

**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

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

ADDRESS (number and street)

1707 L Street, NW

Suite 750

☐ Check if different  
than previously  
reported. (ACC)

Washington

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00332296

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report(Q1)
- ☐ July 15  
Quarterly Report(Q2)
- ☐ October 15  
Quarterly Report(Q3)
- ☐ January 31  
Quarterly Report(YE)
- ☐ July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☒ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

in the  
State of

5. Covering Period

06

01

2010

through

06

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Frank Cannon

Signature of Treasurer

Electronically Filed by Frank Cannon

Date

02

14

2011

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

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

A. Form/Schedule : **F3X**

Transaction ID :

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 274

Write or Type Committee Name  
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <div>Y Y Y Y 2010</div>		28479.29
(b) Cash on Hand at Beginning of Reporting Period .....	51553.40	
(c) Total Receipts (from Line 19) .....	36798.26	102774.03
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	88351.66	131253.32
7. Total Disbursements (from Line 31) .....	45720.18	88621.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	42631.48	42631.48
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

Report Covering the Period:

From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	17401.15	49738.47
(ii) Unitemized .....	19397.11	52035.56
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	36798.26	101774.03
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	36798.26	102774.03
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)) .....	36798.26	102774.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	36798.26	102774.03

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	485.03	5706.19	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	485.03	5706.19	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45235.15	76967.47	
24. Independent Expenditure (use Schedule E) .....	0.00	3948.18	
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	2000.00	
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))..	45720.18	88621.84	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45720.18	88621.84	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	36798.26	102774.03
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	36798.26	102774.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	485.03	5706.19
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	485.03	5706.19

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

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

FOR LINE NUMBER: PAGE 7 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Mary Ann Adkins

Mailing Address 6529 Harshmanville Road

City

Huber Heights

State

OH

Zip Code

45424-3516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ReMax Alliance Realty

Occupation  
Bookkeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: ACBD63D56B1835D4F01

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Mary Ann Adkins

Mailing Address 6529 Harshmanville Road

City

Huber Heights

State

OH

Zip Code

45424-3516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ReMax Alliance Realty

Occupation  
Bookkeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 2077A1772F0D86B849F

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Jerry and Debra Ahrens

Mailing Address N3627 County Road Ab

City

Luxemburg

State

WI

Zip Code

54217-7849

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-1BACH

Amount of Each Receipt this Period

20.00

Earmarked for Bachmann for  
Congress

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

20.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Carmen Allard

Mailing Address 776 Larchmont Street

City

Simi Valley

State

CA

Zip Code

93065-7005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCI

Occupation

Office administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-2BACH

Amount of Each Receipt this Period

15.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

Bernyce M. Anderson

Mailing Address 4102 Fairway Drive

City

Springdale

State

AR

Zip Code

72764-1013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: E25222506485FE20E93

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**  
Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Bernyce M. Anderson

Mailing Address 4102 Fairway Drive

City

Springdale

State

AR

Zip Code

72764-1013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 6762C6A6484AECC3374

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**  
Earmarked for Friends of  
Sharron Angle

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

15.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.

Full Name (Last, First, Middle Initial)

Mary Antonelli

Mailing Address 17721 Stoneridge Drive

City

North Potomac

State

MD

Zip Code

20878-1110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: 062910-3BACH

Amount of Each Receipt this Period

35.00

Earmarked for Bachmann for Congress

B.

Full Name (Last, First, Middle Initial)

Greta Armour

Mailing Address 4448 State Route 554

City

Utica

State

KY

Zip Code

42376-9748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CRS OneSourceOccupation  
Buyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 0E8D45A61E52E066692

Amount of Each Receipt this Period

50.00

Earmarked for Bachmann for Congress

C.

Full Name (Last, First, Middle Initial)

Robert Augeri

Mailing Address 24 Cedar Rd

City

East Northport

State

NY

Zip Code

11731-4033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 19C7B8473DE3C1A9D80

Amount of Each Receipt this Period

10.00

Earmarked for Bachmann for Congress

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

95.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Joseph Baillargeon

Mailing Address PO Box 23099

City

Seattle

State

WA

Zip Code

98102-0399

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 3A71ACB2759BF00A55A

Amount of Each Receipt this Period

50.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

Rebecca Bain

Mailing Address 650 Turbridge Court  
A

City

Alpharetta

State

GA

Zip Code

30022-7190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 1 0

Transaction ID: 5F88D24A4803FB44268

Amount of Each Receipt this Period

50.00

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Richard Baker

Mailing Address PO Box 972

City

Lake Oswego

State

OR

Zip Code

97034-0107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 035E496CCE517A7551F

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**  
Earmarked for Friends of  
Sharron Angle

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

100.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.

Full Name (Last, First, Middle Initial)

Richard Baker

Mailing Address PO Box 972

City

Lake Oswego

State

OR

Zip Code

97034-0107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 6C3ADF31DE04691AA5C

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**Earmarked for Carly for  
California Inc

B.

Full Name (Last, First, Middle Initial)

John F. Baldwin

Mailing Address 721 Stanbridge Road

City

Drexel Hill

State

PA

Zip Code

19026-4313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 5895E6A075F5DA5F6AC

Amount of Each Receipt this Period

15.00

Earmarked for Friends of  
Sharron Angle

C.

Full Name (Last, First, Middle Initial)

John F. Baldwin

Mailing Address 721 Stanbridge Road

City

Drexel Hill

State

PA

Zip Code

19026-4313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 0042B39A5DFAD2133D7

Amount of Each Receipt this Period

15.00

Earmarked for Carly for  
California Inc

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

30.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Larry Bale

Mailing Address 2541 Evergreen Drive

City

Bartlesville

State

OK

Zip Code

74006-4322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 8EF314685AB0D218044

Amount of Each Receipt this Period

10.00

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Larry Bale

Mailing Address 2541 Evergreen Drive

City

Bartlesville

State

OK

Zip Code

74006-4322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 1F22880EF72A1832CA2

Amount of Each Receipt this Period

10.00

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

John Baloga

Mailing Address 62 Hidden Wood Drive

City

Rochester

State

NY

Zip Code

14616-1625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 062910-4BACH

Amount of Each Receipt this Period

30.00

Earmarked for Bachmann for  
Congress

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

50.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Christine Barr

Mailing Address 11315 Highland Drive

City

Plainfield

State

IL

Zip Code

60585-1961

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 15E1C144A46B8EAF7A4

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Christine Barr

Mailing Address 11315 Highland Drive

City

Plainfield

State

IL

Zip Code

60585-1961

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 21956EB7B5324B1C8C3

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Ronald L. Bartzatt

Mailing Address 1607 N 73rd Street  
Apt. 17

City

Omaha

State

NE

Zip Code

68114-1996

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-5BACH

Amount of Each Receipt this Period

25.00

Earmarked for Bachmann for  
Congress

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

25.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Venny G. Batti

Mailing Address 5375 Avenue 252

City

Tulare

State

CA

Zip Code

93274-9741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 02C3C82142E93259736

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

B.K. Baumgardner

Mailing Address 4613 Fairmont Drive

City

Troy

State

MI

Zip Code

48085-5035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 6F17BA66D77A87E3825

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

B.K. Baumgardner

Mailing Address 4613 Fairmont Drive

City

Troy

State

MI

Zip Code

48085-5035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 2FDC558C274DF951026

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

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

0.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Stephen Beach

Mailing Address 937 Pine Hollow Road

City

Mount Pleasant

State

SC

Zip Code

29464-3108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-6BACH

Amount of Each Receipt this Period

35.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

John W. Beckwith

Mailing Address 9807 Singleton Drive

City

Bethesda

State

MD

Zip Code

20817-2330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

Transaction ID: F92FFED8CA578C4F97E

Amount of Each Receipt this Period

50.00

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

John W. Beckwith

Mailing Address 9807 Singleton Drive

City

Bethesda

State

MD

Zip Code

20817-2330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

Transaction ID: FC904DD96EEF3C3939A

Amount of Each Receipt this Period

50.00

Earmarked for Friends of  
Sharron Angle

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

135.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Don Berra

Mailing Address 555 Inverrary Court

City

Eureka

State

MO

Zip Code

63025-2078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-7BACH

Amount of Each Receipt this Period

10.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

Constance B. Berto

Mailing Address 70 Crane Drive

City

San Anselmo

State

CA

Zip Code

94960-1013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Home

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 3B9FEF86D67F92299DB

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Daniel Bischel

Mailing Address 18259 State Highway 124

City

Bloomer

State

WI

Zip Code

54724-4426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 46A8BED38341E8C6037

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

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

10.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Daniel Bischel

Mailing Address 18259 State Highway 124

City

Bloomer

State

WI

Zip Code

54724-4426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 3CEE3625E5D41D835F6

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Marlene Billume

Mailing Address 400 S Croskey Street

City

Philadelphia

State

PA

Zip Code

19146-1104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: 062910-8BACH

Amount of Each Receipt this Period

25.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Jerry Boismier

Mailing Address 1132 N Pennsylvania Avenue

City

Oklahoma City

State

OK

Zip Code

73107-5639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 74E40C756EB844C6A13

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

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

25.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Jerry Boismier

Mailing Address 1132 N Pennsylvania Avenue

City

Oklahoma City

State

OK

Zip Code

73107-5639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 9909677CD33C77C1887

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Patricia W. Bolton

Mailing Address RR 2 Box 599

City

Ewing

State

VA

Zip Code

24248-9529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: D901BF561B222D86C1A

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Patricia W. Bolton

Mailing Address RR 2 Box 599

City

Ewing

State

VA

Zip Code

24248-9529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: C0FB6AEF5D04DFB2CC2

