 230**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

**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 42 / 100
	<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. Frank W Nikischer, Sr		Date of Receipt MM / DD / YYYY 01 / 31 / 2008
	Mailing Address RR 1 Box 1912		<b>Transaction ID:</b> 234
	City Kunkletown	State PA	Zip Code 18058-9763
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
	Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Frank W Nikischer, Sr		Date of Receipt MM / DD / YYYY 01 / 21 / 2008
	Mailing Address RR 1 Box 1912		<b>Transaction ID:</b> 235
	City Kunkletown	State PA	Zip Code 18058-9763
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs Mary O Murdy		Date of Receipt MM / DD / YYYY 01 / 21 / 2008
	Mailing Address 400 Meadow Run Rd Ext		<b>Transaction ID:</b> 273
	City Farmington	State PA	Zip Code 15437
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer Information Requested per Best Efforts	Occupation Information Requested per Best Efforts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>550.00</b>
<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 43 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
America's Foundation

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Patricia O' Brien

Mailing Address 535 E 86th St # 20D

City State Zip Code  
New York NY 10028-7533

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

Name of Employer Occupation  
Information Requested per Information Requested per Best Efforts  
Best Efforts

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 8

**Transaction ID: 239**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ray P Oden, Jr

Mailing Address 702 Thora Blvd

City State Zip Code  
Shreveport LA 71106-1824

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

Name of Employer Occupation  
Retired

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 1 / 2 0 0 8

**Transaction ID: 110**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Richard Paxton

Mailing Address 124 SE Everett St

City State Zip Code  
Camas WA 98607-2818

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

Name of Employer Occupation  
Retired

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 8

**Transaction ID: 134**

Amount of Each Receipt this Period  
500.00

**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 44 / 100

(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 O Pfaff

Mailing Address 16 Beaver Creek Ln

City State Zip Code  
Asheville NC 28804-2765

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

Name of Employer Occupation  
Information Requested per Information Requested per Best Efforts  
Best Efforts

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: 145

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr Edward Poitras

Mailing Address 27 B Moore Rd

City State Zip Code  
Haines City FL 33844-8698

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

Name of Employer Occupation  
Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 0 8

Transaction ID: 179

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr Edward Poitras

Mailing Address 27 B Moore Rd

City State Zip Code  
Haines City FL 33844-8698

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

Name of Employer Occupation  
Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 8

Transaction ID: 180

Amount of Each Receipt this Period

100.00

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

950.00

**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 45 / 100		
	<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

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NAME OF COMMITTEE (In Full)  
America's Foundation

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Margaret F Pratt	Date of Receipt MM / DD / YYYY 01 / 17 / 2008
	Mailing Address 11113 Piney Meetinghouse Rd	<b>Transaction ID:</b> 142
	City State Zip Code Potomac MD 20854-1314	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Information Requested per Best Efforts Occupation Information Requested per Best Efforts Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. William Rankin	Date of Receipt MM / DD / YYYY 01 / 23 / 2008
	Mailing Address 220 N Dithridge St Apt 1000	<b>Transaction ID:</b> 138
	City State Zip Code Pittsburgh PA 15213-1425	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Information Requested per Best Efforts Occupation Ret. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. John W Rich, Sr.	Date of Receipt MM / DD / YYYY 01 / 30 / 2008
	Mailing Address 1621 Howard Ave	<b>Transaction ID:</b> 103
	City State Zip Code Pottsville PA 17901-3214	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Information Requested per Best Efforts Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	6000.00
<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 46 / 100  
(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)  
Ms Evelyn H Risser

Mailing Address 2052 Kestrel Ct Apt L

City State Zip Code  
Lancaster PA 17603-2455

FEC ID number of contributing federal political committee. C

Name of Employer Occupation Ret.  
Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
02 / 19 / 2008

**Transaction ID:** 261

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms Evelyn H Risser

Mailing Address 2052 Kestrel Ct Apt L

City State Zip Code  
Lancaster PA 17603-2455

FEC ID number of contributing federal political committee. C

Name of Employer Occupation Ret.  
Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
01 / 21 / 2008

**Transaction ID:** 262

Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Ms Evelyn H Risser

Mailing Address 2052 Kestrel Ct Apt L

City State Zip Code  
Lancaster PA 17603-2455

FEC ID number of contributing federal political committee. C

Name of Employer Occupation Ret.  
Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
01 / 31 / 2008

**Transaction ID:** 263

Amount of Each Receipt this Period 100.00

**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 47 / 100  
(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 Russ

Mailing Address 204 Aqueduct Rd

City Washington Crossin State PA Zip Code 18977-1328

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

Name of Employer Information Requested per Best Efforts  
Occupation Information Requested per Best Efforts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2008

**Transaction ID: 203**

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr George J Russ

Mailing Address 204 Aqueduct Rd

City Washington Crossin State PA Zip Code 18977-1328

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

Name of Employer Information Requested per Best Efforts  
Occupation Information Requested per Best Efforts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2008

**Transaction ID: 204**

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Peter C Schaumber

Mailing Address 3000 44th St NW

City Washington State DC Zip Code 20016-3551

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

Name of Employer Information Requested per Best Efforts  
Occupation Information Requested per Best Efforts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 04 / 2008

**Transaction ID: 253**

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 48 / 100

(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)  
Margaret A Schuhmann

Mailing Address 1622 Dauphin Ave

City State Zip Code  
Reading PA 19610-2314

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  
03 / 20 / 2008

Transaction ID: 251

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
Thomas J Schulstad

Mailing Address PO Box 278

City State Zip Code  
Edmonds WA 98020-0278

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

Name of Employer Occupation  
Healthfirst Corp. President Geo

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 05 / 2008

Transaction ID: 283

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Karen E Sellers

Mailing Address 1028 S White Oak St

City State Zip Code  
Lebanon PA 17042-4833

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

Name of Employer Occupation  
Information Requested per Best Efforts Information Requested per Best Efforts

