

# 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  
NATIONAL ASSOCIATION OF SMALL BUSINESS INVESTMENT COMPANIES POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 666 11TH STREET NW SUITE 750  
 Check if different than previously reported. (ACC)  
WASHINGTON DC 20001

2. **FEC IDENTIFICATION NUMBER** C00109991  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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

5. Covering Period 04 01 2007 through 06 30 2007

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. Lee Mercer

Signature of Treasurer Electronically Filed by Mr. Lee Mercer Date 05 06 2009

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)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NATIONAL ASSOCIATION OF SMALL BUSINESS INVESTMENT COMPANIES POLITICAL ACTION COM-  
MITTEE

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

|                                                                                                                                                                                                                         | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 7 |  | 40664.33 |
| Y                                                                                                                                                                                                                       | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2                                                                                                                                                                                                                       | 0                       | 0                                 | 7 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....                                                                                                                                                              | 80703.33                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....                                                                                                                                                                                 | 12850.00                | 61389.00                          |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....                                                                                                                    | 93553.33                | 102053.33                         |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....                                                                                                                                                                             | 6500.00                 | 15000.00                          |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                                                                                                                               | 87053.33                | 87053.33                          |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                                                                                         | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                                                                                        | 0.00                    |                                   |   |   |   |   |   |   |  |          |

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

NATIONAL ASSOCIATION OF SMALL BUSINESS INVESTMENT COMPANIES POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| I. Receipts                                                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                             |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                                                | 10150.00                      | 56809.00                          |
| (i) Itemized (use Schedule A) .....                                                                    | 2700.00                       | 4580.00                           |
| (ii) Unitemized .....                                                                                  | 12850.00                      | 61389.00                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....                                                         | 0.00                          | 0.00                              |
| (b) Political Party Committees .....                                                                   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....                                                    | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 12850.00                      | 61389.00                          |
| 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)) .....                          | 12850.00                      | 61389.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 12850.00                      | 61389.00                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| <b>II. DISBURSEMENTS</b>                                                                       | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>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.....                                                  | 0.00                                  | 0.00                                      |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                          | 0.00                                  | 0.00                                      |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 6500.00                               | 15000.00                                  |
| 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))..       | 6500.00                               | 15000.00                                  |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 6500.00                               | 15000.00                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|----------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) .....        | 12850.00                      | 61389.00                          |
| 34. Total Contribution Refunds (from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....   | 12850.00                      | 61389.00                          |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) .....             | 0.00                          | 0.00                              |

# 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 6 / 15                  |
|                                                                         | <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)  
**NATIONAL ASSOCIATION OF SMALL BUSINESS INVESTMENT COMPANIES POLITICAL ACTION COMMITTEE**

|                                                                                                                                 |                                                            |                                    |                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------|
| <b>A.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>Mr. David Coit  |                                    | Date of Receipt                                                                                      |
|                                                                                                                                 | Mailing Address 2 City Center                              |                                    | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>05 / 02 / 2007 |
|                                                                                                                                 | City                                                       | State                              | Zip Code                                                                                             |
|                                                                                                                                 | Portland                                                   | ME                                 | 06101                                                                                                |
|                                                                                                                                 | FEC ID number of contributing federal political committee. |                                    | <input type="text"/> C <input type="text"/>                                                          |
| Name of Employer<br>North Atlantic Capital Corporation                                                                          |                                                            | Occupation<br>Investment Executive | Transaction ID: SA11AI.6595                                                                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                            | Aggregate Year-to-Date ▼           |                                                                                                      |
|                                                                                                                                 |                                                            | <input type="text"/> 800.00        |                                                                                                      |
|                                                                                                                                 |                                                            | Amount of Each Receipt this Period | <input type="text"/> 800.00                                                                          |
|                                                                                                                                 |                                                            | Contribution                       |                                                                                                      |

