

A. Form/Schedule : **F3XA**

Transaction ID :

In response to the Federal Election Commission letter dated: 9/3/10. Amendments have been made to this report to correct data entry errors. This report has been amended on 1/21/11. The contribution from Honeywell International Political Action Committee has been removed from this report period. Due to a bookkeeping/clearical error the contribution was reported incorrectly. The entry was entered in the prior period. Signed: Toni Dian Nunes - Asst Treasurer/Bookkeeper

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
NEW PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		81542.92
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	81542.92									
(c) Total Receipts (from Line 19)	58000.00	58000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	139542.92	139542.92								
7. Total Disbursements (from Line 31)	39489.85	39489.85								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	100053.07	100053.07								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
NEW PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	7500.00	7500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7500.00	7500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	50500.00	50500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	58000.00	58000.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	58000.00	58000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	58000.00	58000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	13489.85	13489.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	13489.85	13489.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	26000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	39489.85	39489.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39489.85	39489.85

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	58000.00	58000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	58000.00	58000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13489.85	13489.85
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13489.85	13489.85

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 26
	(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)
NEW PAC

A.

Full Name (Last, First, Middle Initial) SAN MANUEL TRIBAL ADMINISTRATION		Date of Receipt MM / DD / YYYY 01 / 21 / 2010
Mailing Address 26569 COMMUNITY CENTER DRIVE		Transaction ID: SA11AI.6618
City HIGHLAND	State CA	Zip Code 92346
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	DATED: 12/16/09 RECVD: 1/21/10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.

Full Name (Last, First, Middle Initial) SANTA YNEZ BAND OF MISSION INDIANS		Date of Receipt MM / DD / YYYY 03 / 28 / 2010
Mailing Address P.O. BOX 517		Transaction ID: SA11AI.6623
City SANTA YNEZ	State CA	Zip Code 93460
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	7500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 26
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NEW PAC

A.	Full Name (Last, First, Middle Initial) ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE		Date of Receipt
	Mailing Address 100 Abbott Park Rd. D312 AP6D-2		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Abbott Park	IL	60064
	FEC ID number of contributing federal political committee. C C00040279		Transaction ID: SA11C.6622
Name of Employer		Occupation	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" value="5000.00"/>
		<input type="text" value="5000.00"/>	

B.	Full Name (Last, First, Middle Initial) AMGEN INC. POLITICAL ACTION COMMITTEE		Date of Receipt
	Mailing Address 601 13th Street, NW 12th Floor		<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee. C C00251876		Transaction ID: SA11C.6532
Name of Employer		Occupation	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" value="2500.00"/>
		<input type="text" value="2500.00"/>	

C.	Full Name (Last, First, Middle Initial) AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)		Date of Receipt
	Mailing Address 175 E. Houston Street Room 7-A-50		<input type="text" value="02"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	San Antonio	TX	78205
	FEC ID number of contributing federal political committee. C C00109017		Transaction ID: SA11C.6539
Name of Employer		Occupation	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" value="2500.00"/>
		<input type="text" value="2500.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="10000.00"/>
TOTAL 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 9 / 26
(check only one)

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

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NAME OF COMMITTEE (In Full)
NEW PAC

A. Full Name (Last, First, Middle Initial)
BANK OF AMERICA CORPORATION FEDERAL PAC

Mailing Address 1909 K Street NW Suite 710
DC9-920-07-01

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00364778

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY
03 / 08 / 2010

Transaction ID: SA11C.6535

Amount of Each Receipt this Period: 5000.00

B. Full Name (Last, First, Middle Initial)
CALIFORNIA DAIRIES INC FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2198

City LOS BANOS State CA Zip Code 93635

FEC ID number of contributing federal political committee. **C** C00349746

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY
02 / 16 / 2010

Transaction ID: SA11C.6538

Amount of Each Receipt this Period: 5000.00

C. Full Name (Last, First, Middle Initial)
DUKE ENERGY CORPORATION PAC

Mailing Address 400 South Tryon Street
ST06F

City Charlotte State NC Zip Code 28285

FEC ID number of contributing federal political committee. **C** C00083535

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY
02 / 02 / 2010

Transaction ID: SA11C.6542

Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ► 15000.00

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 / 26
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NEW PAC