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 28 / 2008

Transaction ID: 231

Amount of Each Receipt this Period

200.00

**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 49 / 100  
(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. Karen E Sellers

Mailing Address 1028 S White Oak St

City Lebanon State PA Zip Code 17042-4833

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

Name of Employer Information Requested per Best Efforts  
Occupation Information Requested per Best Efforts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 12 / 2008  
Transaction ID: 232  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Robert T Shircliff

Mailing Address 1725 Memorial Park Dr  
2358 Riverside Ave 1202

City Jacksonville State FL Zip Code 32204-4117

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: 03 / 24 / 2008  
Transaction ID: 150  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Leonard M Sigurdson

Mailing Address 4169 W Birchview Rd

City Grasston State MN Zip Code 55030-2106

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

Name of Employer Self-Employed  
Occupation Farmer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 01 / 28 / 2008  
Transaction ID: 215  
Amount of Each Receipt this Period: 175.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **775.00**

**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 / 100  
(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. Leonard M Sigurdson

Mailing Address 4169 W Birchview Rd

City State Zip Code  
Grasston MN 55030-2106

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

Name of Employer Occupation  
Self-Employed Farmer

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 325.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	8

**Transaction ID:** 216

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Jerry T Simpson

Mailing Address 210 E Lisburn Rd

City State Zip Code  
Mechanicsburg PA 17055-5541

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

Name of Employer Occupation  
Ret. Ret.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  

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

**Transaction ID:** 224

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Jerry T Simpson

Mailing Address 210 E Lisburn Rd

City State Zip Code  
Mechanicsburg PA 17055-5541

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

Name of Employer Occupation  
Ret. Ret.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  

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

**Transaction ID:** 225

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: (check only one)	PAGE 51 / 100
	<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) Robert Sims		Date of Receipt
	Mailing Address 219 Orchard Way		<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
	City	State	Zip Code
	Wayne	PA	19087-4805
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 233
Name of Employer Information Requested per Best Efforts		Amount of Each Receipt this Period	
Occupation Information Requested per Best Efforts		<input type="text"/> 300.00	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 300.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Charlene Sprankel		Date of Receipt
	Mailing Address 120 Fenway Dr		<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
	City	State	Zip Code
	Decatur	IL	62521-5610
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 240
Name of Employer Information Requested per Best Efforts		Amount of Each Receipt this Period	
Occupation Information Requested per Best Efforts		<input type="text"/> 200.00	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 300.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Charlene Sprankel		Date of Receipt
	Mailing Address 120 Fenway Dr		<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
	City	State	Zip Code
	Decatur	IL	62521-5610
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 241
Name of Employer Information Requested per Best Efforts		Amount of Each Receipt this Period	
Occupation Information Requested per Best Efforts		<input type="text"/> 100.00	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 300.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 600.00
<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 52 / 100  
(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 Ada Strassenburgh

Mailing Address PO Box 608  
RR 9 Box 2370

City State Zip Code  
Ocean View NJ 08230-0608

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2008

**Transaction ID: 123**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs Ada Strassenburgh

Mailing Address PO Box 608  
RR 9 Box 2370

City State Zip Code  
Ocean View NJ 08230-0608

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2008

**Transaction ID: 124**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs Ada Strassenburgh

Mailing Address PO Box 608  
RR 9 Box 2370

City State Zip Code  
Ocean View NJ 08230-0608

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2008

**Transaction ID: 125**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **350.00**

**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 / 100  
(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 Ada Strassenburgh

Mailing Address PO Box 608  
RR 9 Box 2370

City State Zip Code  
Ocean View NJ 08230-0608

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2008

**Transaction ID: 126**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs Ada Strassenburgh

Mailing Address PO Box 608  
RR 9 Box 2370

City State Zip Code  
Ocean View NJ 08230-0608

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2008

**Transaction ID: 127**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr George Strawbridge, Jr

Mailing Address 3801 Kennett Pike

City State Zip Code  
Wilmington DE 19807-2321

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

Name of Employer Occupation  
Self

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 21 / 2008

**Transaction ID: 114**

Amount of Each Receipt this Period  
1000.00

**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 54 / 100

(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. Jannette E Swenson

Mailing Address 36 Game Cock Rd

City State Zip Code  
Greenwich CT 06830-6915

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

Name of Employer Occupation  
Investments

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: 152

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Phyllis S Swindell

Mailing Address 831 Academy Pl

City State Zip Code  
Pittsburgh PA 15243-2003

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

Name of Employer Occupation  
Dell Fastener Corp.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 8

Transaction ID: 149

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Wilson H. Taylor

Mailing Address 1732 Kimberton Rd

City State Zip Code  
Phoenixville PA 19460-1627

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 113

Amount of Each Receipt this Period

1000.00

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

2000.00

**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 / 100  
(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. Susan Valeria Brunoff

Mailing Address 334 W Cedar St

City State Zip Code  
New Holland PA 17557-1202

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

Name of Employer Occupation  
Information Requested per Information Requested per Best Efforts  
Best Efforts

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 8

**Transaction ID: 147**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John Vanlaer

Mailing Address 550 Clay Ave # 10 B

City State Zip Code  
Scranton PA 18510-2178

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

Name of Employer Occupation  
Ret.