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

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

0.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Wilbur Bolton

Mailing Address 11273 Rochelle Street

City

Los Alamitos

State

CA

Zip Code

90720-3948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AEGON Transamerica

Occupation

Retired Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: E73FBB85D5FF20BD7DC

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Wilbur Bolton

Mailing Address 11273 Rochelle Street

City

Los Alamitos

State

CA

Zip Code

90720-3948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AEGON Transamerica

Occupation

Retired Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 12C1777D14687F244A5

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Wilbur Bolton

Mailing Address 11273 Rochelle Street

City

Los Alamitos

State

CA

Zip Code

90720-3948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AEGON Transamerica

Occupation

Retired Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: FFABCA8CC13B3855945

Amount of Each Receipt this Period

200.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Douglas Braendel

Mailing Address 2693 Glade Pike

City

Manns Choice

State

PA

Zip Code

15550-7760

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Officers' Christian Fello-  
wship

Occupation

Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 8DC150FBE36A307E973

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

John L. Brandt

Mailing Address 2129 12th Avenue E

City

Hibbing

State

MN

Zip Code

55746-1836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: FD147F6490CF2B53398

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

John L. Brandt

Mailing Address 2129 12th Avenue E

City

Hibbing

State

MN

Zip Code

55746-1836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 550AEBF68A0422D05FD

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

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

20.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

John L. Brandt

Mailing Address 2129 12th Avenue E

City

Hibbing

State

MN

Zip Code

55746-1836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 961CD415B2D9B9CC370

Amount of Each Receipt this Period

10.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Warren Braun

Mailing Address 11258 N Mountain Breeze Drive

City

Oro Valley

State

AZ

Zip Code

85737-7245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
real estate broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: 062910-9BACH

Amount of Each Receipt this Period

10.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Paul Braunstein

Mailing Address PO Box 36

City

Jamesville

State

VA

Zip Code

23398-0036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 57FE5B6AC102DF638F9

Amount of Each Receipt this Period

20.00

Earmarked for Carly for  
California Inc

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

30.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Paul Braunstein

Mailing Address PO Box 36

City

Jamesville

State

VA

Zip Code

23398-0036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: A30BA998BF084FADC75

Amount of Each Receipt this Period

20.00

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Mary Bresnahan

Mailing Address 118 S 67th Avenue

City

Omaha

State

NE

Zip Code

68132-3411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: 2DE275EF6779369E4B3

Amount of Each Receipt this Period

25.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Mary Bresnahan

Mailing Address 118 S 67th Avenue

City

Omaha

State

NE

Zip Code

68132-3411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: 51646C012DAC8ABDDC3

Amount of Each Receipt this Period

25.00

Earmarked for Carly for  
California Inc

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

70.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Joyce Brewer

Mailing Address 1971 Quail Avenue

City

Tripoli

State

IA

Zip Code

50676-9544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 1AD58326EE219D2CB79

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Joyce Brewer

Mailing Address 1971 Quail Avenue

City

Tripoli

State

IA

Zip Code

50676-9544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 8142849135AD089274A

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Deborah Brown

Mailing Address 18310 Southeast River Road

City

Milwaukie

State

OR

Zip Code

97267-6026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-10BACH

Amount of Each Receipt this Period

50.00

Earmarked for Bachmann for  
Congress

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

50.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Nelson T. Brown

Mailing Address 14324 N 800 E

City

Odon

State

IN

Zip Code

47562-5303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAIC

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-11BACH

Amount of Each Receipt this Period

100.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

Karin U. Buehler

Mailing Address 23446 Sunset Drive

City

Los Gatos

State

CA

Zip Code

95033-9206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 85E5D4D6CC2DDC572B0

Amount of Each Receipt this Period

60.00

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Steven C. Bulack

Mailing Address 920 S 48th Street

City

Philadelphia

State

PA

Zip Code

19143-3527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vertex Inc

Occupation  
Senior Developer (Software)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-12BACH

Amount of Each Receipt this Period

20.00

Earmarked for Bachmann for  
Congress

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

180.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Scott Bulman

Mailing Address 11143 Goldenrod Road

City

Caledonia

State

MN

Zip Code

55921-2741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 39E2FAA4F339C634F77

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Scott Bulman

Mailing Address 11143 Goldenrod Road

City

Caledonia

State

MN

Zip Code

55921-2741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: A6E16B33A14D2D9A91D

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

James Burke

Mailing Address 396 Margaret Avenue Northeast  
PO Box 354

City

Blackduck

State

MN

Zip Code

56630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
unemployed

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-13BACH

Amount of Each Receipt this Period

10.00

Earmarked for Bachmann for  
Congress

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

10.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Carol Bussa

Mailing Address 726 Morley Court

City

Dearborn

State

MI

Zip Code

48124-2100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 323ED3FE9725A9468B2

Amount of Each Receipt this Period

10.00

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Carol Bussa

Mailing Address 726 Morley Court

City

Dearborn

State

MI

Zip Code

48124-2100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 23434479E3A594F91CD

Amount of Each Receipt this Period

10.00

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Constance Butcavage

Mailing Address 29 Gladys Avenue

City

Manville

State

NJ

Zip Code

08835-2347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 82716EE8F3D24ED0615

Amount of Each Receipt this Period

25.00

Earmarked for Friends of  
Sharron Angle

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

45.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Arthur P. Buthod

Mailing Address 5825 FM 455 W

City

Sanger

State

TX

Zip Code

76266-7040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: A6010BEB524158FA575

Amount of Each Receipt this Period

20.00

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Arthur P. Buthod

Mailing Address 5825 FM 455 W

City

Sanger

State

TX

Zip Code

76266-7040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: AC6F94156B8476B521E

Amount of Each Receipt this Period

20.00

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Patty Cafferata

Mailing Address 2620 Spinnaker Drive

City

Reno

State

NV

Zip Code

89519-5752

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cafferata and Assoc.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: A10D5ED1D3EBEB3754E

Amount of Each Receipt this Period

10.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

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

40.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 274

(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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Patty Cafferata

Mailing Address 2620 Spinnaker Drive

City

Reno

State

NV

Zip Code

89519-5752

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cafferata and Assoc.Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	0

Transaction ID: 56011D6209647E34116

Amount of Each Receipt this Period

10.00

**[MEMO ITEM]**Earmarked for Friends of  
Sharron Angle**B.**

Full Name (Last, First, Middle Initial)

Ronald Calaman

Mailing Address 78 Steiner Road

City

Dushore

State

PA

Zip Code

18614-7825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	1	/	2	0	1	0

Transaction ID: 062910-14BACH

Amount of Each Receipt this Period

10.00

Earmarked for Bachmann for  
Congress**C.**

Full Name (Last, First, Middle Initial)

Elizabeth Capazzi

Mailing Address 835 New Waterford Drive Apt. 103

City

Naples

State

FL

Zip Code

34104-8322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	1	0

Transaction ID: C30A070B7FD3928D3AE

Amount of Each Receipt this Period

100.00

Earmarked for Friends of  
Sharron Angle**SUBTOTAL** of Receipts This Page (optional) .....

110.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.

Full Name (Last, First, Middle Initial)

Elizabeth Capazzi

Mailing Address 835 New Waterford Drive Apt. 103

City

Naples

State

FL

Zip Code

34104-8322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 715BE408439796578C0

Amount of Each Receipt this Period

100.00

Earmarked for Carly for  
California Inc

B.

Full Name (Last, First, Middle Initial)

Shauna Kay Carr

Mailing Address 1072 Stillspring Drive

City

Vacaville

State

CA

Zip Code

95687-7705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HomemakerOccupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 2A1E3AB25C903CAA94C

Amount of Each Receipt this Period

75.00

[MEMO ITEM]

Earmarked for Carly for  
California Inc

C.

Full Name (Last, First, Middle Initial)

May Carrell

Mailing Address 205 W 8th Street

City

Port Angeles

State

WA

Zip Code

98362-6014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 022DB492594866A8B95

Amount of Each Receipt this Period

50.00

[MEMO ITEM]

Earmarked for Friends of  
Sharron Angle

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

May Carrell

Mailing Address 205 W 8th Street

City

Port Angeles

State

WA

Zip Code

98362-6014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 0FE1B63148421626F47

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Gerald Carter

Mailing Address 8614 Vantage Point

City

San Antonio

State

TX

Zip Code

78251-2559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northside ISD

Occupation  
Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 0

Transaction ID: C36B4F7B27A23719F88

Amount of Each Receipt this Period

15.00

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Emily Cataldo

Mailing Address 902 S Loop 499  
Apt. 104

City

Harlingen

State

TX

Zip Code

78550-2528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aptas Therapy Services

Occupation  
Physical Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: 4B40322AB34F0D0FD8A

Amount of Each Receipt this Period

400.00

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

415.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

J. M. Chandler

Mailing Address 4138 Beaver Brook Lane

City

Dallas

State

TX

Zip Code

75229-5350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 59AFD46C5E187853AFD

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Joseph J. Cholick

Mailing Address 9541 Northwest Skyline Boulevard

City

Portland

State

OR

Zip Code

97231-2634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: EE8696DAAD026E2B76E

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Joseph J. Cholick

Mailing Address 9541 Northwest Skyline Boulevard

City

Portland

State

OR

Zip Code

97231-2634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: A401165C549269283D4

