



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Porter for Congress

Report Covering the Period: From:         To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	3742.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	-3742.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	12092.07	66785.83
(b) Total Offsets to Operating Expenditures (from Line 14).....	899.15	899.15
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	11192.92	65886.68
8. Cash on Hand at Close of Reporting Period (from Line 27).....	7941.04	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Porter for Congress

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions

0.00

0.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

0.00

0.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

743.87

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

899.15

899.15

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

211.61

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

899.15

1854.63

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	12092.07	66785.83
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	3742.00
(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 20(a), (b), and (c)).....	0.00	3742.00
21. OTHER DISBURSEMENTS.....	7000.00	12000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	19092.07	82527.83

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	26133.96
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	899.15
25. SUBTOTAL (add Line 23 and Line 24).....	27033.11
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19092.07
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7941.04

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 17
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input checked="" type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Porter for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) US Postmaster		Date of Receipt MM / DD / YYYY 03 / 16 / 2009
	Mailing Address 1001 E Sunset Road		<b>Transaction ID:</b> 90414.C19749
	City Las Vegas	State NV	Zip Code 89119-
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.84
	Name of Employer	Occupation	Offsets to Operating Expenditure <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ xGeneral2008		Election Cycle-to-Date ▼ 300.84	NOTE: Refund of BR Acct.

<b>B.</b>	Full Name (Last, First, Middle Initial) Sansone Pecos I215 LLC		Date of Receipt MM / DD / YYYY 03 / 26 / 2009
	Mailing Address 2301 E. Sunset Road #8015		<b>Transaction ID:</b> 90414.C19750
	City Las Vegas	State NV	Zip Code 89119-
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 460.81
	Name of Employer	Occupation	Offsets to Operating Expenditure <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ xGeneral2008		Election Cycle-to-Date ▼ 460.81	NOTE: Refund

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>761.65</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>761.65</b>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Porter for Congress

A.	Full Name (Last, First, Middle Initial) IN Compliance Inc. <hr/> Mailing Address PO Box 751271 <hr/> City Las Vegas State NV Zip Code 89136- <hr/> Purpose of Disbursement Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90226.E6395 Date of Disbursement 02 / 26 / 2009 <hr/> Amount of Each Disbursement this Period 12.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING
B.	Full Name (Last, First, Middle Initial) Verizon Wireless <hr/> Mailing Address PO Box 17120 <hr/> City Tucson State AZ Zip Code 85731- <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90226.E6386 Date of Disbursement 01 / 01 / 2009 <hr/> Amount of Each Disbursement this Period 356.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE
C.	Full Name (Last, First, Middle Initial) IN Compliance Inc. <hr/> Mailing Address PO Box 751271 <hr/> City Las Vegas State NV Zip Code 89136- <hr/> Purpose of Disbursement Consulting Treasury Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90226.E6390 Date of Disbursement 02 / 26 / 2009 <hr/> Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CONSULTING TREASURY

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

868.51

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Porter for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 0001 City Los Angeles State CA Zip Code 90096- Purpose of Disbursement See Below/Travel & CC Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90414.E6406 Date of Disbursement 02 / 28 / 2009
	Amount of Each Disbursement this Period 721.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW/TRAVEL & CC FEES

<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 0001 City Los Angeles State CA Zip Code 90096- Purpose of Disbursement Credit Card fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90414.E6401 Date of Disbursement 02 / 28 / 2009
	Amount of Each Disbursement this Period 291.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CREDIT CARD FEES

<b>C.</b> Full Name (Last, First, Middle Initial) US Airways Mailing Address 2345 Crystal Dr City Arlington State VA Zip Code 22227- Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90414.E6407 Date of Disbursement 02 / 28 / 2009
	Amount of Each Disbursement this Period 253.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	721.52
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Porter for Congress