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 0 8

**Transaction ID: 148**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Saul Wechter

Mailing Address 17311 San Fernando Mission Blvd  
F-305 Lima Estates

City State Zip Code  
Granada Hills CA 91344-4703

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

Name of Employer Occupation  
Retired

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 1 / 2 0 0 8

**Transaction ID: 139**

Amount of Each Receipt this Period  
250.00

**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 56 / 100						
	(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

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NAME OF COMMITTEE (In Full)  
America's Foundation

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Saul Wechter

Mailing Address 17311 San Fernando Mission Blvd  
F-305 Lima Estates

City Granada Hills State CA Zip Code 91344-4703

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 01 / 23 / 2008

Transaction ID: 140

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Father Thomas J Welsh

Mailing Address 1325 Prospect Ave

City Bethlehem State PA Zip Code 18018-4916

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 01 / 11 / 2008

Transaction ID: 258

Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Father Thomas J Welsh

Mailing Address 1325 Prospect Ave

City Bethlehem State PA Zip Code 18018-4916

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 03 / 24 / 2008

Transaction ID: 259

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 57 / 100  
(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)  
Father Thomas J Welsh  
Mailing Address 1325 Prospect Ave  
City Bethlehem State PA Zip Code 18018-4916  
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 01 / 21 / 2008  
Transaction ID: 260  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms Carol K Wilson  
Mailing Address PO Box 2366  
City Wichita State KS Zip Code 67201-2366  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation The Slope  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 03 / 25 / 2008  
Transaction ID: 209  
Amount of Each Receipt this Period 400.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Betty Wolfe  
Mailing Address 1600 Texas St Apt 1611  
City Fort Worth State TX Zip Code 76102-7500  
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 01 / 21 / 2008  
Transaction ID: 121  
Amount of Each Receipt this Period 500.00

**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 58 / 100  
(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. Betty Wolfe

Mailing Address 1600 Texas St Apt 1611

City State Zip Code  
Fort Worth TX 76102-7500

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  
01 / 21 / 2008

**Transaction ID: 122**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Anne Wunsche

Mailing Address 261 E Line St Apt G

City State Zip Code  
Bishop CA 93514-3551

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  
01 / 31 / 2008

**Transaction ID: 228**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard A Zappala

Mailing Address 8 Meadowood Ln

City State Zip Code  
Pittsburgh PA 15215

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

Name of Employer Occupation  
First City Company

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2008

**Transaction ID: 118**

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 59 / 100  
(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)  
Dr. Peter W Zimmer

Mailing Address 7215 Sagerock Ct

City State Zip Code  
Colorado Springs CO 80919-2916

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

Name of Employer Occupation  
Cs Community Surgeons, Pc Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

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

Transaction ID: 282

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	65775.00

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

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

FOR LINE NUMBER: PAGE 60 / 100  
(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)  
Bryn Mawr Trust Company  
Mailing Address 801 Lancaster Avenue  
City State Zip Code  
Bryn Mawr PA 19010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00  
Date of Receipt: 01 / 31 / 2008  
Transaction ID: 10003  
Amount of Each Receipt this Period: 11.47  
Interest Income

**B.** Full Name (Last, First, Middle Initial)  
Bryn Mawr Trust Company  
Mailing Address 801 Lancaster Avenue  
City State Zip Code  
Bryn Mawr PA 19010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00  
Date of Receipt: 02 / 28 / 2008  
Transaction ID: 10004  
Amount of Each Receipt this Period: 5.51  
Interest Income

**C.** Full Name (Last, First, Middle Initial)  
Bryn Mawr Trust Company  
Mailing Address 801 Lancaster Avenue  
City State Zip Code  
Bryn Mawr PA 19010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00  
Date of Receipt: 03 / 31 / 2008  
Transaction ID: 10005  
Amount of Each Receipt this Period: 3.30  
Interest Income

**SUBTOTAL** of Receipts This Page (optional) ..... ► 20.28  
**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 / 100  
(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 Cresskill State NJ Zip Code 07626  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00  
Date of Receipt 01 / 23 / 2008  
Transaction ID: 10001  
Amount of Each Receipt this Period 4212.74  
List Rental Income

**B.** Full Name (Last, First, Middle Initial)  
Conrad Direct, Inc.  
Mailing Address 300 Knickerbocker Road  
City Cresskill State NJ Zip Code 07626  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00  
Date of Receipt 03 / 17 / 2008  
Transaction ID: 10002  
Amount of Each Receipt this Period 4989.78  
List Rental Income

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	9202.52
<b>TOTAL</b> This Period (last page this line number only) .....	▶	9222.80

**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 62 / 100

<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) Carey J. Dunn	Transaction ID: 1003 Date of Disbursement 01 / 02 / 2008
	Mailing Address Stonedale Road	Amount of Each Disbursement this Period 1185.00
	City Sewickley State PA Zip Code 15143	
	Purpose of Disbursement Compensation for Fundraising Svcs Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Nadine Maenza	Transaction ID: 1024 Date of Disbursement 02 / 28 / 2008
	Mailing Address 315 Foxtail Lane	Amount of Each Disbursement this Period 3280.00
	City Spring city State PA Zip Code 19475	
	Purpose of Disbursement Compensation for Fundraising Svcs 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) Nadine Maenza	Transaction ID: 1039 Date of Disbursement 03 / 27 / 2008
	Mailing Address 315 Foxtail Lane	Amount of Each Disbursement this Period 3280.00
	City Spring city State PA Zip Code 19475	
	Purpose of Disbursement Compensation for Fundraising Svcs 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) .....	7745.00
<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 63 / 100