|                                                                                                                                 |                                                              |                                    |                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------|
| <b>B.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>Mr. Robert Finkel |                                    | Date of Receipt                                                                                      |
|                                                                                                                                 | Mailing Address 444 N. Michigan Suite 1910                   |                                    | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>04 / 02 / 2007 |
|                                                                                                                                 | City                                                         | State                              | Zip Code                                                                                             |
|                                                                                                                                 | Chicago                                                      | IL                                 | 60603                                                                                                |
|                                                                                                                                 | FEC ID number of contributing federal political committee.   |                                    | <input type="text"/> C <input type="text"/>                                                          |
| Name of Employer<br>Prism Capital                                                                                               |                                                              | Occupation<br>Investment Executive | Transaction ID: SA11AI.6608                                                                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                              | Aggregate Year-to-Date ▼           |                                                                                                      |
|                                                                                                                                 |                                                              | <input type="text"/> 500.00        |                                                                                                      |
|                                                                                                                                 |                                                              | Amount of Each Receipt this Period | <input type="text"/> 500.00                                                                          |
|                                                                                                                                 |                                                              | Contribution                       |                                                                                                      |

|                                                                                                                                 |                                                            |                                    |                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------|
| <b>C.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>Thomas Gorman   |                                    | Date of Receipt                                                                                      |
|                                                                                                                                 | Mailing Address 55 Ferncroft Rd.                           |                                    | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>06 / 27 / 2007 |
|                                                                                                                                 | City                                                       | State                              | Zip Code                                                                                             |
|                                                                                                                                 | Danvers                                                    | MA                                 | 01923                                                                                                |
|                                                                                                                                 | FEC ID number of contributing federal political committee. |                                    | <input type="text"/> C <input type="text"/>                                                          |
| Name of Employer<br>Seacoast Capital Managers                                                                                   |                                                            | Occupation<br>Investment Executive | Transaction ID: SA11AI.6620                                                                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                            | Aggregate Year-to-Date ▼           |                                                                                                      |
|                                                                                                                                 |                                                            | <input type="text"/> 500.00        |                                                                                                      |
|                                                                                                                                 |                                                            | Amount of Each Receipt this Period | <input type="text"/> 500.00                                                                          |
|                                                                                                                                 |                                                            | Contribution                       |                                                                                                      |

|                                                                  |                              |
|------------------------------------------------------------------|------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 1800.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 15  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF SMALL BUSINESS INVESTMENT COMPANIES POLITICAL ACTION COMMITTEE**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Mr. James Gunton</p> <p>Mailing Address 1001 Briggs Road<br/>Suite 280</p> <p>City State Zip Code<br/>Mount Laurel NJ 08054</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer NJTC Management Company LLC<br/>Occupation Investment Executive</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">1500.00</span></p> | <p>Date of Receipt<br/> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.6589</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">1500.00</span></p> <p>Contribution</p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 1 | 5 |  | 2 | 0 | 0 | 7 |
| M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   | 1 | 5 |   | 2 | 0 | 0 | 7 |   |   |   |   |  |   |   |  |   |   |   |   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Mr. James N. Hallene</p> <p>Mailing Address 150 N. Wacker Drive</p> <p>City State Zip Code<br/>Chicago IL 60606</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer DNJ Leasing II, LP<br/>Occupation Investment Executive</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">300.00</span></p> | <p>Date of Receipt<br/> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.6581</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">300.00</span></p> <p>Contribution</p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 1 | 3 |  | 2 | 0 | 0 | 7 |
| M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   | 1 | 3 |   | 2 | 0 | 0 | 7 |   |   |   |   |  |   |   |  |   |   |   |   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Mr. R. Michael Haynes</p> <p>Mailing Address 250 West Pratt St.</p> <p>City State Zip Code<br/>Baltimore MD 21201</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Semmes, Bowen &amp; Semmes<br/>Occupation Attorney</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">300.00</span></p> | <p>Date of Receipt<br/> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.6624</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">300.00</span></p> <p>Contribution</p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 2 | 6 |  | 2 | 0 | 0 | 7 |
| M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   | 2 | 6 |   | 2 | 0 | 0 | 7 |   |   |   |   |  |   |   |  |   |   |   |   |

|                                                                  |                                                                     |
|------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <span style="border: 1px solid black; padding: 2px;">2100.00</span> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <span style="border: 1px solid black; padding: 2px;"> </span>       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 15  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF SMALL BUSINESS INVESTMENT COMPANIES POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Jeffrey Holland

Mailing Address 55 Ferncroft Road

City Danvers State MA Zip Code 01923

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

Name of Employer Seacoast Capital Managers Occupation Investment Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 27 / 2007  
Transaction ID: SA11AI.6622  
Amount of Each Receipt this Period: 500.00  
Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Walter Leonard

