

# 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  
CONSERVATIVE VICTORY FUND

ADDRESS (number and street) 1101 PENNSYLVANIA AVE SE SUITE 201  
 Check if different than previously reported. (ACC)  
WASHINGTON DC 20003

2. **FEC IDENTIFICATION NUMBER** C00009704  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 02 2010 in the State of \_\_\_\_\_

5. Covering Period 10 14 2010 through 11 22 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Mr. Thomas S. Winter

Signature of Treasurer Electronically Filed by Mr. Thomas S. Winter Date 11 23 2010

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

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

A. Form/Schedule : **F3XN**

None of the Schedule B expenditures were for public communications or voter drive activity.

Transaction ID :

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
CONSERVATIVE VICTORY FUND

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

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		84749.15
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	92698.49									
(c) Total Receipts (from Line 19) .....	2593.11	205109.59								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	95291.60	289858.74								
7. Total Disbursements (from Line 31) .....	13176.12	207743.26								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	82115.48	82115.48								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
CONSERVATIVE VICTORY FUND

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

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) .....	730.00	136281.27
(ii) Unitemized .....	1860.00	68751.34
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	2590.00	205032.61
(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) .....	2590.00	205032.61
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	50.18
17. Other Federal Receipts (Dividends, Interest, etc.) .....	3.11	26.80
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)) .....	2593.11	205109.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2593.11	205109.59

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	4177.22	80446.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	4177.22	80446.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8998.90	125655.70
24. Independent Expenditure (use Schedule E) .....	0.00	1640.93
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))..	13176.12	207743.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13176.12	207743.26

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	2590.00	205032.61
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2590.00	205032.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4177.22	80446.63
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4177.22	80446.63

**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 / 26
	<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)  
**CONSERVATIVE VICTORY FUND**

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Mary E. Bissette

Mailing Address 2542 Virginia Road

City Edenton State NC Zip Code 27932-8015

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 11 / 01 / 2010

**Transaction ID: SA11AI.13359**

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
SGM. William J. Durr, Ret.

Mailing Address 752 Golden Hill Road

City Cornwallville State NY Zip Code 12418-1207

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 318.00

Date of Receipt 11 / 12 / 2010

**Transaction ID: SA11AI.13363**

Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Harold H. Harms

Mailing Address 516 Pine St., Box 78

City Brunsville State IA Zip Code 51008

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

Name of Employer Iowa Prairie Bank Occupation Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 18 / 2010

**Transaction ID: SA11AI.13365**

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: (check only one)	PAGE 8 / 26
	<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)  
**CONSERVATIVE VICTORY FUND**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Mary B. Kasbohm	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 149 Fleetwood Terrace	<b>Transaction ID:</b> SA11AI.13371
	City State Zip Code Williamsville NY 14221	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. James E. Snyder	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 109 Western Sunset Trail	<b>Transaction ID:</b> SA11AI.13389
	City State Zip Code Snyder OK 73566-2647	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. John C. Strong	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 1432 Crenshaw Blvd.	<b>Transaction ID:</b> SA11AI.13390
	City State Zip Code Los Angeles CA 90019-4347	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer L.A. County Auditor-Controller Occupation Intermediate Clerk Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>330.00</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 9 / 26	
	(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"/> 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) <b>CONSERVATIVE VICTORY FUND</b>
---

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Dale M. Walsh	Date of Receipt
	Mailing Address 106 Swede Canyon	<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City State Zip Code Boerne TX 78006	<b>Transaction ID:</b> SA11AI.13394
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="150.00"/>
	Name of Employer Occupation Retired Retired	
	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>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="730.00"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 26  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CONSERVATIVE VICTORY FUND

A.