<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) Amy W. Petraglia	Transaction ID: 1001 Date of Disbursement 01 / 02 / 2008
	Mailing Address 8623 Lexington Place	Amount of Each Disbursement this Period 1185.00
	City Wexford State PA Zip Code 15090	
	Purpose of Disbursement Compensation for Fundraising Svcs 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) Advanced Mailing Sevices	Transaction ID: 1043 Date of Disbursement 01 / 04 / 2008
	Mailing Address 14970 Farm Creek Drive	Amount of Each Disbursement this Period 887.96
	City Woodbridge State VA Zip Code 22191	
	Purpose of Disbursement Direct Mail Expenses 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) American Express	Transaction ID: 1015 Date of Disbursement 02 / 14 / 2008
	Mailing Address Suite 0002	Amount of Each Disbursement this Period 112.57
	City Chicago State IL Zip Code 60679-0002	
	Purpose of Disbursement Membership Fee and Interest 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) .....	▶	2185.53
<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 64 / 100

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

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NAME OF COMMITTEE (In Full)  
America's Foundation

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 1028 Date of Disbursement 03 / 03 / 2008
	Mailing Address P.O. Box 53852	Amount of Each Disbursement this Period 4.50
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Merchant Credit Card 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) American Express	Transaction ID: 1029 Date of Disbursement 03 / 05 / 2008
	Mailing Address P.O. Box 53852	Amount of Each Disbursement this Period 350.70
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Merchant Credit Card 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) American Heritage Credit Union	Transaction ID: 1020 Date of Disbursement 02 / 28 / 2008
	Mailing Address P.O. Box 67001	Amount of Each Disbursement this Period 250.00
	City Harrisburg State PA Zip Code 17106-7001	
	Purpose of Disbursement Credit Card Payment	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) .....	605.20
<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)  
Amtrak

Mailing Address 30th and Market St, Fl. 5

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement Travel Expenses

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 1021  
Date of Disbursement 02 / 28 / 2008

Amount of Each Disbursement this Period 250.00

**[MEMO ITEM]**  
(see 02/28/08 American Express payment)

**B.** Full Name (Last, First, Middle Initial)  
Bankcard MTOT Discount

Mailing Address P.O. Box 189

City Hagerstown State MD Zip Code 21741-0189

Purpose of Disbursement Merchant Credit Card Fees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 1081  
Date of Disbursement 03 / 13 / 2008

Amount of Each Disbursement this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
Bankcard MTOT Discount

Mailing Address P.O. Box 189

City Hagerstown State MD Zip Code 21741-0189

Purpose of Disbursement Merchant Credit Card Fees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 1082  
Date of Disbursement 03 / 13 / 2008

Amount of Each Disbursement this Period 50.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 75.00

**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 66 / 100

<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) Bankcard MTOT Discount Mailing Address P.O. Box 189 City Hagerstown State MD Zip Code 21741-0189 Purpose of Disbursement Merchant Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1083 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 8
	Amount of Each Disbursement this Period 505.67 Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) Bankcard MTOT Discount Mailing Address P.O. Box 189 City Hagerstown State MD Zip Code 21741-0189 Purpose of Disbursement Merchant Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1089 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 273.16 Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) Bankcard MTOT Discount Mailing Address P.O. Box 189 City Hagerstown State MD Zip Code 21741-0189 Purpose of Disbursement Merchant Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1090 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 245.00 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1023.83
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 67 / 100

<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) Bankcard MTOT Discount</p> <p>Mailing Address P.O. Box 189</p> <p>City Hagerstown State MD Zip Code 21741-0189</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> 1099</p> <p>Date of Disbursement MM / DD / YYYY 01 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 45.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Bankcard MTOT Discount</p> <p>Mailing Address P.O. Box 189</p> <p>City Hagerstown State MD Zip Code 21741-0189</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> 1101</p> <p>Date of Disbursement MM / DD / YYYY 02 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 45.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bankcard MTOT Discount</p> <p>Mailing Address P.O. Box 189</p> <p>City Hagerstown State MD Zip Code 21741-0189</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> 1103</p> <p>Date of Disbursement MM / DD / YYYY 03 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 45.00</p>

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

135.00

**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

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) Barna Advisory Services, PC	Transaction ID: 1008 Date of Disbursement
	Mailing Address 270 S. Woodmont Drive	<input type="text" value="01"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City Downingtown State PA Zip Code 19335	Amount of Each Disbursement this Period
	Purpose of Disbursement Accounting Fees	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text"/>
	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) Barna Advisory Services, PC	Transaction ID: 1009 Date of Disbursement
	Mailing Address 270 S. Woodmont Drive	<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Downingtown State PA Zip Code 19335	Amount of Each Disbursement this Period
	Purpose of Disbursement Accounting Fees	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text"/>
	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) Barna Advisory Services, PC	Transaction ID: 1014 Date of Disbursement
	Mailing Address 270 S. Woodmont Drive	<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City Downingtown State PA Zip Code 19335	Amount of Each Disbursement this Period
	Purpose of Disbursement Accounting Fees	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text"/>
	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="7500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

<input 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: 1026 Date of Disbursement
	Mailing Address 270 S. Woodmont Drive	<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Downingtown State PA Zip Code 19335	Amount of Each Disbursement this Period
	Purpose of Disbursement Accounting Fees	<input type="text" value="5000.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Barna Advisory Services, PC	Transaction ID: 1032 Date of Disbursement
	Mailing Address 270 S. Woodmont Drive	<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City Downingtown State PA Zip Code 19335	Amount of Each Disbursement this Period
	Purpose of Disbursement Accounting Fees	<input type="text" value="700.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Barna Advisory Services, PC	Transaction ID: 1035 Date of Disbursement
	Mailing Address 270 S. Woodmont Drive	<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City Downingtown State PA Zip Code 19335	Amount of Each Disbursement this Period
	Purpose of Disbursement Accounting 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	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="6700.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 70 / 100