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

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

0.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Margaret M. Christie

Mailing Address 3415 7th St. S Apt. 1

City

Arlington

State

VA

Zip Code

22204-1590

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-15BACH

Amount of Each Receipt this Period

35.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

Donald Clark

Mailing Address 3818 Maple Street

City

Seaford

State

NY

Zip Code

11783-2535

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 51808BCCD7C9FFAAE0C

Amount of Each Receipt this Period

25.00

[MEMO ITEM]  
Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Donald Clark

Mailing Address 3818 Maple Street

City

Seaford

State

NY

Zip Code

11783-2535

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 23A26AEF78046C2008E

Amount of Each Receipt this Period

25.00

[MEMO ITEM]  
Earmarked for Friends of  
Sharron Angle

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

35.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Madeline Clark

Mailing Address 5475 Ridgewood Road

City

Jackson

State

MS

Zip Code

39211-4023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: 062910-16BACH

Amount of Each Receipt this Period

10.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

Joseph A. Cleary

Mailing Address 4621 Windsor Ridge Drive

City

Irving

State

TX

Zip Code

75038-6313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 94AB54F787D408F59C2

Amount of Each Receipt this Period

20.00

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Joseph A. Cleary

Mailing Address 4621 Windsor Ridge Drive

City

Irving

State

TX

Zip Code

75038-6313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: E89AD9B86C956036072

Amount of Each Receipt this Period

20.00

Earmarked for Friends of  
Sharron Angle

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

50.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Dorothy Clemens

Mailing Address 535 Anchor Rode Drive

City

Naples

State

FL

Zip Code

34103-2717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 58637532F93F79AF238

Amount of Each Receipt this Period

25.00

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Dorothy Clemens

Mailing Address 535 Anchor Rode Drive

City

Naples

State

FL

Zip Code

34103-2717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 0432DEB2A3B6033E4ED

Amount of Each Receipt this Period

25.00

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Francis S. Conaty, Jr.

Mailing Address 2360 N Quebec Street

City

Arlington

State

VA

Zip Code

22207-5112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: E86E9F4BB54BB33F846

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

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

50.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Francis S. Conaty, Jr.

Mailing Address 2360 N Quebec Street

City

Arlington

State

VA

Zip Code

22207-5112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: E017AC3A9EB61725840

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Charles Connacher

Mailing Address 967 Mark Hanna Road

City

Ashville

State

PA

Zip Code

16613-8616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-17BACH

Amount of Each Receipt this Period

15.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Dennis Cox

Mailing Address 6027 Pulaski Pike Northwest

City

Huntsville

State

AL

Zip Code

35810-1122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Adtran

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 04A07A96E9A2AF6241D

Amount of Each Receipt this Period

50.00

Earmarked for Friends of  
Sharron Angle

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

65.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Dennis Cox

Mailing Address 6027 Pulaski Pike Northwest

City

Huntsville

State

AL

Zip Code

35810-1122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Adtran

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: E54B46E4B5B4EC60DA7

Amount of Each Receipt this Period

50.00

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Dennis Cox

Mailing Address 6027 Pulaski Pike Northwest

City

Huntsville

State

AL

Zip Code

35810-1122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Adtran

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: DF24EA4CAD814739A23

Amount of Each Receipt this Period

50.00

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Dennis Cox

Mailing Address 6027 Pulaski Pike Northwest

City

Huntsville

State

AL

Zip Code

35810-1122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Adtran

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: B991A74A9CC74053028

Amount of Each Receipt this Period

50.00

Earmarked for Friends of  
Sharron Angle

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Edward L. Crabtree

Mailing Address 698 Petersburg Chestnt Ridge Road

City

Petersburg

State

TN

Zip Code

37144-7550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BellSouth

Occupation

Electronics Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 6E1D7A531C74F949FCA

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Edward L. Crabtree

Mailing Address 698 Petersburg Chestnt Ridge Road

City

Petersburg

State

TN

Zip Code

37144-7550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BellSouth

Occupation

Electronics Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 828C4BA0646B92BC1DB

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Kateryna Cuddeback

Mailing Address 47 Pitcher Avenue

City

Medford

State

MA

Zip Code

02155-2106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-19BACH

Amount of Each Receipt this Period

10.00

Earmarked for Bachmann for  
Congress

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

10.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 274

(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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Anna C. Davis

Mailing Address 300 Snowball Dr

City

Hatfield

State

PA

Zip Code

19440-4024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	1	/	2	0	1	0

Transaction ID: 1C02080579F60414571

Amount of Each Receipt this Period

10.00

Earmarked for Carly for  
California Inc**B.**

Full Name (Last, First, Middle Initial)

Kenneth W. Davis

Mailing Address PO Box 999

City

Fort Worth

State

TX

Zip Code

76101-0999

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Great Western

Occupation

Chairman

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	0

Transaction ID: 8AAD84374ED0252C1B4

Amount of Each Receipt this Period

500.00

Earmarked for Carly for  
California Inc**C.**

Full Name (Last, First, Middle Initial)

Kenneth W. Davis

Mailing Address PO Box 999

City

Fort Worth

State

TX

Zip Code

76101-0999

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Great Western

Occupation

Chairman

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	0

Transaction ID: 94B055E489D24D359F9

Amount of Each Receipt this Period

500.00

Earmarked for Friends of  
Sharron Angle

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

1010.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Nathan W. Davis

Mailing Address 9600 McKnight Avenue Northeast

City

Albuquerque

State

NM

Zip Code

87112-4047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 525C263325A37B215A4

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Nathan W. Davis

Mailing Address 9600 McKnight Avenue Northeast

City

Albuquerque

State

NM

Zip Code

87112-4047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 43D9E944219A6798D58

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Bill Davis, M.D.

Mailing Address 281 Forest Trail

City

New Braunfels

State

TX

Zip Code

78132-4623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

135.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-20BACH

Amount of Each Receipt this Period

35.00

Earmarked for Bachmann for  
Congress

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

35.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 274

(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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Lawrence Delorimier

Mailing Address 20424 Remsbury Place

City

Montgomery Village

State

MD

Zip Code

20886-4369

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	0

Transaction ID: 062910-22BACH

Amount of Each Receipt this Period

35.00

Earmarked for Bachmann for  
Congress**B.**

Full Name (Last, First, Middle Initial)

Patricia Ditrio

Mailing Address 50 Columbus Avenue  
Apt. 203

City

Tuckahoe

State

NY

Zip Code

10707-2528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Transaction ID: 142AC25EF1CFFDEC46B

Amount of Each Receipt this Period

30.00

**[MEMO ITEM]**  
Earmarked for Carly for  
California Inc**C.**

Full Name (Last, First, Middle Initial)

Patricia Ditrio

Mailing Address 50 Columbus Avenue  
Apt. 203

City

Tuckahoe

State

NY

Zip Code

10707-2528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Transaction ID: FAB5911A063473EECDA

Amount of Each Receipt this Period

30.00

**[MEMO ITEM]**  
Earmarked for Friends of  
Sharron Angle

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

35.00

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



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

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

FOR LINE NUMBER: PAGE 41 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Samuel J. Dominick

Mailing Address 12813 Ashton Oaks Drive

City

Fairfax

State

VA

Zip Code

22030-7214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-25BACH

Amount of Each Receipt this Period

50.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

Leo Donovan

Mailing Address 183 Lindbergh Place Dr

City

Saint Louis

State

MO

Zip Code

63146-5902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: A8B47E50192129B703E

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Leo Donovan

Mailing Address 183 Lindbergh Place Dr

City

Saint Louis

State

MO

Zip Code

63146-5902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: F95E4031D83E5B78C0E

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

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

50.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Sharo N. Doran

Mailing Address 1440 Kelly Drive

City

Minneapolis

State

MN

Zip Code

55427-4112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 1 0

Transaction ID: 062910-26BACH

Amount of Each Receipt this Period

25.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

Dennis C. Dougherty

Mailing Address 6 Hibbert Court

City

Pacifica

State

CA

Zip Code

94044-1915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Iornworkers

Occupation

Iornworker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: 062910-27BACH

Amount of Each Receipt this Period

35.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

John F. Dullmeyer, Jr.

Mailing Address 396 E Woodlander Court

City

Eagle

State

ID

Zip Code

83616-6323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-29BACH

Amount of Each Receipt this Period

200.00

Earmarked for Bachmann for  
Congress

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

260.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 274

(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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Keith Dunavant

Mailing Address 1937 Spinnaker Lane

City

Azle

State

TX

Zip Code

76020-4937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	0

Transaction ID: ABBA733A10815D8696E

Amount of Each Receipt this Period

100.00

Earmarked for Carly for  
California Inc**B.**

Full Name (Last, First, Middle Initial)

Keith Dunavant

Mailing Address 1937 Spinnaker Lane

City

Azle

State

TX

Zip Code

76020-4937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	0

Transaction ID: 14F35583768EA2BAF90

Amount of Each Receipt this Period

100.00

Earmarked for Friends of  
Sharron Angle**C.**

Full Name (Last, First, Middle Initial)

Keith Dunavant

Mailing Address 1937 Spinnaker Lane

City

Azle

State

TX

Zip Code

76020-4937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	0

Transaction ID: 61FDCA48B205CB3762D

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Patricia A. Duncan

Mailing Address 3892 Dorchester Avenue

City

Gurnee

State

IL

Zip Code

60031-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 11EBE24987CD344AFAC

Amount of Each Receipt this Period

100.00

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Patricia A. Duncan

Mailing Address 3892 Dorchester Avenue

City

Gurnee

State

IL

Zip Code

60031-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 16AAAFBC778F6F97674

Amount of Each Receipt this Period

100.00

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Elizabeth Dzurnak

Mailing Address 6 Weaver Street

City

Torrington

State

CT

Zip Code

06790-5721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: D70987D41E0CC432F16

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Elizabeth Dzurnak

Mailing Address 6 Weaver Street

City

Torrington

State

CT

Zip Code

06790-5721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 92A6091365F41833437