Mailing Address 55 Ferncroft Road

City Danvers State MA Zip Code 01923

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

Name of Employer Seacoast Capital Managers Occupation Investment Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 27 / 2007  
Transaction ID: SA11AI.6623  
Amount of Each Receipt this Period: 500.00  
Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Stephen A. Lewis

Mailing Address 3000 West County Road #301

City Burnsville State MN Zip Code 55337

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

Name of Employer Medallion Capital Inc. Occupation Investment Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 27 / 2007  
Transaction ID: SA11AI.6584  
Amount of Each Receipt this Period: 250.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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



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

|                                                                         |                                         |                              |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 / 15                  |
|                                                                         | <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)  
**NATIONAL ASSOCIATION OF SMALL BUSINESS INVESTMENT COMPANIES POLITICAL ACTION COMMITTEE**

|           |                                                                                                                                                                                                                                                     |                                                     |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Turlton H. Long                                                                                                                                                                                      | Date of Receipt<br>MM / DD / YYYY<br>05 / 02 / 2007 |
|           | Mailing Address 3600 Glenwood Ave #104                                                                                                                                                                                                              | <b>Transaction ID:</b> SA11AI.6628                  |
|           | City Raleigh State NC Zip Code 27612                                                                                                                                                                                                                | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>                                                                                                                                                                                 | Contribution                                        |
|           | Name of Employer Triangle Capital Corporation<br>Occupation Investment Executive<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |                                                     |

|           |                                                                                                                                                                                                                                      |                                                     |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Sandra Mayasich                                                                                                                                                                       | Date of Receipt<br>MM / DD / YYYY<br>04 / 02 / 2007 |
|           | Mailing Address 1936 Irving Avenue South                                                                                                                                                                                             | <b>Transaction ID:</b> SA11AI.6609                  |
|           | City Minneapolis State MN Zip Code 55403                                                                                                                                                                                             | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>                                                                                                                                                                  | Contribution                                        |
|           | Name of Employer Prism Capital<br>Occupation Investment Executive<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |                                                     |

|           |                                                                                                                                                                                                                                                           |                                                     |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Mark Morrisette                                                                                                                                                                                            | Date of Receipt<br>MM / DD / YYYY<br>05 / 02 / 2007 |
|           | Mailing Address 2 City Center                                                                                                                                                                                                                             | <b>Transaction ID:</b> SA11AI.6603                  |
|           | City Portland State ME Zip Code 06101                                                                                                                                                                                                                     | Amount of Each Receipt this Period<br>600.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>                                                                                                                                                                                       | Contribution                                        |
|           | Name of Employer North Atlantic Capital Corporation<br>Occupation Investment Executive<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>600.00 |                                                     |

|                                                                  |                |
|------------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1100.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|                                                                         |                                         |                              |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 / 15                 |
|                                                                         | <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)  
**NATIONAL ASSOCIATION OF SMALL BUSINESS INVESTMENT COMPANIES POLITICAL ACTION COMMITTEE**

|                                                                                                                                 |                                                                     |                                    |                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------|
| <b>A.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>Eben Moulton             |                                    | Date of Receipt                                                                      |
|                                                                                                                                 | Mailing Address 55 Ferncroft Road                                   |                                    | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y |
|                                                                                                                                 | City                                                                | State                              | Zip Code                                                                             |
|                                                                                                                                 | Danvers                                                             | MA                                 | 01923                                                                                |
|                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                                    | <b>Transaction ID:</b> SA11AI.6621                                                   |
| Name of Employer<br>Seacoast Capital Managers                                                                                   |                                                                     | Occupation<br>Investment Executive | Amount of Each Receipt this Period                                                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                     | Aggregate Year-to-Date ▼           | <input type="text"/> 500.00                                                          |
|                                                                                                                                 |                                                                     |                                    | Contribution                                                                         |