A.	Full Name (Last, First, Middle Initial) FMR LLC POLITICAL ACTION COMMITTEE (FIDELITY PAC)	Date of Receipt
	Mailing Address 82 Devonshire Street N5A	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City State Zip Code Boston MA 02109	Transaction ID: SA11C.6534
	FEC ID number of contributing federal political committee. <input type="text" value="C00215046"/>	Amount of Each Receipt this Period <input type="text" value="3000.00"/>
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text" value="3000.00"/>	

B.	Full Name (Last, First, Middle Initial) INTERNATIONAL COUNCIL OF SHOPPING CENTERS INC POLITICAL ACTION COMMITTEE (ICSC PAC)	Date of Receipt
	Mailing Address 1399 New York Avenue Suite 720	<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City State Zip Code Washington DC 20005	Transaction ID: SA11C.6619
	FEC ID number of contributing federal political committee. <input type="text" value="C00217638"/>	Amount of Each Receipt this Period <input type="text" value="2500.00"/>
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	DATED: 12/18/09 REC'VD: 1/21/10

C.	Full Name (Last, First, Middle Initial) INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)	Date of Receipt
	Mailing Address 1401 H STREET NW SUITE 1200	<input type="text" value="02"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City State Zip Code WASHINGTON DC 20005	Transaction ID: SA11C.6540
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="2500.00"/>
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="8000.00"/>
TOTAL 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 11 / 26
(check only one)

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

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NAME OF COMMITTEE (In Full)
NEW PAC

A. Full Name (Last, First, Middle Initial)
INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)

Mailing Address 1401 H STREET NW SUITE 1200

City State Zip Code
WASHINGTON DC 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2010

Transaction ID: SA11C.6621

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 51 Madison Ave.
Room 1109

City State Zip Code
New York NY 10010

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2010

Transaction ID: SA11C.6536

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
R.J. REYNOLDS POLITICAL ACTION COMMITTEE; REYNOLDS AMERICAN INC.

Mailing Address P. O. Box 718

City State Zip Code
Winston-Salem NC 27102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2010

Transaction ID: SA11C.6541

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **12500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 26	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 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)
NEW PAC

A.	Full Name (Last, First, Middle Initial) US ONCOLOGY INC GOOD GOVERNMENT COMMITTEE		Date of Receipt
	Mailing Address 16825 NORTHCHASE DRIVE SUITE 1300		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	HOUSTON	TX	77060
	FEC ID number of contributing federal political committee.		Transaction ID: SA11C.6537
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For:		Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="50500.00"/>

**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 13 / 26

<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)
NEW PAC

<p>A. Full Name (Last, First, Middle Initial) STEPHANIE AMARAL</p> <p>Mailing Address 362 VALLEY VIEW DRIVE</p> <p>City EXETER State CA Zip Code 93221</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.6590</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="525.79"/></p> <p>Category/Type: <input type="text" value="002"/></p>
<p>B. Full Name (Last, First, Middle Initial) CARDMEMBER SERVICES - UNITED</p> <p>Mailing Address P.O. BOX 94014</p> <p>City PALANTINE State IL Zip Code 60094</p> <p>Purpose of Disbursement PAC EVENT EXP: ROOM RENTAL/FOOD</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.6543</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="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1940.59"/></p> <p>Category/Type: <input type="text" value="003"/></p>
<p>C. Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB</p> <p>Mailing Address 300 FIRST STREET, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAC EVENT EXP: ROOM RENTAL/FOOD</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.6543.0</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="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1940.59"/></p> <p>Category/Type: <input type="text" value="003"/></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 26

<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)
NEW PAC

<p>A. Full Name (Last, First, Middle Initial) CARDMEMBER SERVICES - UNITED</p> <p>Mailing Address P.O. BOX 94014</p> <p>City PALANTINE State IL Zip Code 60094</p> <p>Purpose of Disbursement PAC EVENT EXP: ROOM RENTAL/FOOD</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.6545 Date of Disbursement 02 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 606.09</p> <p>003 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB</p> <p>Mailing Address 300 FIRST STREET, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAC EVENT EXP: ROOM RENTAL/FOOD</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.6545.0 Date of Disbursement 02 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 606.09</p> <p>[MEMO ITEM]</p> <p>003 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) CARDMEMBER SERVICES - UNITED</p> <p>Mailing Address P.O. BOX 94014</p> <p>City PALANTINE State IL Zip Code 60094</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.6550 Date of Disbursement 03 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 1262.26</p> <p>002 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1868.35