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Herbert M. Ebner

Mailing Address 610 64th Avenue

City

St. Petersburg

State

FL

Zip Code

33706-2108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 45AA951D3FBAEDF0A7B

Amount of Each Receipt this Period

25.00

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Herbert M. Ebner

Mailing Address 610 64th Avenue

City

St. Petersburg

State

FL

Zip Code

33706-2108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: CBCBCF47EE754D65465

Amount of Each Receipt this Period

25.00

Earmarked for Friends of  
Sharron Angle

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

50.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

James D. Ehret

Mailing Address 999 N Green Bay Road

City

Lake Forest

State

IL

Zip Code

60045-1732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Naval Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 939B1B58F6440C519DB

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

James D. Ehret

Mailing Address 999 N Green Bay Road

City

Lake Forest

State

IL

Zip Code

60045-1732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Naval Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: FF64C0A2D7912B6720B

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Paul J. Ermak

Mailing Address 2905 Pierce Street Apt. 2

City

Sioux City

State

IA

Zip Code

51104-3722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-31BACH

Amount of Each Receipt this Period

50.00

Earmarked for Bachmann for  
Congress

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

50.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Marjorie Espy

Mailing Address 21889 Cabrini Boulevard

City

Golden

State

CO

Zip Code

80401-9409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: B9EFCEDDDD238B509DF

Amount of Each Receipt this Period

100.00

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Richard H. Eykholt

Mailing Address 2010 Kentucky Avenue

City

Fort Wayne

State

IN

Zip Code

46805-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

106.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 016ED153B1F71750C80

Amount of Each Receipt this Period

45.00

**[MEMO ITEM]**  
Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Richard H. Eykholt

Mailing Address 2010 Kentucky Avenue

City

Fort Wayne

State

IN

Zip Code

46805-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

106.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: C4AFA8FFC361F0EF60D

Amount of Each Receipt this Period

45.00

**[MEMO ITEM]**  
Earmarked for Carly for  
California Inc

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Teresa Ezzell

Mailing Address 1655 N Longfellow Street

City

Arlington

State

VA

Zip Code

22205-2835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 1 0

Transaction ID: 062910-32BACH

Amount of Each Receipt this Period

100.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

Margaret Farney

Mailing Address 1001 Oakwood Trail

City

Indianapolis

State

IN

Zip Code

46260-4020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 4C6BE0177272FC56946

Amount of Each Receipt this Period

35.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Margaret Farney

Mailing Address 1001 Oakwood Trail

City

Indianapolis

State

IN

Zip Code

46260-4020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: F7C369D5FC0F95AFCA8

Amount of Each Receipt this Period

60.00

Earmarked for Carly for  
California Inc

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

195.00

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



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

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

FOR LINE NUMBER: PAGE 49 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Margaret Farney

Mailing Address 1001 Oakwood Trail

City

Indianapolis

State

IN

Zip Code

46260-4020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: F6DE8B115BA3A71A595

Amount of Each Receipt this Period

60.00

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Maura Felix

Mailing Address 38 Stoneridge Road Apt. 719

City

Middletown

State

NY

Zip Code

10941-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-33BACH

Amount of Each Receipt this Period

10.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Stanley G. Filar

Mailing Address 5800 Crystal Creek Lane

City

Washington

State

MI

Zip Code

48094-2690

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 09D43DA7E9EAF171A89

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

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

70.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Stanley G. Filar

Mailing Address 5800 Crystal Creek Lane

City

Washington

State

MI

Zip Code

48094-2690

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 1CACD4E1FA01870E592

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Stanley G. Filar

Mailing Address 5800 Crystal Creek Lane

City

Washington

State

MI

Zip Code

48094-2690

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 6767FBCE4C983732D36

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Paul A. Fleischman

Mailing Address 16623 McCourtney Road

City

Grass Valley

State

CA

Zip Code

95949-9743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 25E1FD70DE2E4065DB4

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

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

50.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Paul A. Fleischman

Mailing Address 16623 McCourtney Road

City

Grass Valley

State

CA

Zip Code

95949-9743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 19639CAFEF9A441F882

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Robert Follett

Mailing Address 19365 Cypress Ridge Terrace #821

City

Lansdowne

State

VA

Zip Code

20176-8436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: D8E28E0A63D9BA6F4AA

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Robert Follett

Mailing Address 19365 Cypress Ridge Terrace #821

City

Lansdowne

State

VA

Zip Code

20176-8436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: 037642AF8A6E01A3821

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

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

0.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Dennis Forand

Mailing Address 14 Old Mill Drive

City

Denville

State

NJ

Zip Code

07834-9511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: F1D8DEC38D830040C8D

Amount of Each Receipt this Period

120.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Dennis Forand

Mailing Address 14 Old Mill Drive

City

Denville

State

NJ

Zip Code

07834-9511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 46B16260C9600309C5E

Amount of Each Receipt this Period

120.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Dennis Forand

Mailing Address 14 Old Mill Drive

City

Denville

State

NJ

Zip Code

07834-9511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 4509FEC6FD59D839EF7

Amount of Each Receipt this Period

120.00

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

120.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 274

(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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Nancy Freeman

Mailing Address 5138 Italia Ct

City

Ave Maria

State

FL

Zip Code

34142-9610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Transaction ID: B63C88E8F9F7A3A9919

Amount of Each Receipt this Period

25.00

Earmarked for Friends of  
Sharron Angle**B.**

Full Name (Last, First, Middle Initial)

Mary L. Gaffney

Mailing Address 2100 E 115th Street

City

Burnsville

State

MN

Zip Code

55337-1210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	0

Transaction ID: 062910-34BACH

Amount of Each Receipt this Period

25.00

Earmarked for Bachmann for  
Congress**C.**

Full Name (Last, First, Middle Initial)

John Gaines

Mailing Address 3001 High St. Suite A

City

Oakland

State

CA

Zip Code

94619-1860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Dentist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	0

Transaction ID: 733D45040FABDA7B55D

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**Earmarked for Friends of  
Sharron Angle

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

50.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Susan Gallucci

Mailing Address 612 Gist Avenue

City

Silver Spring

State

MD

Zip Code

20910-5232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Northwest Center Inc.

Occupation

Social Worker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-36BACH

Amount of Each Receipt this Period

35.00

Earmarked for Bachmann for Congress

**B.**

Full Name (Last, First, Middle Initial)

Carolyn K. Garretson

Mailing Address 270 Hickory Heights Drive

City

Bridgeville

State

PA

Zip Code

15017-1083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: F9C240EF10480B53998

Amount of Each Receipt this Period

10.00

Earmarked for Friends of Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Paul & Sarah Geczy

Mailing Address 54225 County Road 8

City

Middlebury

State

IN

Zip Code

46540-9515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-37BACH

Amount of Each Receipt this Period

25.00

Earmarked for Bachmann for Congress

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

70.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

St. Michael's Cathol General Fund

Mailing Address 2751 County Road 30

City

Florence

State

AL

Zip Code

35634-6618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 42E82DA01313CDB9554

Amount of Each Receipt this Period

50.00

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Adrienne Gillen

Mailing Address 438 Little Quarry Road

City

Gaithersburg

State

MD

Zip Code

20878-5721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-38BACH

Amount of Each Receipt this Period

35.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Maurice and Ruth Gordon

Mailing Address 1421 County Road 2900 N

City

Rantoul

State

IL

Zip Code

61866-9714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 0B57AB413509ED87428

Amount of Each Receipt this Period

50.00

Earmarked for Carly for  
California Inc

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

135.00

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

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

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

FOR LINE NUMBER: PAGE 56 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Maurice and Ruth Gordon

Mailing Address 1421 County Road 2900 N

City

Rantoul

State

IL

Zip Code

61866-9714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: BE685E7564EAC69B793

Amount of Each Receipt this Period

50.00

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Charles P. Goslee

Mailing Address 9038 Cascada Way

City

Naples

State

FL

Zip Code

34114-6455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: 062910-40BACH

Amount of Each Receipt this Period

25.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Denise Green

Mailing Address 1350 Beverly Road Suite 115  
Pmb 202

City

McLean

State

VA

Zip Code

22101-3917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-41BACH

Amount of Each Receipt this Period

35.00

Earmarked for Bachmann for  
Congress

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

110.00

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



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

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

FOR LINE NUMBER: PAGE 57 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Patricia Grey

Mailing Address 74 Sand Hill Road

City

Sussex

State

NJ

Zip Code

07461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 0C6A2E4C019CB61BE3A

Amount of Each Receipt this Period

75.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Patricia Grey

Mailing Address 74 Sand Hill Road

City

Sussex

State

NJ

Zip Code

07461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 9F7BE0E768057CE99E9

Amount of Each Receipt this Period

75.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Larry S. Griffith

Mailing Address 2131 Samples Scales Road

City

Homer

State

GA

Zip Code

30547-1531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-42BACH

Amount of Each Receipt this Period

35.00

Earmarked for Bachmann for  
Congress

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

35.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Morris G Grimmitt

Mailing Address 3832 Cutter Cove

City

Lakeland

State

TN

Zip Code

38002-9889

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: B3F5E021104DF76C9BD

Amount of Each Receipt this Period

30.00

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Morris G Grimmitt

Mailing Address 3832 Cutter Cove

City

Lakeland

State

TN

Zip Code

38002-9889

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 9BA4B4C61DBC1D86F4

Amount of Each Receipt this Period

30.00

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Mason E. Grove

Mailing Address 7943 Singleton Street

City

Indianapolis

State

IN

Zip Code

46227-2564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 0B48F511713C7C924A3

Amount of Each Receipt this Period

25.00

Earmarked for Carly for  
California Inc

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

85.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Mason E. Grove

Mailing Address 7943 Singleton Street

City

Indianapolis

State

IN

Zip Code

46227-2564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: AAFCB585BD94528CA90

Amount of Each Receipt this Period

25.00

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Richard Grubb

Mailing Address 26005 Wilkerson Rd

City

Conifer

State

CO

Zip Code

80433-9130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catamount Constructors

Occupation

IT Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 52F2F0055ECEA7DF03F

Amount of Each Receipt this Period

30.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Mary E. Guilliams

Mailing Address 304 Nutwood Cr.