<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) Big Fish, A Design Ptrship, Inc.	<b>Transaction ID:</b> 1002 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 8	
	Mailing Address 405 8th Street, SE Suite 200		Amount of Each Disbursement this Period 4000.00
	City Washington State DC Zip Code 20003		
	Purpose of Disbursement Web Design Fees		
	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) Big Fish, A Design Ptrship, Inc.	<b>Transaction ID:</b> 1012 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 8	
	Mailing Address 405 8th Street, SE Suite 200		Amount of Each Disbursement this Period 4000.00
	City Washington State DC Zip Code 20003		
	Purpose of Disbursement Web Design Fees		
	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) Big Fish, A Design Ptrship, Inc.	<b>Transaction ID:</b> 1016 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 8	
	Mailing Address 405 8th Street, SE Suite 200		Amount of Each Disbursement this Period 175.00
	City Washington State DC Zip Code 20003		
	Purpose of Disbursement Web Design Fees		
	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) .....	8175.00
<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) Big Fish, A Design Ptrship, Inc.	Transaction ID: 1022 Date of Disbursement
	Mailing Address 405 8th Street, SE Suite 200	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Web Design Fees	<input type="text" value="1300.00"/>
	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.	Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company	Transaction ID: 1006 Date of Disbursement
	Mailing Address 801 Lancaster Avenue	<input type="text" value="01"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Bryn Mawr State PA Zip Code 19010	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="37.82"/>
	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) Bryn Mawr Trust Company	Transaction ID: 1011 Date of Disbursement
	Mailing Address 801 Lancaster Avenue	<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City Bryn Mawr State PA Zip Code 19010	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="75.00"/>
	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) .....	<input type="text" value="1412.82"/>
<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

<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> 1013</p> <p>Date of Disbursement 02 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 48.49</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> 1027</p> <p>Date of Disbursement 02 / 29 / 2008</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> 1030</p> <p>Date of Disbursement 03 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 43.36</p>

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

166.85

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Bryn Mawr Trust Company</p> <p>Mailing Address 801 Lancaster Avenue</p> <p>City State Zip Code Bryn Mawr PA 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> 1033</p> <p>Date of Disbursement 03 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 32.00</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 State Zip Code Bryn Mawr PA 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> 1041</p> <p>Date of Disbursement 03 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 75.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Capitol Resource Group, Inc.</p> <p>Mailing Address One Tower Bridge, Suite 1440 One Hundred Front Street</p> <p>City State Zip Code West Conshohocken PA 19428</p> <p>Purpose of Disbursement Management 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> 1005</p> <p>Date of Disbursement 01 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 10000.00</p>

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

10107.00

**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) Catterton Printing</p> <p>Mailing Address 100 Post Office Road</p> <p>City Waldorf State MD Zip Code 20602</p> <p>Purpose of Disbursement Direct Mail Expenses</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> 1053</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9008.98"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) cmdi</p> <p>Mailing Address 7704 Leesburg Pike</p> <p>City Falls Church State VA Zip Code 22043</p> <p>Purpose of Disbursement Database Maintenance Costs</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> 1010</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3338.38"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) cmdi</p> <p>Mailing Address 7704 Leesburg Pike</p> <p>City Falls Church State VA Zip Code 22043</p> <p>Purpose of Disbursement Database Maintenance</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> 1095</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3993.34"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="16340.70"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 75 / 100

<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) Colortree</p> <p>Mailing Address P.O. Box 18160</p> <p>City Merrifield State VA Zip Code 22118-0160</p> <p>Purpose of Disbursement Direct Mail 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> 1057</p> <p>Date of Disbursement 02 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 8588.65</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Colortree</p> <p>Mailing Address P.O. Box 18160</p> <p>City Merrifield State VA Zip Code 22118-0160</p> <p>Purpose of Disbursement Direct Mail 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> 1071</p> <p>Date of Disbursement 03 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 7094.75</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Comcast</p> <p>Mailing Address 237 W. Germantown Pike</p> <p>City Norristown State PA Zip Code 19401</p> <p>Purpose of Disbursement Communications 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> 1017</p> <p>Date of Disbursement 02 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 69.24</p>

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

15752.64

**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) Foley & Lardner, LLP	Transaction ID: 1023 Date of Disbursement 02 / 28 / 2008
	Mailing Address 3000 K St, NW Ste. 500	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Legal Fees	
	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) HSP Direct	Transaction ID: 1044 Date of Disbursement 01 / 04 / 2008
	Mailing Address 13755 Sunrise Valley Drive Suite 450	Amount of Each Disbursement this Period 2835.00
	City Herndon State VA Zip Code 20171	
	Purpose of Disbursement Direct Mail 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:	

C.	Full Name (Last, First, Middle Initial) HSP Direct	Transaction ID: 1051 Date of Disbursement 02 / 01 / 2008
	Mailing Address 13755 Sunrise Valley Drive Suite 450	Amount of Each Disbursement this Period 10715.01
	City Herndon State VA Zip Code 20171	
	Purpose of Disbursement Postage	
	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) .....	<b>16050.01</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) HSP Direct	Transaction ID: 1058 Date of Disbursement 02 / 14 / 2008
	Mailing Address 13755 Sunrise Valley Drive Suite 450	Amount of Each Disbursement this Period 7640.10
	City Herndon State VA Zip Code 20171	
	Purpose of Disbursement Direct Mail 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:	