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 15 / 26

<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)
NEW PAC

A.	Full Name (Last, First, Middle Initial) CARDMEMBER SERVICES - UNITED	Transaction ID: SB21B.6624 Date of Disbursement																			
	Mailing Address P.O. BOX 94014	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	8		2	0	1	0												
	City PALANTINE State IL Zip Code 60094	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PAC EVENT EXP: ROOM RENTAL/CATERING	<table border="1"><tr><td>4918.68</td></tr></table>	4918.68																		
4918.68																					
	Candidate Name	<table border="1"><tr><td>007</td></tr></table> Category/ Type	007																		
007																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) LA PIAZZA	Transaction ID: SB21B.6624.0 Date of Disbursement																			
	Mailing Address 1600 E TULARE AVE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	8		2	0	1	0												
	City TULARE State CA Zip Code 93274	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PAC EVENT EXP: ROOM RENTAL/CATERING	<table border="1"><tr><td>719.40</td></tr></table>	719.40																		
719.40																					
	Candidate Name	<table border="1"><tr><td>007</td></tr></table> Category/ Type	007																		
007																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) PALAZZO STEAK DINING	Transaction ID: SB21B.6624.1 Date of Disbursement																			
	Mailing Address 3255 LAS VEGAS BLVD, SOUTH	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	8		2	0	1	0												
	City LAS VEGAS State NV Zip Code 89109	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PAC EVENT EXP: ROOM RENTAL/CATERING	<table border="1"><tr><td>1319.28</td></tr></table>	1319.28																		
1319.28																					
	Candidate Name	<table border="1"><tr><td>007</td></tr></table> Category/ Type	007																		
007																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>4918.68</td></tr></table>	4918.68
4918.68		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)
NEW PAC

A.

Full Name (Last, First, Middle Initial)
TD GARDEN BOX OFFICE

Transaction ID: SB21B.6624.2
Date of Disbursement

Mailing Address 100 LEGENDS WAY

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

City BOSTON State MA Zip Code 02114

Amount of Each Disbursement this Period

Purpose of Disbursement
PAC EVENT EXP: RENTAL/CATERING

007
Category/ Type

2880.00

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

[MEMO ITEM]

State: District:

B.

Full Name (Last, First, Middle Initial)
CLARISSA N HENDERSON

Transaction ID: SB21B.6581
Date of Disbursement

Mailing Address P.O. Box 7474

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

City VISALIA State CA Zip Code 93291

Amount of Each Disbursement this Period

Purpose of Disbursement
CONSULTING: OFFICE MANAGEMENT

001
Category/ Type

500.00

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
CLARISSA N HENDERSON

Transaction ID: SB21B.6582
Date of Disbursement

Mailing Address P.O. Box 7474

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

City VISALIA State CA Zip Code 93291

Amount of Each Disbursement this Period

Purpose of Disbursement
CONSULTING: OFFICE MANAGEMENT

001
Category/ Type

500.00

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1000.00

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)
NEW PAC

A.	Full Name (Last, First, Middle Initial) CLARISSA N HENDERSON	Transaction ID: SB21B.6584 Date of Disbursement 02 / 05 / 2010	
	Mailing Address P.O. Box 7474		
	City VISALIA State CA Zip Code 93291	Amount of Each Disbursement this Period	450.00
	Purpose of Disbursement CONSULTING: OFFICE MANAGEMENT	001	Category/Type
	Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: District:		
B.	Full Name (Last, First, Middle Initial) CLARISSA N HENDERSON	Transaction ID: SB21B.6585 Date of Disbursement 02 / 05 / 2010	
	Mailing Address P.O. Box 7474		
	City VISALIA State CA Zip Code 93291	Amount of Each Disbursement this Period	594.63
	Purpose of Disbursement TRAVEL	002	Category/Type
	Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: District:		
C.	Full Name (Last, First, Middle Initial) CLARISSA N HENDERSON	Transaction ID: SB21B.6586 Date of Disbursement 02 / 05 / 2010	
	Mailing Address P.O. Box 7474		
	City VISALIA State CA Zip Code 93291	Amount of Each Disbursement this Period	806.09
	Purpose of Disbursement OFFICE EXPENSE: POSTAGE/SUPPLIES/ETC	001	Category/Type
	Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1850.72
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)
NEW PAC