City

Knoxville

State

TN

Zip Code

37934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 2F3B81420FC72D5B21C

Amount of Each Receipt this Period

25.00

Earmarked for Bachmann for  
Congress

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

80.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

James Gulick

Mailing Address 29711 Lafayette Way

City

Westlake

State

OH

Zip Code

44145-6413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 8EA7F3F71E245081BED

Amount of Each Receipt this Period

50.00

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

James Gulick

Mailing Address 29711 Lafayette Way

City

Westlake

State

OH

Zip Code

44145-6413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 4ADCFF9B027BE5D8097

Amount of Each Receipt this Period

50.00

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Robert L. Gwinn, Sr

Mailing Address PO Box 720

City

Ridge Spring

State

SC

Zip Code

29129-0720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Parrish & Gwinn Insurance  
Group

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 062910-43BACH

Amount of Each Receipt this Period

100.00

Earmarked for Bachmann for  
Congress

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 61 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Alfred H.

Mailing Address 18 Woodlake Road  
Apt. 2

City Albany State NY Zip Code 12203-3974

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 1 0

Transaction ID: 062910-44BACH

Amount of Each Receipt this Period

35.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

John Hagerly

Mailing Address 516 Boxwood Lane

City New Smyrna State FL Zip Code 32168-7902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Public Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: 062910-45BACH

Amount of Each Receipt this Period

15.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Elisabeth S. Hall

Mailing Address 7040 Gibbs Hill Circle

City Anchorage State AK Zip Code 99504-3372

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Data Manager

Occupation  
Alaska Native Tribal Hlth Consortium

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: C5FE4CBD7A436022EB5

Amount of Each Receipt this Period

500.00

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 62 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Kathy Hall

Mailing Address 2236 17th Street Northwest

City

New Brighton

State

MN

Zip Code

55112-5458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 1 0

Transaction ID: 062910-46BACH

Amount of Each Receipt this Period

35.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

William D. Halliwell

Mailing Address 314 Hawthorne Avenue

City

Hawthorne

State

NJ

Zip Code

07506-1240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: 062910-47BACH

Amount of Each Receipt this Period

35.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Marie L. Halvorson

Mailing Address 10161 25th Street Northeast

City

Pekin

State

ND

Zip Code

58361-9499

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: D2FE0BEF78AD0461E53

Amount of Each Receipt this Period

50.00

Earmarked for Carly for  
California Inc

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

120.00

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

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

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

FOR LINE NUMBER: PAGE 63 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Matthew Hanson

Mailing Address 10 W End Avenue  
#10F

City State Zip Code  
New York NY 10023-7826

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-48BACH

Amount of Each Receipt this Period

25.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

Ken Haringa

Mailing Address 2973 Harbor Boulevard # 840

City State Zip Code  
Costa Mesa CA 92626-3912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: 062910-49BACH

Amount of Each Receipt this Period

50.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Thomas F. Hartch

Mailing Address 19 Greenbriar Lane

City State Zip Code  
Greenwich CT 06831-3319

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Whitman, Breed, Abbott &  
Morgan

Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: 6D83126C076920AD6F7

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**  
Earmarked for Friends of  
Sharron Angle

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 64 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Thomas F. Hartch

Mailing Address 19 Greenbriar Lane

City

Greenwich

State

CT

Zip Code

06831-3319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Whitman, Breed, Abbott &  
Morgan

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: 8468855421C6255D01B

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

John F. Harvey

Mailing Address 6421 Meadow Rue Drive

City

Norcross

State

GA

Zip Code

30092-2225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEA

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 45950237FD2A86BD1B7

Amount of Each Receipt this Period

25.00

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

John F. Harvey

Mailing Address 6421 Meadow Rue Drive

City

Norcross

State

GA

Zip Code

30092-2225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEA

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 5EC8B7E95368AE586A9

Amount of Each Receipt this Period

15.00

Earmarked for Friends of  
Sharron Angle

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

40.00

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



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

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

FOR LINE NUMBER: PAGE 65 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.

Full Name (Last, First, Middle Initial)

Paul Healey

Mailing Address 6650 Royal Palm Boulevard  
Apt. 314CCity State Zip Code  
Margate FL 33063-2185FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: 410EF0BC254628B8042

Amount of Each Receipt this Period

50.00

Earmarked for Carly for  
California Inc

B.

Full Name (Last, First, Middle Initial)

Rhonda Helyer

Mailing Address 4304 Vine Ridge Court

City State Zip Code  
Arlington TX 76017-2253FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-51BACH

Amount of Each Receipt this Period

25.00

Earmarked for Bachmann for  
Congress

C.

Full Name (Last, First, Middle Initial)

Raymond Henkel

Mailing Address 4092 S Wabash Street

City State Zip Code  
Denver CO 80237-1755FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 0

Transaction ID: 2168B5355A52D1F703F

Amount of Each Receipt this Period

50.00

Earmarked for Carly for  
California Inc

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 66 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Rick Houston

Mailing Address HC 1 Box 2358

City

Glennallen

State

AK

Zip Code

99588-9502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 47A9804DC8F4D920369

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Rick Houston

Mailing Address HC 1 Box 2358

City

Glennallen

State

AK

Zip Code

99588-9502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 1901BCA95FEF329883D

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Mary M. Huntress

Mailing Address 9614 Meadowhill Drive

City

Dallas

State

TX

Zip Code

75238-2537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: FC1D228BC97C2A1C1E0

Amount of Each Receipt this Period

50.00

Earmarked for Bachmann for  
Congress

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

50.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 274

(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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Janet Hyrb

Mailing Address 5027 Azalea Drive

City

Pittsburgh

State

PA

Zip Code

15236-1601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
President

Occupation

Tri-River Design &amp; Construction Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	0

Transaction ID: 8ECB259683661088E27

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**Earmarked for Carly for  
California Inc**B.**

Full Name (Last, First, Middle Initial)

Janet Hyrb

Mailing Address 5027 Azalea Drive

City

Pittsburgh

State

PA

Zip Code

15236-1601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
President

Occupation

Tri-River Design &amp; Construction Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	0

Transaction ID: E06B14B2E567AFD3F81

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**Earmarked for Friends of  
Sharron Angle**C.**

Full Name (Last, First, Middle Initial)

Janet Hyrb

Mailing Address 5027 Azalea Drive

City

Pittsburgh

State

PA

Zip Code

15236-1601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
President

Occupation

Tri-River Design &amp; Construction Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	0

Transaction ID: 376BF0C15CBC88BE7C6

Amount of Each Receipt this Period

75.00

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.

Full Name (Last, First, Middle Initial)

Joan Jacobson

Mailing Address 5776 W Musgrove Highway

City

Lake Odessa

State

MI

Zip Code

48849-9507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 40D5C6049918D8F3ED1

Amount of Each Receipt this Period

10.00

Earmarked for Friends of  
Sharron Angle

B.

Full Name (Last, First, Middle Initial)

Patricia Jansen

Mailing Address 889 June Drive Southwest

City

Conyers

State

GA

Zip Code

30094-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-52BACH

Amount of Each Receipt this Period

35.00

Earmarked for Bachmann for  
Congress

C.

Full Name (Last, First, Middle Initial)

Erik Johnson

Mailing Address 815 Harvard Drive

City

Edwardsville

State

IL

Zip Code

62025-2674

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 374D53744C7190663E9

Amount of Each Receipt this Period

15.00

Earmarked for Carly for  
California Inc

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Erik Johnson

Mailing Address 815 Harvard Drive

City

Edwardsville

State

IL

Zip Code

62025-2674

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 6B5DE67A0D01B9347C5

Amount of Each Receipt this Period

15.00

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Jim Johnson

Mailing Address 159 Highway 64 W

City

Hayesville

State

NC

Zip Code

28904-7007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-53BACH

Amount of Each Receipt this Period

50.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Bridget Johnston

Mailing Address 3854 Mary Ann Lane

City

Lake Almanor

State

CA

Zip Code

96137-9500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NA

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 062910-54BACH

Amount of Each Receipt this Period

20.00

Earmarked for Bachmann for  
Congress

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

85.00

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

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

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

FOR LINE NUMBER: PAGE 70 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Bridget Johnston

Mailing Address 3854 Mary Ann Lane

City

Lake Almanor

State

CA

Zip Code

96137-9500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NA

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: 57A11A2A71016A2B222

Amount of Each Receipt this Period

25.00

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Bridget Johnston

Mailing Address 3854 Mary Ann Lane

City

Lake Almanor

State

CA

Zip Code

96137-9500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NA

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: EF00874B6E9FD557BB4

Amount of Each Receipt this Period

25.00

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Robert Kammer

Mailing Address 12705 Weiss Street

City

Rockville

State

MD

Zip Code

20853-3462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 0FFDEAA35B1FBF89A06

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**  
Earmarked for Carly for  
California Inc

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

50.00

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

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

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

FOR LINE NUMBER: PAGE 71 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Robert Kammer

Mailing Address 12705 Weiss Street

City

Rockville

State

MD

Zip Code

20853-3462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: D2D259568E202019AD2

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Lyle J Kammeyer

Mailing Address 511 Elmore Road

City

Cabot

State

AR

Zip Code

72023-9513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lyle's Construction, Inc.