|                                                                                                                                 |                                                                     |                                    |                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------|
| <b>B.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>Mr. Carlton L. Olmanson  |                                    | Date of Receipt                                                                      |
|                                                                                                                                 | Mailing Address 50 South Sixth Street #1460                         |                                    | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y |
|                                                                                                                                 | City                                                                | State                              | Zip Code                                                                             |
|                                                                                                                                 | Minneapolis                                                         | MN                                 | 55402                                                                                |
|                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                                    | <b>Transaction ID:</b> SA11AI.6582                                                   |
| Name of Employer<br>Lakeside Capital                                                                                            |                                                                     | Occupation<br>Investment Executive | Amount of Each Receipt this Period                                                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                     | Aggregate Year-to-Date ▼           | <input type="text"/> 400.00                                                          |
|                                                                                                                                 |                                                                     |                                    | Contribution                                                                         |

|                                                                                                                                 |                                                                     |                                    |                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------|
| <b>C.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>Mr. Douglas A. Parker    |                                    | Date of Receipt                                                                      |
|                                                                                                                                 | Mailing Address 177 Madison Ave.                                    |                                    | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y |
|                                                                                                                                 | City                                                                | State                              | Zip Code                                                                             |
|                                                                                                                                 | Morristown                                                          | NJ                                 | 07960                                                                                |
|                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                                    | <b>Transaction ID:</b> SA11AI.6588                                                   |
| Name of Employer<br>MidMark Capital                                                                                             |                                                                     | Occupation<br>Investment Executive | Amount of Each Receipt this Period                                                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                     | Aggregate Year-to-Date ▼           | <input type="text"/> 250.00                                                          |
|                                                                                                                                 |                                                                     |                                    | Contribution                                                                         |

|                                                                  |                              |
|------------------------------------------------------------------|------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 1150.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>         |

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

|                                                                         |                                         |                              |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 / 15                 |
|                                                                         | <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)  
**NATIONAL ASSOCIATION OF SMALL BUSINESS INVESTMENT COMPANIES POLITICAL ACTION COMMITTEE**

|                                                                                                                                 |                                                                     |                                    |                                         |                                    |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------|-----------------------------------------|------------------------------------|
| <b>A.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>Mr. Todd Reppert         |                                    | Date of Receipt                         |                                    |
|                                                                                                                                 | Mailing Address 1300 Post Oak Blvd<br>Suite 800                     |                                    | M M / D D / Y Y Y Y Y<br>04 / 02 / 2007 |                                    |
|                                                                                                                                 | City                                                                | State                              | Zip Code                                | <b>Transaction ID:</b> SA11AI.6583 |
|                                                                                                                                 | Houston                                                             | TX                                 | 77056                                   | Amount of Each Receipt this Period |
|                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                                    | 500.00                                  |                                    |
| Name of Employer<br>Main Street Capital Partners                                                                                |                                                                     | Occupation<br>Investment Executive |                                         | Contribution                       |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                     | Aggregate Year-to-Date ▼<br>500.00 |                                         |                                    |

|                                                                                                                                 |                                                                     |                                     |                                         |                                    |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------|-----------------------------------------|------------------------------------|
| <b>B.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>Mr. Michael H, Revord    |                                     | Date of Receipt                         |                                    |
|                                                                                                                                 | Mailing Address 1200 N. Ashland<br>Suite 200                        |                                     | M M / D D / Y Y Y Y Y<br>05 / 02 / 2007 |                                    |
|                                                                                                                                 | City                                                                | State                               | Zip Code                                | <b>Transaction ID:</b> SA11AI.6580 |
|                                                                                                                                 | Chicago                                                             | IL                                  | 60622                                   | Amount of Each Receipt this Period |
|                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                                     | 1000.00                                 |                                    |
| Name of Employer<br>Aldine Capital Fund LP                                                                                      |                                                                     | Occupation<br>Investment Executive  |                                         | Contribution                       |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                     | Aggregate Year-to-Date ▼<br>1000.00 |                                         |                                    |

|                                                                                                                                 |                                                                     |                                    |                                         |                                    |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------|-----------------------------------------|------------------------------------|
| <b>C.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>Mr. Michael Staebler     |                                    | Date of Receipt                         |                                    |
|                                                                                                                                 | Mailing Address 600 14th Street, NW                                 |                                    | M M / D D / Y Y Y Y Y<br>05 / 01 / 2007 |                                    |
|                                                                                                                                 | City                                                                | State                              | Zip Code                                | <b>Transaction ID:</b> SA11AI.6607 |
|                                                                                                                                 | Washington                                                          | DC                                 | 20005                                   | Amount of Each Receipt this Period |
|                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                                    | 500.00                                  |                                    |
| Name of Employer<br>Pepper Hamilton, LLP                                                                                        |                                                                     | Occupation<br>Attorney             |                                         | Contribution                       |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                     | Aggregate Year-to-Date ▼<br>500.00 |                                         |                                    |