A.	Full Name (Last, First, Middle Initial) US POSTMASTER	Transaction ID: SB21B.6586.0 Date of Disbursement 02 / 05 / 2010
	Mailing Address GENERAL DELIVERY	Amount of Each Disbursement this Period 134.63
	City VISALIA State CA Zip Code 93290	
	Purpose of Disbursement OFFICE EXP: POSTAGE Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) OFFICE DEPOT	Transaction ID: SB21B.6586.2 Date of Disbursement 02 / 05 / 2010
	Mailing Address 2425 S MOONEY BLVD	Amount of Each Disbursement this Period 482.14
	City VISALIA State CA Zip Code 93277	
	Purpose of Disbursement OFFICE EXP: PAPER/TONER/ETC Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) CLARISSA N HENDERSON	Transaction ID: SB21B.6591 Date of Disbursement 03 / 10 / 2010
	Mailing Address P.O. Box 7474	Amount of Each Disbursement this Period 500.00
	City VISALIA State CA Zip Code 93291	
	Purpose of Disbursement CONSULTING: OFFICE MANAGEMENT Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	500.00
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 19 / 26

<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)
NEW PAC

A.

Full Name (Last, First, Middle Initial)
CLARISSA N HENDERSON

Transaction ID: SB21B.6592
Date of Disbursement

Mailing Address P.O. Box 7474

/ /

City VISALIA State CA Zip Code 93291

Amount of Each Disbursement this Period

Purpose of Disbursement
TRAVEL

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
CLARISSA N HENDERSON

Transaction ID: SB21B.6593
Date of Disbursement

Mailing Address P.O. Box 7474

/ /

City VISALIA State CA Zip Code 93291

Amount of Each Disbursement this Period

Purpose of Disbursement
OFFICE EXP: TONER

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
OFFICE DEPOT

Transaction ID: SB21B.6593.0
Date of Disbursement

Mailing Address 2425 S MOONEY BLVD

/ /

City VISALIA State CA Zip Code 93277

Amount of Each Disbursement this Period

Purpose of Disbursement
OFFICE EXP: TONER

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

A.	Full Name (Last, First, Middle Initial) ALLEN WEST FOR CONGRESS	Transaction ID: SB23.6575
	Mailing Address PO Box 1028	Date of Disbursement 02 / 24 / 2010
	City Deerfield Beach State FL Zip Code 33443	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name ALLEN B WEST	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ANDY HARRIS FOR CONGRESS	Transaction ID: SB23.6596
	Mailing Address PO Box 1527	Date of Disbursement 02 / 24 / 2010
	City Annapolis State MD Zip Code 21404	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name ANDREW P HARRIS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BERG FOR CONGRESS	Transaction ID: SB23.6612
	Mailing Address PO BOX 9394	Date of Disbursement 03 / 25 / 2010
	City FARGO State ND Zip Code 58106	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name RICHARD A BERG	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

<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)
NEW PAC

A.	Full Name (Last, First, Middle Initial) DJOU FOR HAWAII	Transaction ID: SB23.6564
	Mailing Address PO BOX 235280	Date of Disbursement 02 / 03 / 2010
	City HONOLULU State HI Zip Code 96823	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name CHARLES KONG DJOU	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ETHAN HASTERT FOR CONGRESS COMMITTEE	Transaction ID: SB23.6553
	Mailing Address PO Box 576	Date of Disbursement 01 / 29 / 2010
	City Geneva State IL Zip Code 60134	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name ETHAN ALLEN HASTERT	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF DENNIS ROSS	Transaction ID: SB23.6572
	Mailing Address PO BOX 7310	Date of Disbursement 02 / 24 / 2010
	City LAKELAND State FL Zip Code 33807	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name DENNIS ALAN ROSS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<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)
NEW PAC