Full Name (Last, First, Middle Initial)  
SunTrust Bank

Mailing Address P. O. Box 622227

City State Zip Code  
Orlando FL 32862-2227

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA17.13351

Amount of Each Receipt this Period

Interest

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="3.11"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="3.11"/>

**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 11 / 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)  
CONSERVATIVE VICTORY FUND

A.	Full Name (Last, First, Middle Initial) 1101 Pennsylvania Ave., S.E., LLC	Transaction ID: SB21B.13310 Date of Disbursement 10 / 26 / 2010
	Mailing Address 1115 Pennsylvania Ave., S.E.	Amount of Each Disbursement this Period 790.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Rent	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) 1101 Pennsylvania Ave., S.E., LLC	Transaction ID: SB21B.13405 Date of Disbursement 11 / 22 / 2010
	Mailing Address 1115 Pennsylvania Ave., S.E.	Amount of Each Disbursement this Period 790.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Rent	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) CitiBusiness Card	Transaction ID: SB21B.13344 Date of Disbursement 11 / 05 / 2010
	Mailing Address P.O. Box 183068	Amount of Each Disbursement this Period 211.20
	City Columbus State OH Zip Code 43218-3068	
	Purpose of Disbursement Postage for PAC operation	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) .....	1791.20
<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)  
CONSERVATIVE VICTORY FUND

A.	Full Name (Last, First, Middle Initial) Citi Cards	Transaction ID: SB21B.13303 Date of Disbursement																			
	Mailing Address P.O. Box 183051	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	8		2	0	1	0												
	City Columbus State OH Zip Code 43218-3051	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Postage for PAC operation	<table border="1"><tr><td>316.80</td></tr></table>	316.80																		
316.80																					
	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) D.C. Treasurer	Transaction ID: SB21B.13345 Date of Disbursement																			
	Mailing Address Office of Tax and Revenue P.O. Box 96385	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	3		2	0	1	0												
	City Washington State DC Zip Code 20090-6385	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Employee Tax Withheld	<table border="1"><tr><td>52.00</td></tr></table>	52.00																		
52.00																					
	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:																				

C.	Full Name (Last, First, Middle Initial) DOES	Transaction ID: SB21B.13304 Date of Disbursement																			
	Mailing Address P.O. Box 96664	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	5		2	0	1	0												
	City Washington State DC Zip Code 20090-6664	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Unemployment tax	<table border="1"><tr><td>86.99</td></tr></table>	86.99																		
86.99																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>455.79</td></tr></table>	455.79
455.79		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 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)  
CONSERVATIVE VICTORY FUND

A.	Full Name (Last, First, Middle Initial) Independent Printing Company, Inc.	Transaction ID: SB21B.13305 Date of Disbursement																			
	Mailing Address 8735 Bollman Place Suite A	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	8		2	0	1	0												
	City Savage State MD Zip Code 20763	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Printing letters to contributors	<table border="1"><tr><td>835.00</td></tr></table>	835.00																		
835.00																					
	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) Independent Printing Company, Inc.	Transaction ID: SB21B.13302 Date of Disbursement																			
	Mailing Address 8735 Bollman Place Suite A	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	1	0												
	City Savage State MD Zip Code 20763	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Voided check	<table border="1"><tr><td>-835.00</td></tr></table>	-835.00																		
-835.00																					
	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) Independent Printing Company, Inc.	Transaction ID: SB21B.13396 Date of Disbursement																			
	Mailing Address 8735 Bollman Place Suite A	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	5		2	0	1	0												
	City Savage State MD Zip Code 20763	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Printing stationery	<table border="1"><tr><td>493.00</td></tr></table>	493.00																		
493.00																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>493.00</td></tr></table>	493.00
493.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
CONSERVATIVE VICTORY FUND

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jim Huber</p> <p>Mailing Address 704 Donaldson Lane</p> <p>City Leesburg State VA Zip Code 20175</p> <p>Purpose of Disbursement Web site services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.13397</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <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="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p> <p>Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Michael J. McAvoy</p> <p>Mailing Address 5709 Barbmor Court</p> <p>City Alexandria State VA Zip Code 22310</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.13306</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <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="414.19"/></p> <p>Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Michael J. McAvoy</p> <p>Mailing Address 5709 Barbmor Court</p> <p>City Alexandria State VA Zip Code 22310</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.13346</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <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="417.20"/></p> <p>Category/Type</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)

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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)  
CONSERVATIVE VICTORY FUND