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

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

FOR LINE NUMBER: PAGE 12 / 15

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF SMALL BUSINESS INVESTMENT COMPANIES POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Christopher West

Mailing Address 250 West Pratt Street

City State Zip Code  
Baltimore MD 21201

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

Name of Employer Occupation  
Semmes, Bowen & Semmes Attorney

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 0 7

Transaction ID: SA11AI.6625

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mr. Tyler Wick

Mailing Address 40 William Street, Suite G60

City State Zip Code  
Wellesley MA 02114

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

Name of Employer Occupation  
Ticonderoga Capital Investment Executive

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

Date of Receipt

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

Transaction ID: SA11AI.6627

Amount of Each Receipt this Period

500.00

Contribution

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

750.00

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

10150.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF SMALL BUSINESS INVESTMENT COMPANIES POLITICAL ACTION COMMITTEE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>CHABOT, STEVE</p> <p>Mailing Address 3014 Harrison Ave.</p> <p>City Cincinnati State OH Zip Code 45211</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name STEVE CHABOT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: OH District: 01</p>                                                                        | <p><b>Transaction ID:</b> SB23.6632<br/><b>Date of Disbursement</b><br/>05 / 03 / 2007</p> <p>Amount of Each Disbursement this Period<br/><span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>COMMI. TO RE-ELECT NYDIA M VELAZQUEZ</p> <p>Mailing Address 315 INSPIRATION LANE</p> <p>City GAITHERSBURG State MD Zip Code 20878</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name COMMI. TO RE-ELECT NYDIA M VELAZQUEZ</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼<br/>Special-Primary<br/>State: NY District: 12</p> | <p><b>Transaction ID:</b> SB23.6637<br/><b>Date of Disbursement</b><br/>06 / 19 / 2007</p> <p>Amount of Each Disbursement this Period<br/><span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1500.00</span></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>JOHN KERRY FOR SENATE</p> <p>Mailing Address 511 C STREET NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name JOHN KERRY FOR SENATE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: MA District: 00</p>                                                          | <p><b>Transaction ID:</b> SB23.6636<br/><b>Date of Disbursement</b><br/>05 / 23 / 2007</p> <p>Amount of Each Disbursement this Period<br/><span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2000.00</span></p> |

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

4500.00

**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)

NATIONAL ASSOCIATION OF SMALL BUSINESS INVESTMENT COMPANIES POLITICAL ACTION COMMITTEE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>REUNITING OUR COUNTRY PAC<br><hr/> Mailing Address 607 14th Street NW Suite 800<br>Suite 800<br><hr/> City Washington State DC Zip Code 20005<br><hr/> Purpose of Disbursement Contribution<br>Contribution <input type="checkbox"/> 011<br>Category/Type<br><hr/> Candidate Name<br>REUNITING OUR COUNTRY PAC<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: | Transaction ID: SB23.6638<br>Date of Disbursement<br>06 / 26 / 2007<br><hr/> Amount of Each Disbursement this Period<br>1000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Full Name (Last, First, Middle Initial)<br>TEAM SUNUNU<br><hr/> Mailing Address PO BOX 500<br><hr/> City RYE State NH Zip Code 03870<br><hr/> Purpose of Disbursement Contribution<br>Contribution <input type="checkbox"/> 011<br>Category/Type<br><hr/> Candidate Name<br>TEAM SUNUNU<br><hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: NH District: 00 |

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

2000.00

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

6500.00

Image# 29992072641

Form/Schedule: **F3XA**

Transaction ID:

In reply to FEC letter from Mr. Edward Ryan dated April 8, 2009, we have investigated our filings and have determined that the disbursement made on 6/19/2007 to Committee to Re-Elect Nydia M. Velazquez in the amount of \$1,500 was incorrectly reported as a contribution to the 2008 General Election. That contribution should have been reported as a disbursement to the 2008 Primary Election. This amendment to our 2007 July Quarterly filing should correct this reporting error. Thank you.

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