B.	Full Name (Last, First, Middle Initial) HSP Direct	Transaction ID: 1066 Date of Disbursement 02 / 28 / 2008
	Mailing Address 13755 Sunrise Valley Drive Suite 450	Amount of Each Disbursement this Period 1080.09
	City Herndon State VA Zip Code 20171	
	Purpose of Disbursement Direct Mail 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:	

C.	Full Name (Last, First, Middle Initial) Integram	Transaction ID: 1047 Date of Disbursement 01 / 07 / 2008
	Mailing Address 8421 Hilltop Rd.	Amount of Each Disbursement this Period 898.63
	City Fairfax State VA Zip Code 22031	
	Purpose of Disbursement Postage	
	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) .....	9618.82
<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 78 / 100

<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: 1059 Date of Disbursement MM / DD / YYYY 02 / 14 / 2008
	Mailing Address 8421 Hilltop Rd.	Amount of Each Disbursement this Period 8030.37
	City State Zip Code Fairfax VA 22031	
	Purpose of Disbursement Direct Mail 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) ▼

B.	Full Name (Last, First, Middle Initial) MDI Mail & Imaging	Transaction ID: 1045 Date of Disbursement MM / DD / YYYY 01 / 04 / 2008
	Mailing Address 21721-A Filigree Court	Amount of Each Disbursement this Period 5274.89
	City State Zip Code Adhburn VA 20147	
	Purpose of Disbursement Direct Mail 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) MDI Mail & Imaging	Transaction ID: 1054 Date of Disbursement MM / DD / YYYY 02 / 05 / 2008
	Mailing Address 21721-A Filigree Court	Amount of Each Disbursement this Period 9215.23
	City State Zip Code Adhburn VA 20147	
	Purpose of Disbursement 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	22520.49
<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> 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 Expenses</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> 1072</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2735.11"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) New Media Communications, Inc.</p> <p>Mailing Address Summit of Richfield II 3046 Brecksville Road</p> <p>City Richfield State OH Zip Code 44286</p> <p>Purpose of Disbursement Web Design 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> 1025</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3408.13"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Nova List Company</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</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</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> 1046</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2281.25"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="8424.49"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# 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 80 / 100

<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) Patton-Kiehl Group, Inc.	Transaction ID: 1063 Date of Disbursement
	Mailing Address 17026 Bull Church Road	<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City Woodford State VA Zip Code 22580	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="3171.87"/>
	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) Patton-Kiehl Group, Inc.	Transaction ID: 1064 Date of Disbursement
	Mailing Address 17026 Bull Church Road	<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City Woodford State VA Zip Code 22580	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="13869.01"/>
	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) RST Marketing Associates, Inc.	Transaction ID: 1069 Date of Disbursement
	Mailing Address P.O. Box 228	<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City Forest State VA Zip Code 24551	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="3831.69"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="20872.57"/>
<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) RST Marketing Associates, Inc.	Transaction ID: 1076
	Mailing Address P.O. Box 228	Date of Disbursement MM / DD / YYYY 03 / 13 / 2008
	City Forest State VA Zip Code 24551	Amount of Each Disbursement this Period 3194.24
	Purpose of Disbursement Postage 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: 1049
	Mailing Address 203 Log Canoe Circle	Date of Disbursement MM / DD / YYYY 01 / 11 / 2008
	City Stevensville State MD Zip Code 21666	Amount of Each Disbursement this Period 2052.42
	Purpose of Disbursement Postage 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: 1050
	Mailing Address 203 Log Canoe Circle	Date of Disbursement MM / DD / YYYY 01 / 23 / 2008
	City Stevensville State MD Zip Code 21666	Amount of Each Disbursement this Period 990.40
	Purpose of Disbursement Postage 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) .....	▶	6237.06
<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> 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 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> 1055</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="06"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="440.53"/></p>
<p><b>B.</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 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> 1070</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="05"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15660.75"/></p>
<p><b>C.</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 Expenses</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> 1073</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="06"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2819.27"/></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)

<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: 1086  
Date of Disbursement

Mailing Address 203 Log Canoe Circle

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	0	8

City State Zip Code  
Stevensville MD 21666

Amount of Each Disbursement this Period

6130.22
---------

Purpose of Disbursement  
Postage  
Candidate Name

Category/  
Type

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

B.

Full Name (Last, First, Middle Initial)  
Sunrise Data Services

Transaction ID: 1052  
Date of Disbursement

Mailing Address 13755 Sunrise Valley Drive  
Suite 450

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

City State Zip Code  
Herndon VA 20171

Amount of Each Disbursement this Period

808.07
--------

Purpose of Disbursement  
Database Maintenance  
Candidate Name

Category/  
Type

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

C.

Full Name (Last, First, Middle Initial)  
Sunrise Data Services

Transaction ID: 1060  
Date of Disbursement

Mailing Address 13755 Sunrise Valley Drive  
Suite 450

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

City State Zip Code  
Herndon VA 20171

Amount of Each Disbursement this Period

255.00
--------

Purpose of Disbursement  
Database Maintenance  
Candidate Name

Category/  
Type

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

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

7193.29
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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) Sunrise Data Services	Transaction ID: 1067 Date of Disbursement
	Mailing Address 13755 Sunrise Valley Drive Suite 450	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Database Maintenance	<input type="text" value="280.00"/>
	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) Sunrise Data Services	Transaction ID: 1074 Date of Disbursement
	Mailing Address 13755 Sunrise Valley Drive Suite 450	<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Database Maintenance	<input type="text" value="180.00"/>
	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) Union League of Philadelphia	Transaction ID: 1018 Date of Disbursement
	Mailing Address 140 South Broad Street	<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City Philadelphia State PA Zip Code 19102-3083	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Fundraising Event Costs	<input type="text" value="1227.08"/>
	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="1687.08"/>
<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) USPS</p> <p>Mailing Address 900 Brentwood Rd, NE #118</p> <p>City Washington State DC Zip Code 20066-9612</p> <p>Purpose of Disbursement PO Box Rental</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> 1034</p> <p>Date of Disbursement 03 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 68.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address 900 Brentwood Rd, NE #118</p> <p>City Washington State DC Zip Code 20066-9612</p> <p>Purpose of Disbursement 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> 1042</p> <p>Date of Disbursement 01 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address 900 Brentwood Rd, NE #118</p> <p>City Washington State DC Zip Code 20066-9612</p> <p>Purpose of Disbursement 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> 1048</p> <p>Date of Disbursement 01 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