A.	Full Name (Last, First, Middle Initial) AT&T Wireless-Cingular Wireless	Transaction ID: 90127.E6381
	Mailing Address PO Box 60017	Date of Disbursement 01 / 16 / 2009
	City Los Angeles State CA Zip Code 90060-	Amount of Each Disbursement this Period 118.48
	Purpose of Disbursement Telephone Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	TELEPHONE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Jon Porter	Transaction ID: 90414.E6411
	Mailing Address 16 Winding Road	Date of Disbursement 02 / 01 / 2009
	City Henderson State NV Zip Code 89052-	Amount of Each Disbursement this Period 1221.55
	Purpose of Disbursement See Below/Travel & Meals Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	SEE BELOW/TRAVEL & MEALS
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Baker Brothers	Transaction ID: 90415.E6421
	Mailing Address 3300 S. Soney Road	Date of Disbursement 02 / 01 / 2009
	City Amarillo State TX Zip Code 79121-	Amount of Each Disbursement this Period 21.71
	Purpose of Disbursement MEALS Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: MEALS
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1340.03</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Porter for Congress

A.	Full Name (Last, First, Middle Initial) Burger King	Transaction ID: 90415.E6420 Date of Disbursement 02 / 01 / 2009
	Mailing Address 2306 N. Arkansas	Amount of Each Disbursement this Period 16.23
	City Russellville State AR Zip Code 72801-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement MEALS Candidate Name	<b>[MEMO ITEM]</b> MEMO: MEALS
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Chevron	Transaction ID: 90415.E6417 Date of Disbursement 02 / 01 / 2009
	Mailing Address 4150 Boulder Hwy	Amount of Each Disbursement this Period 37.84
	City Henderson State NV Zip Code 89014-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement TRAVEL Candidate Name	<b>[MEMO ITEM]</b> MEMO: TRAVEL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Embassy Suites	Transaction ID: 90415.E6414 Date of Disbursement 02 / 01 / 2009
	Mailing Address 1811 Broadway	Amount of Each Disbursement this Period 287.45
	City Nashville State TN Zip Code 37203-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Candidate Name	<b>[MEMO ITEM]</b> MEMO: TRAVEL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Porter for Congress

A.	Full Name (Last, First, Middle Initial) Fast Stop	Transaction ID: 90415.E6423 Date of Disbursement 02 / 01 / 2009
	Mailing Address 3900 Tucumcari Blvd.	Amount of Each Disbursement this Period 31.61
	City Fort Sumner State NM Zip Code 88119-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement MEALS Candidate Name	<b>[MEMO ITEM]</b> MEMO: MEALS
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Hampton Inn	Transaction ID: 90415.E6415 Date of Disbursement 02 / 01 / 2009
	Mailing Address 111 Twin Buttes Road	Amount of Each Disbursement this Period 123.10
	City Gallup State NM Zip Code 87301-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement TRAVEL Candidate Name	<b>[MEMO ITEM]</b> MEMO: TRAVEL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Olympic Kitchen	Transaction ID: 90415.E6422 Date of Disbursement 02 / 01 / 2009
	Mailing Address 3200 W. Highway 66	Amount of Each Disbursement this Period 55.94
	City Gallup State NM Zip Code 87301-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement MEALS Candidate Name	<b>[MEMO ITEM]</b> MEMO: MEALS
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Porter for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Pit Stop</p> <p>Mailing Address 544 Main St NW</p> <p>City Los Lunas State NM Zip Code 87031-</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90415.E6418</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="57.43"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: TRAVEL</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Shell Gas</p> <p>Mailing Address 3425 E Flamingo Road</p> <p>City Las Vegas State NV Zip Code 89121-</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90415.E6416</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="63.38"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: TRAVEL</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Sizzler</p> <p>Mailing Address 640 E. Route 66</p> <p>City Flagstaff State AZ Zip Code 86004-</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90415.E6424</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="24.35"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: MEALS</p>

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

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Porter for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Starbucks Mailing Address I-40 & Macarthur City Oklahoma City State OK Zip Code 73127- Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90415.E6425 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 9 Amount of Each Disbursement this Period 24.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS	
<b>B.</b>	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 17120 City Tucson State AZ Zip Code 85731- Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90114.E6380 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 9 Amount of Each Disbursement this Period 161.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE	
<b>C.</b>	Full Name (Last, First, Middle Initial) Capitol Hill Club Mailing Address 300 First Street SE City Washington State DC Zip Code 20003- Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90226.E6388 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9 Amount of Each Disbursement this Period 181.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEALS	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>343.57</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Porter for Congress