A.	Full Name (Last, First, Middle Initial) Mr. Michael J. McAvoy <hr/> Mailing Address 5709 Barbmor Court <hr/> City Alexandria State VA Zip Code 22310 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13398 Date of Disbursement 11 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 434.21
B.	Full Name (Last, First, Middle Initial) OPEX Communications, Inc. <hr/> Mailing Address P.O. Box 94029 <hr/> City Palatine State IL Zip Code 60094-4029 <hr/> Purpose of Disbursement Long distance telephone calls Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13307 Date of Disbursement 10 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 5.43
C.	Full Name (Last, First, Middle Initial) OPEX Communications, Inc. <hr/> Mailing Address P.O. Box 94029 <hr/> City Palatine State IL Zip Code 60094-4029 <hr/> Purpose of Disbursement Long distance telephone calls Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13406 Date of Disbursement 11 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 3.62

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	443.26
<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)  
CONSERVATIVE VICTORY FUND

A.	Full Name (Last, First, Middle Initial) PAC Faxes (In House)	Transaction ID: SB21B.13336 Date of Disbursement
	Mailing Address P.O. Box 15245	<input type="text" value="10"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement In-Kind Bobby Schilling for Congress	<input type="text" value="-401.10"/>
	Candidate Name ROBERT T MR. SCHILLING	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PAC Faxes (In House)	Transaction ID: SB21B.13334 Date of Disbursement
	Mailing Address P.O. Box 15245	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement In-Kind MoBrooksforCongress.com	<input type="text" value="-398.80"/>
	Candidate Name MO BROOKS	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PAC Faxes (In House)	Transaction ID: SB21B.13332 Date of Disbursement
	Mailing Address P.O. Box 15245	<input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement In-Kind Friends of John Loughlin	<input type="text" value="-400.00"/>
	Candidate Name JOHN J II LOUGHLIN	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="-1199.90"/>
<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)  
CONSERVATIVE VICTORY FUND

<b>A.</b> Full Name (Last, First, Middle Initial) PAC Faxes (In House)  Mailing Address P.O. Box 15245  City Washington State DC Zip Code 20003 Purpose of Disbursement In-Kind Jim Risch for U.S. Senate Candidate Name JAMES E RISCH Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District: 00	Transaction ID: SB21B.13402 Date of Disbursement 11 / 10 / 2010
	Amount of Each Disbursement this Period -400.00
	Category/ Type
	Full Name (Last, First, Middle Initial) PAC Faxes (In House)  Mailing Address P.O. Box 15245  City Washington State DC Zip Code 20003 Purpose of Disbursement In-Kind Walberg for Congress Candidate Name TIMOTHY L. WALBERG 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: MI District: 07

<b>B.</b> Full Name (Last, First, Middle Initial) PAC Faxes (In House)  Mailing Address P.O. Box 15245  City Washington State DC Zip Code 20003 Purpose of Disbursement In-Kind Walberg for Congress Candidate Name TIMOTHY L. WALBERG 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: MI District: 07	Transaction ID: SB21B.13407 Date of Disbursement 11 / 19 / 2010
	Amount of Each Disbursement this Period -398.90
	Category/ Type
	Full Name (Last, First, Middle Initial) SunTrust Bank  Mailing Address P. O. Box 622227  City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement Bank Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

<b>C.</b> Full Name (Last, First, Middle Initial) SunTrust Bank  Mailing Address P. O. Box 622227  City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement Bank Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.13348 Date of Disbursement 10 / 21 / 2010
	Amount of Each Disbursement this Period 51.94
	Category/ Type
	SUBTOTAL of Disbursements This Page (optional) ..... ▶

TOTAL This Period (last page this line number only) ..... ▶	(Empty box for total)
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
CONSERVATIVE VICTORY FUND