2068.00

**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) USPS	Transaction ID: 1056 Date of Disbursement MM / DD / YYYY 02 / 13 / 2008
	Mailing Address 900 Brentwood Rd, NE #118	Amount of Each Disbursement this Period 200.00
	City Washington State DC Zip Code 20066-9612	
	Purpose of Disbursement Postage 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) USPS	Transaction ID: 1062 Date of Disbursement MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 900 Brentwood Rd, NE #118	Amount of Each Disbursement this Period 200.00
	City Washington State DC Zip Code 20066-9612	
	Purpose of Disbursement Postage 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) USPS	Transaction ID: 1065 Date of Disbursement MM / DD / YYYY 02 / 27 / 2008
	Mailing Address 900 Brentwood Rd, NE #118	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20066-9612	
	Purpose of Disbursement Postage 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) .....	▶	900.00
<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) USPS	Transaction ID: 1068 Date of Disbursement 03 / 05 / 2008
	Mailing Address 900 Brentwood Rd, NE #118	Amount of Each Disbursement this Period 700.00
	City Washington State DC Zip Code 20066-9612	
	Purpose of Disbursement Postage 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) USPS	Transaction ID: 1084 Date of Disbursement 03 / 20 / 2008
	Mailing Address 900 Brentwood Rd, NE #118	Amount of Each Disbursement this Period 800.00
	City Washington State DC Zip Code 20066-9612	
	Purpose of Disbursement Postage 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) USPS	Transaction ID: 1085 Date of Disbursement 03 / 25 / 2008
	Mailing Address 900 Brentwood Rd, NE #118	Amount of Each Disbursement this Period 1200.00
	City Washington State DC Zip Code 20066-9612	
	Purpose of Disbursement Postage 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) .....	2700.00
<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) USPS	Transaction ID: 1094 Date of Disbursement 03 / 31 / 2008
	Mailing Address 900 Brentwood Rd, NE #118	Amount of Each Disbursement this Period 485.00
	City Washington State DC Zip Code 20066-9612	
	Purpose of Disbursement Postage Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: 1019 Date of Disbursement 02 / 21 / 2008
	Mailing Address P.O. Box 28000	Amount of Each Disbursement this Period 339.09
	City Lehigh Valley State PA Zip Code 18002-0646	
	Purpose of Disbursement Telephone Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 1004 Date of Disbursement 01 / 02 / 2008
	Mailing Address P.O. Box 41556	Amount of Each Disbursement this Period 213.48
	City Philadelphia State PA Zip Code 19101-1464	
	Purpose of Disbursement Telephone Expense 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) .....	▶	1037.57
<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) Verizon Wireless</p> <p>Mailing Address P.O. Box 41556</p> <p>City Philadelphia State PA Zip Code 19101-1464</p> <p>Purpose of Disbursement Telephone Expense</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> 1007</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="696.39"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Wachovia Bank</p> <p>Mailing Address 1753 Pinnacle Drive</p> <p>City Mclean State VA Zip Code 22102</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</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> 1077</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Wachovia Bank</p> <p>Mailing Address 1753 Pinnacle Drive</p> <p>City Mclean State VA Zip Code 22102</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</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> 1080</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="726.39"/>
<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) Wachovia Bank	Transaction ID: 1088 Date of Disbursement 03 / 29 / 2008
	Mailing Address 1753 Pinnacle Drive	Amount of Each Disbursement this Period 7.50
	City Mclean State VA Zip Code 22102	
	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) Wachovia Bank	Transaction ID: 1091 Date of Disbursement 03 / 31 / 2008
	Mailing Address 1753 Pinnacle Drive	Amount of Each Disbursement this Period 66.00
	City Mclean State VA Zip Code 22102	
	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) Wachovia Bank	Transaction ID: 1092 Date of Disbursement 03 / 31 / 2008
	Mailing Address 1753 Pinnacle Drive	Amount of Each Disbursement this Period 15.00
	City Mclean State VA Zip Code 22102	
	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) .....	88.50
<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) Wachovia Bank</p> <p>Mailing Address 1753 Pinnacle Drive</p> <p>City Mclean State VA Zip Code 22102</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> 1093</p> <p>Date of Disbursement 03 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 27.50</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Wachovia Bank</p> <p>Mailing Address 1753 Pinnacle Drive</p> <p>City Mclean State VA Zip Code 22102</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> 1096</p> <p>Date of Disbursement 01 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 14.79</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Wachovia Bank</p> <p>Mailing Address 1753 Pinnacle Drive</p> <p>City Mclean State VA Zip Code 22102</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> 1097</p> <p>Date of Disbursement 02 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 16.88</p>