Occupation  
Bookkeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: 062910-55BACH

Amount of Each Receipt this Period

15.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Kathy Kearny

Mailing Address 1871 8th Street Southeast

City

East Wenatchee

State

WA

Zip Code

98802-9115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-56BACH

Amount of Each Receipt this Period

10.00

Earmarked for Bachmann for  
Congress

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

25.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 274

(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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Anne Keehan

Mailing Address 20 E Northcastle Circle

City

the Woodlands

State

TX

Zip Code

77384-4778

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

former Catholic school teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	1	0

Transaction ID: 25102D8BC448CB1AA24

Amount of Each Receipt this Period

50.00

Earmarked for Carly for  
California Inc**B.**

Full Name (Last, First, Middle Initial)

Anne Keehan

Mailing Address 20 E Northcastle Circle

City

the Woodlands

State

TX

Zip Code

77384-4778

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

former Catholic school teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	1	0

Transaction ID: 1B5E313BDB53BE594C9

Amount of Each Receipt this Period

50.00

Earmarked for Friends of  
Sharron Angle**C.**

Full Name (Last, First, Middle Initial)

Marian B. King

Mailing Address 7327 Baker Lane

City

Sebastopol

State

CA

Zip Code

95472-5011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	1	0

Transaction ID: BE301CDD21B4AE4E817

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**Earmarked for Friends of  
Sharron Angle**SUBTOTAL** of Receipts This Page (optional) .....

100.00

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



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

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

FOR LINE NUMBER: PAGE 73 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Janice E. Knisely

Mailing Address 1421 Columbia Avenue

City

Fort Wayne

State

IN

Zip Code

46805-5216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 080821BDCCA8211ADBA

Amount of Each Receipt this Period

50.00

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Janice E. Knisely

Mailing Address 1421 Columbia Avenue

City

Fort Wayne

State

IN

Zip Code

46805-5216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 2C9DBCA39C30C289633

Amount of Each Receipt this Period

50.00

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Marion Koces

Mailing Address 18645 Rowell Road

City

Wellington

State

OH

Zip Code

44090-9121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Penton Media

Occupation  
Production Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: EE8B9ED98B248257DDF

Amount of Each Receipt this Period

10.00

**[MEMO ITEM]**  
Earmarked for Friends of  
Sharron Angle

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 74 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Marion Koces

Mailing Address 18645 Rowell Road

City

Wellington

State

OH

Zip Code

44090-9121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Penton Media

Occupation

Production Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: EDE50977E481CD580D5

Amount of Each Receipt this Period

10.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Joseph L. Koch

Mailing Address 15812 Horse Creek Street

City

San Antonio

State

TX

Zip Code

78232-2710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: B8C58E046130C6C43AE

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph L. Koch

Mailing Address 15812 Horse Creek Street

City

San Antonio

State

TX

Zip Code

78232-2710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 673A0EFB0C4D654C392

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 75 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Joseph L. Koch

Mailing Address 15812 Horse Creek Street

City

San Antonio

State

TX

Zip Code

78232-2710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 2A073236C28501C5753

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Anton Koenig

Mailing Address 5176 Robinhood Drive

City

Willoughby

State

OH

Zip Code

44094-4322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 03B4885D8F302C79EAD

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Anton Koenig

Mailing Address 5176 Robinhood Drive

City

Willoughby

State

OH

Zip Code

44094-4322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: EC947F8A69641EBF436

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

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

0.00

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

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

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

FOR LINE NUMBER: PAGE 76 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Elaine Kohl

Mailing Address 21776 472nd Avenue

City

Brookings

State

SD

Zip Code

57006-7095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: E14A19D0AA8C80A94CE

Amount of Each Receipt this Period

50.00

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Elaine Kohl

Mailing Address 21776 472nd Avenue

City

Brookings

State

SD

Zip Code

57006-7095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 0ADFCD6058918EF7862

Amount of Each Receipt this Period

50.00

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Jane L. Kostas

Mailing Address 7734 Hoover Road

City

Indianapolis

State

IN

Zip Code

46260-3548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-57BACH

Amount of Each Receipt this Period

35.00

Earmarked for Bachmann for  
Congress

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

135.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Jack Kujala

Mailing Address 3846 W Lake Ellwood Road

City

Florence

State

WI

Zip Code

54121-9152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-58BACH

Amount of Each Receipt this Period

10.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

Freda Kurtz

Mailing Address 202 Paddington Court

City

Reno

State

NV

Zip Code

89511-2784

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Business Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-59BACH

Amount of Each Receipt this Period

50.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Carol A. Kwiatkowski

Mailing Address 5 Hemlock St

City

Floral Park

State

NY

Zip Code

11001-3002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 0619964424CC1B59674

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**  
Earmarked for Friends of  
Sharron Angle

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Carol A. Kwiatkowski

Mailing Address 5 Hemlock St

City

Floral Park

State

NY

Zip Code

11001-3002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 62323DC56C237EE3406

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Cal D. Kyllonen

Mailing Address 411 Castlecrest Drive

City

Spring Creek

State

NV

Zip Code

89815-6710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 24BD0E67375D9565582

Amount of Each Receipt this Period

50.00

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Cal D. Kyllonen

Mailing Address 411 Castlecrest Drive

City

Spring Creek

State

NV

Zip Code

89815-6710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: DD2834DAE1AD455D585

Amount of Each Receipt this Period

50.00

Earmarked for Friends of  
Sharron Angle

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.

Full Name (Last, First, Middle Initial)

Alden J. La Borde

Mailing Address 63 Oriole Street

City

New Orleans

State

LA

Zip Code

70124-4517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

Transaction ID: F394894158EB7F496D5

Amount of Each Receipt this Period

50.00

Earmarked for Carly for  
California Inc

B.

Full Name (Last, First, Middle Initial)

Alden J. La Borde

Mailing Address 63 Oriole Street

City

New Orleans

State

LA

Zip Code

70124-4517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

Transaction ID: C535F15956D48F3C7BC

Amount of Each Receipt this Period

50.00

Earmarked for Friends of  
Sharron Angle

C.

Full Name (Last, First, Middle Initial)

Cindy Lagasse

Mailing Address 176 A Cross Creek Drive

City

Slidell

State

LA

Zip Code

70461-2640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: DB3DC5F3310BDD70959

Amount of Each Receipt this Period

250.00

Earmarked for Carly for  
California Inc

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 80 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Cindy Lagasse

Mailing Address 176 A Cross Creek Drive

City

Slidell

State

LA

Zip Code

70461-2640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 1DF1922929EB0E2F51A

Amount of Each Receipt this Period

250.00

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Michael Langevin

Mailing Address 510 Cambridge Drive

City

Mc Cormick

State

SC

Zip Code

29835-2619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 028D6041AB6EB8AEECA

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**  
Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Michael Langevin

Mailing Address 510 Cambridge Drive

City

Mc Cormick

State

SC

Zip Code

29835-2619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 9C0C1E9202198F1F0D3

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**  
Earmarked for Friends of  
Sharron Angle

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

250.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 274

(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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Jacqueline Lautner

Mailing Address 10190 Collins Avenue Apt. 107

City

Miami Beach

State

FL

Zip Code

33154-1611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	0

Transaction ID: A8D7565C970820C8D76

Amount of Each Receipt this Period

20.00

Earmarked for Carly for  
California Inc**B.**

Full Name (Last, First, Middle Initial)

Jacqueline Lautner

Mailing Address 10190 Collins Avenue Apt. 107

City

Miami Beach

State

FL

Zip Code

33154-1611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	0

Transaction ID: 457D58058AAD347BAEB

Amount of Each Receipt this Period

20.00

Earmarked for Friends of  
Sharron Angle**C.**

Full Name (Last, First, Middle Initial)

Hattie Lewis

Mailing Address 12711 E Rose Avenue

City

Selma

State

CA

Zip Code

93662-9313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Transaction ID: 8F83E3D447834DB41D1

Amount of Each Receipt this Period

25.00

Earmarked for Carly for  
California Inc

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

65.00

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

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

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

FOR LINE NUMBER: PAGE 82 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Hattie Lewis

Mailing Address 12711 E Rose Avenue

City

Selma

State

CA

Zip Code

93662-9313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: 9ED9D101025C5DB3CC0

Amount of Each Receipt this Period

25.00

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Warren Lindsay

Mailing Address 1209 Briargate Avenue

City

Joliet

State

IL

Zip Code

60435-3929

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-60BACH

Amount of Each Receipt this Period

35.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Patricia W. Loeken

Mailing Address 13800 Southeast Somerset Boulevard

City

Bellevue

State

WA

Zip Code

98006-2224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 8EDA115213A4F8A9A20

Amount of Each Receipt this Period

100.00

Earmarked for Carly for  
California Inc

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

160.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 274

(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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Patricia W. Loeken

Mailing Address 13800 Southeast Somerset Boulevard

City

Bellevue

State

WA

Zip Code

98006-2224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	0

Transaction ID: 21B7EE4F384FBE7ABF5

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia W. Loeken

Mailing Address 13800 Southeast Somerset Boulevard

City

Bellevue

State

WA

Zip Code

98006-2224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	0

Transaction ID: 3367CACDD1780355FA1

Amount of Each Receipt this Period

100.00

Earmarked for Friends of  
Sharron Angle**C.**

Full Name (Last, First, Middle Initial)

Veronica Mary Louis

Mailing Address 115 E Main Street

City

Allegany

State

NY

Zip Code

14706-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	0

Transaction ID: 4220388F90803D72243

Amount of Each Receipt this Period

50.00

Earmarked for Carly for  
California Inc

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 84 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Veronica Mary Louis