A.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB21B.13349 Date of Disbursement																			
	Mailing Address P. O. Box 622227	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	1		2	0	1	0												
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Fee: Deposit Slips	<table border="1"><tr><td>43.80</td></tr></table>	43.80																		
43.80																					
	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) SunTrust Bank	Transaction ID: SB21B.13408 Date of Disbursement																			
	Mailing Address P. O. Box 622227	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	9		2	0	1	0												
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Fee	<table border="1"><tr><td>85.45</td></tr></table>	85.45																		
85.45																					
	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) Sun Trust Co.	Transaction ID: SB21B.13347 Date of Disbursement																			
	Mailing Address P.O. Box 26224	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	3		2	0	1	0												
	City Richmond State VA Zip Code 23260	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Employment tax	<table border="1"><tr><td>370.00</td></tr></table>	370.00																		
370.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>499.25</td></tr></table>	499.25
499.25		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

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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)  
CONSERVATIVE VICTORY FUND

A.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB21B.13308
	Mailing Address P.O. Box 17577	Date of Disbursement 10 / 25 / 2010
	City Baltimore State MD Zip Code 21297-0513	Amount of Each Disbursement this Period 149.08
	Purpose of Disbursement Telephone service 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) Dawne Winter	Transaction ID: SB21B.13309
	Mailing Address 16 Fourth St., S.E.	Date of Disbursement 10 / 20 / 2010
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 420.37
	Purpose of Disbursement Payroll 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) Dawne Winter	Transaction ID: SB21B.13350
	Mailing Address 16 Fourth St., S.E.	Date of Disbursement 11 / 03 / 2010
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 420.37
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

989.82

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CONSERVATIVE VICTORY FUND

A.	Full Name (Last, First, Middle Initial) Dawne Winter			Transaction ID: SB21B.13399		
	Mailing Address 16 Fourth St., S.E.			Date of Disbursement 11 / 17 / 2010		
	City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 420.37		
	Purpose of Disbursement Payroll		Category/ Type			
	Candidate Name					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
	State:	District:				

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

420.37

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

4177.22

**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)  
CONSERVATIVE VICTORY FUND

**A.** Full Name (Last, First, Middle Initial)  
BILL JOHNSON FOR CONGRESS COMMITTEE

Mailing Address 3755 HUNTERS HILL

City POLAND State OH Zip Code 44514

Purpose of Disbursement  
Contribution

Candidate Name  
BILL JOHNSON

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OH District: 06

Transaction ID: SB23.13343

Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
CANSECO FOR CONGRESS

Mailing Address 10004 Wurzbach Road #366

City San Antonio State TX Zip Code 78230

Purpose of Disbursement  
Contribution

Candidate Name  
FRANCISCO 'QUICO' CANSECO

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TX District: 23

Transaction ID: SB23.13327

Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
FIMIAN FOR CONGRESS

Mailing Address PO Box 3131

City Oakton State VA Zip Code 22124

Purpose of Disbursement  
Contribution

Candidate Name  
KEITH S FIMIAN

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: VA District: 11

Transaction ID: SB23.13314

Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

500.00

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

1500.00

**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)  
CONSERVATIVE VICTORY FUND

A.	Full Name (Last, First, Middle Initial) FRIENDS OF KELLY AYOTTE	Transaction ID: SB23.13354
	Mailing Address PO BOX 233	Date of Disbursement 10 / 27 / 2010
	City NASHUA State NH Zip Code 03061	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution Candidate Name KELLY A AYOTTE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) MCKINLEY FOR CONGRESS	Transaction ID: SB23.13342
	Mailing Address 32 20TH STREET	Date of Disbursement 10 / 18 / 2010
	City WHEELING State WV Zip Code 26003	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution Candidate Name DAVID B MCKINLEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01	Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) PAC Faxes (In House)	Transaction ID: SB23.13337
	Mailing Address P.O. Box 15245	Date of Disbursement 10 / 14 / 2010
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 401.10
	Purpose of Disbursement In-kind contribution: faxes Candidate Name ROBERT T MR. SCHILLING Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17	Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