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

59.17

**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) Wachovia Bank</p> <p>Mailing Address 1753 Pinnacle Drive</p> <p>City Mclean State VA Zip Code 22102</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> 1098</p> <p>Date of Disbursement 03 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 14.88</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Wachovia Bank</p> <p>Mailing Address 1753 Pinnacle Drive</p> <p>City Mclean State VA Zip Code 22102</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> 1100</p> <p>Date of Disbursement 01 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 17.35</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Wachovia Bank</p> <p>Mailing Address 1753 Pinnacle Drive</p> <p>City Mclean State VA Zip Code 22102</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> 1102</p> <p>Date of Disbursement 02 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 15.63</p>

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

47.86

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

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

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

FOR LINE NUMBER:  
(check only one)

<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) Wachovia Bank	Transaction ID: 1104 Date of Disbursement MM / DD / YYYY 03 / 11 / 2008
	Mailing Address 1753 Pinnacle Drive	Amount of Each Disbursement this Period 15.60
	City Mclean State VA Zip Code 22102	
	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) Wachovia Bank	Transaction ID: 1106 Date of Disbursement MM / DD / YYYY 01 / 21 / 2008
	Mailing Address 1753 Pinnacle Drive	Amount of Each Disbursement this Period 7.50
	City Mclean State VA Zip Code 22102	
	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) Wachovia Bank	Transaction ID: 1107 Date of Disbursement MM / DD / YYYY 01 / 21 / 2008
	Mailing Address 1753 Pinnacle Drive	Amount of Each Disbursement this Period 15.00
	City Mclean State VA Zip Code 22102	
	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) .....	▶	38.10
<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) Wachovia Bank	Transaction ID: 1108 Date of Disbursement
	Mailing Address 1753 Pinnacle Drive	<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City Mclean State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="51.80"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Wachovia Bank	Transaction ID: 1109 Date of Disbursement
	Mailing Address 1753 Pinnacle Drive	<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City Mclean State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="15.00"/>
	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) Washington Intelligence Bureau	Transaction ID: 1061 Date of Disbursement
	Mailing Address 4128 Pepsi Place	<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City Chantilly State VA Zip Code 20151	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail Expenses	<input type="text" value="1727.97"/>
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1794.77"/>
<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)  
Washington Intelligence Bureau

Mailing Address 4128 Pepsi Place

City Chantilly State VA Zip Code 20151

Purpose of Disbursement  
Direct Mail Expenses

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 1075

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3149.77

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

3149.77

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

202059.06

# 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)  
America's Foundation

<p><b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Arlen Specter</p> <p>Mailing Address 426 C Street, NE Rear Building</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Campaign Contribution - Primary</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> 1036 <b>Date of Disbursement:</b> 03 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) John Cornyn for Senate</p> <p>Mailing Address Maianne Sahl, National Finance Dir PO Box 13026</p> <p>City Austin State TX Zip Code 78711</p> <p>Purpose of Disbursement Campaign Contribution - General</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> 1037 <b>Date of Disbursement:</b> 03 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Team Sununu</p> <p>Mailing Address 25 French Drive</p> <p>City Bedford State NH Zip Code 03110</p> <p>Purpose of Disbursement Campaign Contribution - Primary</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> 1038 <b>Date of Disbursement:</b> 03 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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

7500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
America's Foundation

A.

Full Name (Last, First, Middle Initial)  
Tom Manion for Congress

Transaction ID: 1040

Date of Disbursement

Mailing Address

<sup>M</sup> <input type="text" value="0"/>	<sup>M</sup> <input type="text" value="3"/>	/	<sup>D</sup> <input type="text" value="2"/>	<sup>D</sup> <input type="text" value="7"/>	/	<sup>Y</sup> <input type="text" value="2"/>	<sup>Y</sup> <input type="text" value="0"/>	<sup>Y</sup> <input type="text" value="0"/>	<sup>Y</sup> <input type="text" value="8"/>
---	---	---	---	---	---	---	---	---	---

City State Zip Code

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Campaign Contribution - Primary

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

2500.00
---------

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

10000.00
----------

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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) Paul E Casner	Transaction ID: 1087 Date of Disbursement 03 / 29 / 2008
	Mailing Address R R 1, Box 85	
	City Bloomfield State IN Zip Code 47424-9718	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement Returned Deposit 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) Marshall Cusick	Transaction ID: 1078 Date of Disbursement 03 / 13 / 2008
	Mailing Address PO Box 414	
	City Minneola State KS Zip Code 67865-0414	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Returned Deposit 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) Robert Mussman	Transaction ID: 1079 Date of Disbursement 03 / 13 / 2008
	Mailing Address 146 Chesapeake	
	City Ft. Thomas State KY Zip Code 41075	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Returned Deposit 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) .....	▶	1120.00
<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 99 / 100

<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 checked="" 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)  
Margaret J. Walkuski

Transaction ID: 1105

Date of Disbursement

Mailing Address 24527a 77th Cres

<sup>M</sup> <input type="text" value="0"/>	<sup>M</sup> <input type="text" value="1"/>	/	<sup>D</sup> <input type="text" value="2"/>	<sup>D</sup> <input type="text" value="1"/>	/	<sup>Y</sup> <input type="text" value="2"/>	<sup>Y</sup> <input type="text" value="0"/>	<sup>Y</sup> <input type="text" value="0"/>	<sup>Y</sup> <input type="text" value="8"/>
---	---	---	---	---	---	---	---	---	---

City Bellerose State NY Zip Code 11426

Amount of Each Disbursement this Period

10.00
-------

Purpose of Disbursement  
Returned Deposit

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

10.00
-------

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

1130.00
---------

**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 100 / 100

<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)  
Friends of Tom Ellis

Mailing Address 624 Hazelhurst Road

City Merion Station State PA Zip Code 19066

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 1031

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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