A.	Full Name (Last, First, Middle Initial) Huckaby Davis & Associates	Transaction ID: 90226.E6387 Date of Disbursement 01 / 01 / 2009
	Mailing Address 228 S Washington Street #115	Amount of Each Disbursement this Period 502.25
	City Alexandria State VA Zip Code 22314- Purpose of Disbursement Consulting Treasury Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONSULTING TREASURY

B.	Full Name (Last, First, Middle Initial) AT&T Wireless-Cingular Wireless	Transaction ID: 90114.E6374 Date of Disbursement 01 / 09 / 2009
	Mailing Address PO Box 60017	Amount of Each Disbursement this Period 120.65
	City Los Angeles State CA Zip Code 90060- Purpose of Disbursement Telephone Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 90226.E6391 Date of Disbursement 02 / 26 / 2009
	Mailing Address PO Box 0001	Amount of Each Disbursement this Period 950.93
	City Los Angeles State CA Zip Code 90096- Purpose of Disbursement See Below/Travel & Exps Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SEE BELOW/TRAVEL & EXPS

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1573.83</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Porter for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First Street SE <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement Meals Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 90226.E6394 Date of Disbursement 02 / 26 / 2009 <hr/> Amount of Each Disbursement this Period 120.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS
<b>B.</b>	Full Name (Last, First, Middle Initial) UHaul <hr/> Mailing Address 1661 Cal Edison Dr <hr/> City Boulder City State NV Zip Code 89005- <hr/> Purpose of Disbursement Travel Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 90226.E6393 Date of Disbursement 02 / 26 / 2009 <hr/> Amount of Each Disbursement this Period 109.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL
<b>C.</b>	Full Name (Last, First, Middle Initial) Verizon Wireless <hr/> Mailing Address PO Box 17120 <hr/> City Tucson State AZ Zip Code 85731- <hr/> Purpose of Disbursement Telephone Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 90226.E6392 Date of Disbursement 02 / 26 / 2009 <hr/> Amount of Each Disbursement this Period 517.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TELEPHONE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Porter for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Aristotle International Mailing Address 205 Pennsylvania Ave SE City Washington State DC Zip Code 20003- Purpose of Disbursement Software & Support Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90127.E6385 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 4500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SOFTWARE & SUPPORT
<b>B.</b> Full Name (Last, First, Middle Initial) IRS Mailing Address City Ogden State UT Zip Code 84201- Purpose of Disbursement 1120 POL 2008 Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90226.E6398 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 2086.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 1120 POL 2008 TAXES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6586.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>11433.96</b>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Porter for Congress

A.

Full Name (Last, First, Middle Initial)  
DAM PAC

Mailing Address PO Box 751271

City Las Vegas State NV Zip Code 89136-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

xGeneral2008

Transaction ID: 90226.E6389  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Heller for Congress

Mailing Address 1354 Minuet Street

City Henderson State NV Zip Code 89052-

Purpose of Disbursement  
PRIMARY 2010

Candidate Name  
DEAN HELLER

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NV District: 02

Transaction ID: 90414.E6404  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Vaughn Ward for Congress

Mailing Address 324 E. Stonewater Court

City Eagle State ID Zip Code 83616-

Purpose of Disbursement  
PRIMARY 2010

Candidate Name  
VAUGHN WARD

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: ID District: 01

Transaction ID: 90414.E6405  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

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

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 17 / 17
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Porter for Congress

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Aristotle International	Nature of Debt (Purpose): Software & Support					
Mailing Address 205 Pennsylvania Ave SE						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">ZIP Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20003-</td> </tr> </table>		City	State	ZIP Code	Washington	DC
City	State	ZIP Code				
Washington	DC	20003-				

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 200px; margin: 5px auto; text-align: center;">4500.00</div>	<b>Transaction ID: LS90127.E6385</b>
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 200px; margin: 5px auto; text-align: center;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 200px; margin: 5px auto; text-align: center;">4500.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 200px; margin: 5px auto; text-align: center;">0.00</div>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 5px auto; text-align: center;">0.00</div>
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 5px auto; text-align: center;">0.00</div>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 5px auto; text-align: center;">0.00</div>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 5px auto; text-align: center;">0.00</div>