Mailing Address 115 E Main Street

City

State

Zip Code

Allegany

NY

14706-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: A520170778558741406

Amount of Each Receipt this Period

50.00

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

P. and M. Lum Lung

Mailing Address 7652 S Grape Street

City

State

Zip Code

Centennial

CO

80122-3857

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: AF8C12F7187BB88E10B

Amount of Each Receipt this Period

250.00

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

P. and M. Lum Lung

Mailing Address 7652 S Grape Street

City

State

Zip Code

Centennial

CO

80122-3857

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 6403F46DADAB72C7639

Amount of Each Receipt this Period

250.00

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 85 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

P. and M. Lum Lung

Mailing Address 7652 S Grape Street

City

Centennial

State

CO

Zip Code

80122-3857

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 16887F2F92B2D59AC11

Amount of Each Receipt this Period

250.00

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Karen M. Lyons

Mailing Address 18102 E Euclid Place

City

Aurora

State

CO

Zip Code

80016-1100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 0

Transaction ID: 83F750B95B194EF4F1E

Amount of Each Receipt this Period

50.00

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Jim Maher

Mailing Address 199 Nersesian Road

City

Hartwick

State

NY

Zip Code

13348-2901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
specialty foods

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 0

Transaction ID: 9D0D6744E6BD7421871

Amount of Each Receipt this Period

15.00

Earmarked for Carly for  
California Inc

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

315.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 274

(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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Gerald Mallgraf

Mailing Address 492 Lake of the Woods Drive

City

Venice

State

FL

Zip Code

34293-7219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	0

Transaction ID: 062910-61BACH

Amount of Each Receipt this Period

50.00

Earmarked for Bachmann for  
Congress**B.**

Full Name (Last, First, Middle Initial)

Anne Marchman

Mailing Address 1849 Rolling River Drive Southwest

City

Lilburn

State

GA

Zip Code

30047-4520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

55.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	0

Transaction ID: 1C5553C27BA1A5895B6

Amount of Each Receipt this Period

10.00

Earmarked for Carly for  
California Inc**C.**

Full Name (Last, First, Middle Initial)

Anne Marchman

Mailing Address 1849 Rolling River Drive Southwest

City

Lilburn

State

GA

Zip Code

30047-4520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

55.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	0

Transaction ID: 23BDFCDB1D2CB7CC7FD

Amount of Each Receipt this Period

10.00

Earmarked for Friends of  
Sharron Angle

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

70.00

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

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

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

FOR LINE NUMBER: PAGE 87 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Charles E. Marsh, Md

Mailing Address 2537 N Silverleaf Way

City

Meridian

State

ID

Zip Code

83646-3965

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 99BBAD6AC0F67C0083B

Amount of Each Receipt this Period

25.00

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Charles E. Marsh, Md

Mailing Address 2537 N Silverleaf Way

City

Meridian

State

ID

Zip Code

83646-3965

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: A896213E313F6A63C17

Amount of Each Receipt this Period

25.00

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Philip Mason

Mailing Address 4404 Lafayette Street

City

Bellaire

State

TX

Zip Code

77401-5633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Salient Partners

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 1 0

Transaction ID: 062910-63BACH

Amount of Each Receipt this Period

35.00

Earmarked for Bachmann for  
Congress

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

85.00

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

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

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

FOR LINE NUMBER: PAGE 88 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Mary C. Maxian

Mailing Address 17705 County Road 125

City

Pearland

State

TX

Zip Code

77581-6272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

information requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 0

Transaction ID: 062910-64BACH

Amount of Each Receipt this Period

50.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

Joanne Mayo

Mailing Address 30945 Loma Linda Road

City

Temecula

State

CA

Zip Code

92592-6027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-65BACH

Amount of Each Receipt this Period

5.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Maureen Lynn Mazzarella

Mailing Address 39 Hooper Street # 1

City

Chelsea

State

MA

Zip Code

02150-3119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: E933F33B567AF0F99B6

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**  
Earmarked for Carly for  
California Inc

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

55.00

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



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

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

FOR LINE NUMBER: PAGE 89 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Carol A. McAvoy

Mailing Address 169 Bell Road

City

Scarsdale

State

NY

Zip Code

10583-5834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scarsdale Board of Educat-  
ion

Occupation

Retired teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-66BACH

Amount of Each Receipt this Period

35.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

Helen S. McDonough

Mailing Address 15215 Broadway Road

City

Onancock

State

VA

Zip Code

23417-3111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VA Doc

Occupation

Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-67BACH

Amount of Each Receipt this Period

10.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Janette McDugald

Mailing Address 13045 W Linebaugh Avenue Suite 102

City

Tampa

State

FL

Zip Code

33626-4486

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Restaurant & Retail Consu-  
ling, Inc.

Occupation

Financial Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-68BACH

Amount of Each Receipt this Period

100.00

Earmarked for Bachmann for  
Congress

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

145.00

**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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Fred McEwen

Mailing Address 1909 Lincolnshire Boulevard

City

Ridgeland

State

MS

Zip Code

39157-1217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Two Churches

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: 062910-69BACH

Amount of Each Receipt this Period

25.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

Mary Ellen McGrath

Mailing Address 5102 Concord Place

City

Carpinteria

State

CA

Zip Code

93013-1452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 83F311D69E0A74E12DE

Amount of Each Receipt this Period

50.00

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Mary Ellen McGrath

Mailing Address 5102 Concord Place

City

Carpinteria

State

CA

Zip Code

93013-1452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: A3D3730B3ACD52C435D

Amount of Each Receipt this Period

50.00

Earmarked for Carly for  
California Inc

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 91 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

John F. McLaughlin

Mailing Address 217 Diane Avenue

City

Delran

State

NJ

Zip Code

08075-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: BD990A23391404275ED

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

John F. McLaughlin

Mailing Address 217 Diane Avenue

City

Delran

State

NJ

Zip Code

08075-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 291819E208E973BE4F2

Amount of Each Receipt this Period

75.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

John F. McLaughlin

Mailing Address 217 Diane Avenue

City

Delran

State

NJ

Zip Code

08075-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 38888F748054754D6CA

Amount of Each Receipt this Period

75.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 92 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Caroline McMahon

Mailing Address PO Box 71363

City

Newnan

State

GA

Zip Code

30271-1363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-70BACH

Amount of Each Receipt this Period

15.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

Charles P. McQuaid

Mailing Address 1341 Turvey Road

City

Downers Grove

State

IL

Zip Code

60515-4547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Liberty Wanger Asset Mana-  
gement

Occupation

Portfolio Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 5F69A5625272446A046

Amount of Each Receipt this Period

1000.00

**[MEMO ITEM]**  
Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Dawn Meech

Mailing Address 29400 Riverview Rd

City

Fergus Falls

State

MN

Zip Code

56537-7943

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pioneer Retirement Cottag-  
es

Occupation

Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 0

Transaction ID: BCFA116A1A825BA0297

Amount of Each Receipt this Period

10.00

Earmarked for Bachmann for  
Congress

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

25.00

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

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

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

FOR LINE NUMBER: PAGE 93 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Carolyn Messinger

Mailing Address 1538 Arline Avenue

City

Abington

State

PA

Zip Code

19001-1502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 81784F58F27C29225BE

Amount of Each Receipt this Period

75.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Virginia Miles

Mailing Address 603 Appleridge Court

City

Gibsonia

State

PA

Zip Code

15044-6126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Housewife

Occupation

Housewife

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: AE1359145D170AED49B

Amount of Each Receipt this Period

25.00

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Virginia Miles

Mailing Address 603 Appleridge Court

City

Gibsonia

State

PA

Zip Code

15044-6126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Housewife

Occupation

Housewife

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: CE066ACC8F63CF31857

Amount of Each Receipt this Period

25.00

Earmarked for Friends of  
Sharron Angle

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

50.00

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

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

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

FOR LINE NUMBER: PAGE 94 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Marion Miller

Mailing Address 15210 Northwest Road

City

Whitehouse

State

TX

Zip Code

75791-6004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-71BACH

Amount of Each Receipt this Period

20.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

Carol Mimms

Mailing Address 17777 Langlois Rd Spc 95

City

Desert Hot Springs

State

CA

Zip Code

92241-9410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 0

Transaction ID: BC385E5E3292DA7480E

Amount of Each Receipt this Period

15.00

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Carol Mimms

Mailing Address 17777 Langlois Rd Spc 95

City

Desert Hot Springs

State

CA

Zip Code

92241-9410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 0

Transaction ID: B2BD0B7FFD21A34CD52

Amount of Each Receipt this Period

15.00

Earmarked for Friends of  
Sharron Angle

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

50.00

**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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Richard J. Mirocco, Jr.