1401.10

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
CONSERVATIVE VICTORY FUND

<b>A.</b> Full Name (Last, First, Middle Initial) PAC Faxes (In House)	Transaction ID: SB23.13335 Date of Disbursement 10 / 15 / 2010	
	Mailing Address P.O. Box 15245	
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 398.90	
Purpose of Disbursement In-kind contribution: faxes Candidate Name MO BROOKS	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) PAC Faxes (In House)	Transaction ID: SB23.13333 Date of Disbursement 10 / 16 / 2010	
	Mailing Address P.O. Box 15245	
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 400.00	
Purpose of Disbursement In-kind contribution: faxes Candidate Name JOHN J II LOUGHLIN	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) PAC Faxes (In House)	Transaction ID: SB23.13404 Date of Disbursement 11 / 10 / 2010	
	Mailing Address P.O. Box 15245	
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 400.00	
Purpose of Disbursement In-kind contribution: faxes Candidate Name JAMES E RISCH	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1198.90
<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 24 / 26

<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)  
CONSERVATIVE VICTORY FUND

A.	Full Name (Last, First, Middle Initial) PAC Faxes (In House)	Transaction ID: SB23.13409 Date of Disbursement																			
	Mailing Address P.O. Box 15245	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	9	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	9	/	2	0	1	0												
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement In-kind contribution: faxes	<table border="1"><tr><td>398.90</td></tr></table>	398.90																		
398.90																					
	Candidate Name TIMOTHY L. WALBERG	Category/ Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) PAUL GOSAR FOR CONGRESS	Transaction ID: SB23.13331 Date of Disbursement																			
	Mailing Address 2222 E. Cedar 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>1</td><td>0</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	6	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	6	/	2	0	1	0												
	City Flagstaff State AZ Zip Code 86004	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>750.00</td></tr></table>	750.00																		
750.00																					
	Candidate Name PAUL ANTHONY GOSAR	Category/ Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) QUAYLE FOR CONGRESS	Transaction ID: SB23.13315 Date of Disbursement																			
	Mailing Address 4247 N. 44th Street	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	2	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	2	/	2	0	1	0												
	City Phoenix State AZ Zip Code 85018	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>750.00</td></tr></table>	750.00																		
750.00																					
	Candidate Name BEN QUAYLE	Category/ Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>1898.90</td></tr></table>	1898.90
1898.90		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td> </td></tr></table>	



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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
CONSERVATIVE VICTORY FUND

<b>A.</b> Full Name (Last, First, Middle Initial) RIBBLE FOR CONGRESS <hr/> Mailing Address PO BOX 7200 <hr/> City APPLETON State WI Zip Code 54912 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> <hr/> Candidate Name REID RIBBLE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.13328 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 750.00
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) ROBERT HURT FOR CONGRESS <hr/> Mailing Address PO BOX 2 <hr/> City CHATHAM State VA Zip Code 24531 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> <hr/> Candidate Name ROBERT HURT <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.13311 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) RYAN FRAZIER FOR COLORADO <hr/> Mailing Address Po Box 140182 <hr/> City Edgewater State CO Zip Code 80214 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> <hr/> Candidate Name RYAN L FRAZIER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.13329 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1500.00</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 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)  
CONSERVATIVE VICTORY FUND

A.	Full Name (Last, First, Middle Initial) SOUTHERLAND FOR CONGRESS	Transaction ID: SB23.13330
	Mailing Address PO BOX 1692	Date of Disbursement 10 / 18 / 2010
	City LYNN HAVEN State FL Zip Code 32444	Amount of Each Disbursement this Period 750.00
	Purpose of Disbursement Contribution Candidate Name WILLIAM STEVE II SOUTHERLAND Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

B.	Full Name (Last, First, Middle Initial) STUTZMAN FOR CONGRESS	Transaction ID: SB23.13313
	Mailing Address 0250 W 600 N	Date of Disbursement 10 / 18 / 2010
	City HOWE State IN Zip Code 46746	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Contribution Candidate Name MARLIN A STUTZMAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

C.	Full Name (Last, First, Middle Initial) WALBERG FOR CONGRESS	Transaction ID: SB23.13312
	Mailing Address 6769 Teachout Rd.	Date of Disbursement 10 / 18 / 2010
	City Tipton State MI Zip Code 49287	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution Candidate Name TIMOTHY L. WALBERG Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>8998.90</b>