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN LOUGHLIN <hr/> Mailing Address PO BOX 244 <hr/> City ADAMSVILLE State RI Zip Code 02801 Purpose of Disbursement <hr/> Candidate Name JOHN J II LOUGHLIN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District: 01	Transaction ID: SB23.6605 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> <hr/> Category/ Type <table border="1"> <tr> <td style="text-align: center;">011</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1	0	1000.00	011
M	M	/	D	D	/	Y	Y	Y	Y															
0	3		2	4		2	0	1	0															
1000.00																								
011																								
B.	Full Name (Last, First, Middle Initial) JIM GERLACH FOR CONGRESS COMMITTEE <hr/> Mailing Address 911 WELSH AYRES WAY <hr/> City DOWNINGTOWN State PA Zip Code 19335 Purpose of Disbursement <hr/> Candidate Name JIM GERLACH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 06	Transaction ID: SB23.6604 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table> <hr/> Category/ Type <table border="1"> <tr> <td style="text-align: center;">011</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	1	0	2000.00	011
M	M	/	D	D	/	Y	Y	Y	Y															
0	3		1	6		2	0	1	0															
2000.00																								
011																								
C.	Full Name (Last, First, Middle Initial) KEN CALVERT FOR CONGRESS <hr/> Mailing Address PO Box 20123 <hr/> City Riverside State CA Zip Code 92516 Purpose of Disbursement <hr/> Candidate Name KENNETH S MR. CALVERT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 44	Transaction ID: SB23.6611 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> <hr/> Category/ Type <table border="1"> <tr> <td style="text-align: center;">011</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1	0	1000.00	011
M	M	/	D	D	/	Y	Y	Y	Y															
0	3		3	1		2	0	1	0															
1000.00																								
011																								

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
NEW PAC

A.	Full Name (Last, First, Middle Initial) KINZINGER FOR CONGRESS Mailing Address PO BOX 1050 City Bourbonnais State IL Zip Code 60914 Purpose of Disbursement Amended: Data entry error Candidate Name ADAM KINZINGER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Transaction ID: SB23.6557 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 1 0 Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) MARTHA ROBY FOR CONGRESS Mailing Address PO Box 195 City Montgomery State AL Zip Code 36101 Purpose of Disbursement Candidate Name MARTHA ROBY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 02	Transaction ID: SB23.6565 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 1 0 Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) PAT MEEHAN FOR CONGRESS Mailing Address 5035 TOWNSHIP LINE ROAD PO BOX 308 City DREXEL HILL State PA Zip Code 19026 Purpose of Disbursement Candidate Name PATRICK L MEEHAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 07	Transaction ID: SB23.6601 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 1 0 Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">3000.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px;"> </div>

**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)
NEW PAC

A.	Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS	Transaction ID: SB23.6600 Date of Disbursement
	Mailing Address 81 S FIFTH STREET	<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City COLUMBUS State OH Zip Code 43215	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name STEVE STIVERS	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TIM BURNS FOR CONGRESS	Transaction ID: SB23.6615 Date of Disbursement
	Mailing Address PO BOX 4483	<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City EIGHTY FOUR State PA Zip Code 15330	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name TIMOTHY RAYMOND BURNS	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TIM GRIFFIN FOR CONGRESS CAMPAIGN COMMITTEE	Transaction ID: SB23.6568 Date of Disbursement
	Mailing Address P.O. Box 7526	<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Little Rock State AR Zip Code 72217	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name JOHN TIMOTHY GRIFFIN	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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)
NEW PAC

A.	Full Name (Last, First, Middle Initial) VAUGHN WARD FOR CONGRESS	Transaction ID: SB23.6578
	Mailing Address 324 E. Stonewater Court	Date of Disbursement MM / DD / YYYY 02 / 24 / 2010
	City Eagle State ID Zip Code 83616	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name VAUGHN L WARD	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) VAUGHN WARD FOR CONGRESS	Transaction ID: SB23.6608
	Mailing Address 324 E. Stonewater Court	Date of Disbursement MM / DD / YYYY 03 / 30 / 2010
	City Eagle State ID Zip Code 83616	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name VAUGHN L WARD	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

26000.00