Mailing Address 1 High Court

City

High Bridge

State

NJ

Zip Code

08829-1620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-73BACH

Amount of Each Receipt this Period

10.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

Michael Mokry

Mailing Address 6836 Tree Spring Cove

City

Bartlett

State

TN

Zip Code

38135-1670

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-74BACH

Amount of Each Receipt this Period

30.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Arthur G. Moloney

Mailing Address 89 Magnolia Avenue

City

Floral Park

State

NY

Zip Code

11001-2839

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 4EB16773CE635B8BA58

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

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

40.00

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

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

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

FOR LINE NUMBER: PAGE 96 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Arthur G. Moloney

Mailing Address 89 Magnolia Avenue

City

Floral Park

State

NY

Zip Code

11001-2839

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 8987DD8A6ECD34C6A9B

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Robert C. Monroe

Mailing Address 117 Meadow Pond Run

City

Lookout Mountain

State

GA

Zip Code

30750-4611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: A6D999EF71100BB1D05

Amount of Each Receipt this Period

5.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Robert C. Monroe

Mailing Address 117 Meadow Pond Run

City

Lookout Mountain

State

GA

Zip Code

30750-4611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: F21C91E770B4D6BD184

Amount of Each Receipt this Period

5.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

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

0.00

**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

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Cheryl L. Montoya

Mailing Address 676 Hood Court Southeast

City

Rio Rancho

State

NM

Zip Code

87124-3184

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation  
homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: 062910-75BACH

Amount of Each Receipt this Period

50.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

Donna Moore

Mailing Address 7314 Toulon Drive

City

Houston

State

TX

Zip Code

77074-4518

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-76BACH

Amount of Each Receipt this Period

20.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Thomas D. Moran

Mailing Address 930 Portola Road

City

Portola Valley

State

CA

Zip Code

94028-7209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: A5C64C24C8AB4F84C80

Amount of Each Receipt this Period

75.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

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

70.00

**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  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Michael C. Mullery

Mailing Address 14630 Cameo Avenue W

City

Rosemount

State

MN

Zip Code

55068-4442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 81EC52D4ABBEBC90DE5

Amount of Each Receipt this Period

50.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

Patricia A. Myers

Mailing Address 200 Yale Court

City

Souderton

State

PA

Zip Code

18964-2166

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 1440D92A34BAE025C65

Amount of Each Receipt this Period

5.00

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Patricia A. Myers

Mailing Address 200 Yale Court

City

Souderton

State

PA

Zip Code

18964-2166

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: C1FF7AF84B9D80EECD9

Amount of Each Receipt this Period

5.00

Earmarked for Carly for  
California Inc

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

60.00

**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  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Jo Lynne Navarre

Mailing Address 5491 Nettlecreek Road

City

Urbana

State

OH

Zip Code

43078-9641

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 1EE0404051424C1CAC0

Amount of Each Receipt this Period

50.00

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Jo Lynne Navarre

Mailing Address 5491 Nettlecreek Road

City

Urbana

State

OH

Zip Code

43078-9641

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 26BC78757ED34CAC252

Amount of Each Receipt this Period

50.00

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Irene Neale

Mailing Address 8325 Southwest Mohawk Street Apt.

City

Tualatin

State

OR

Zip Code

97062-9141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Registered Nurse

Occupation

Self-Employed

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: FF3FFCABA7E6C52B73B

Amount of Each Receipt this Period

100.00

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

200.00

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

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Irene Neale

Mailing Address 8325 Southwest Mohawk Street Apt.

City

State

Zip Code

Tualatin

OR

97062-9141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Registered Nurse

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: E8F620ECFABB1657C2E

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Irene Neale

Mailing Address 8325 Southwest Mohawk Street Apt.

City

State

Zip Code

Tualatin

OR

97062-9141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Registered Nurse

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: CF5364BBAC091893391

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Daniel & Sandra Needham

Mailing Address 1571 Rau Road

City

State

Zip Code

West Branch

MI

48661-9328

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: 062910-77CAND

Amount of Each Receipt this Period

20.00

Earmarked for Candice Mil-  
ler for Congress

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

20.00

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

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

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

FOR LINE NUMBER: PAGE 101 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Robert Nerbun

Mailing Address 209 Hillside Circle

City

Eastover

State

SC

Zip Code

29044-8714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ. of South Carolina  
State

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: C67890AFE09720E2C91

Amount of Each Receipt this Period

50.00

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Robert Nerbun

Mailing Address 209 Hillside Circle

City

Eastover

State

SC

Zip Code

29044-8714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ. of South Carolina  
State

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: 21A114686BF957772E9

Amount of Each Receipt this Period

50.00

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Madeline T. Neumann

Mailing Address 726 Community Drive  
Apt. 140

City

Belleville

State

IL

Zip Code

62223-1041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 13225C54B750F356979

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**  
Earmarked for Friends of  
Sharron Angle

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

100.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 274

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Madeline T. Neumann

Mailing Address 726 Community Drive  
Apt. 140

City State Zip Code  
Belleville IL 62223-1041

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 6A15E5509BC1E42126C

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Sara C. Nevin

Mailing Address 1406 W Hill Road

City State Zip Code  
Northfield VT 05663-6392

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 1 0

Transaction ID: 062910-78BACH

Amount of Each Receipt this Period

10.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Tim Nieman

Mailing Address 3732 Lance Bluff Lane

City State Zip Code  
Duluth GA 30097-7377

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
McCormick Associates

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: D9F751C241C3BE2448F

Amount of Each Receipt this Period

50.00

Earmarked for Bachmann for  
Congress

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

60.00

**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

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

J. Nordquist

Mailing Address PO Box 124

City

Lake City

State

SD

Zip Code

57247-0124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: EF12DB93C6A3DF3F69D

Amount of Each Receipt this Period

20.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

J. Nordquist

Mailing Address PO Box 124

City

Lake City

State

SD

Zip Code

57247-0124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: AE6CDE31EFDCF71518E

Amount of Each Receipt this Period

20.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Patrick J. O'Doherty

Mailing Address 6455 Southwest State Road 200

City

Ocala

State

FL

Zip Code

34476-5553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pastor

Occupation

Queen of Peace Catholic Church

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 3847866D7B1E456D67E

Amount of Each Receipt this Period

200.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

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

0.00

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

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

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

FOR LINE NUMBER: PAGE 104 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Patrick J. O'Doherty

Mailing Address 6455 Southwest State Road 200

City

Ocala

State

FL

Zip Code

34476-5553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pastor

Occupation

Queen of Peace Catholic Church

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 64A081591E8090979D1

Amount of Each Receipt this Period

200.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Matthew O'Rourke

Mailing Address 911 W Lake Avenue

City

Baltimore

State

MD

Zip Code

21210-1022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 91F9F6AA6EDCC294B6F

Amount of Each Receipt this Period

50.00

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Kent Oberg

Mailing Address 1508 N 29th Street

City

Fort Dodge

State

IA

Zip Code

50501-2148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oberg Company

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: F470A17F4D2A3CD6178

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

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

50.00

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



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

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

FOR LINE NUMBER: PAGE 105 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Kent Oberg

Mailing Address 1508 N 29th Street

City

Fort Dodge

State

IA

Zip Code

50501-2148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oberg Company

Occupation

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 74C54F3D9C7CBEA4FED

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Daniel Oldenburg

Mailing Address 5135 Cabazan Court

City

Pueblo

State

CO

Zip Code

81005-3920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sheridan Health

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 0

Transaction ID: 9D85958879CE4044E3F

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Zane A. Osborne

Mailing Address 2283 W 4 Mile Road

City

Sault Sainte Marie

State

MI

Zip Code

49783-9223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 5030C75AE31E13C6548

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

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

500.00

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

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

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

FOR LINE NUMBER: PAGE 106 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Zane A. Osborne

Mailing Address 2283 W 4 Mile Road

City

Sault Sainte Marie

State

MI

Zip Code

49783-9223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 7130147FFA294B9727B

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Kathryn Oubre

Mailing Address 16345 Antietam Ave

City

Baton Rouge

State

LA

Zip Code

70817-3151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 6D566032C326FB6AF14

Amount of Each Receipt this Period

25.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Joan Barba Pachota

Mailing Address 5132 Birkdale Drive

City

Ann Arbor

State

MI

Zip Code

48103-9731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 407CBB54779184490FE

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

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

25.00

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

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

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

FOR LINE NUMBER: PAGE 107 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Richard Park

Mailing Address 3614 Tanner Lane

City

Richardson

State

TX

Zip Code

75082-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-80BACH

Amount of Each Receipt this Period

50.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

John Parsons

Mailing Address 2804 Wimbledon Way

City

Blackwood

State

NJ

Zip Code

08012-5565

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: C71AEAEAD5A545B9E1B

Amount of Each Receipt this Period

20.00

**[MEMO ITEM]**  
Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

John Parsons

Mailing Address 2804 Wimbledon Way

City

Blackwood

State

NJ

Zip Code

08012-5565

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 3D40D2264A377100746

Amount of Each Receipt this Period

20.00

**[MEMO ITEM]**  
Earmarked for Friends of  
Sharron Angle

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

50.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 274

(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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

James Paulsen

Mailing Address 16 Carey Lane

City

Norwich

State

CT

Zip Code

06360-6436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gryphon Technologies

Occupation

Technical Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	1	/	2	0	1	0

Transaction ID: 062910-81BACH

Amount of Each Receipt this Period

10.00

Earmarked for Bachmann for  
Congress**B.**

Full Name (Last, First, Middle Initial)

Kenneth K. Pelz

Mailing Address 14521 Meyer Court

City

South Beloit

State

IL

Zip Code

61080-9787

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

99.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	0

Transaction ID: 64FBE2728ECA271411

Amount of Each Receipt this Period

33.00

Earmarked for Friends of  
Sharron Angle**C.**

Full Name (Last, First, Middle Initial)

Kenneth K. Pelz

Mailing Address 14521 Meyer Court

City

South Beloit

State

IL

Zip Code

61080-9787

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

99.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	0

Transaction ID: DEE577E88121C9E8CAC

Amount of Each Receipt this Period

33.00

Earmarked for Carly for  
California Inc

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

76.00

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

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

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

FOR LINE NUMBER: PAGE 109 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Mary Joy Pizzella

Mailing Address 406 Jackson Place

City

Alexandria

State

VA

Zip Code

22302-3304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Google Inc.

Occupation

Executive, Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: E9084ED59CCEFDFFFE3

Amount of Each Receipt this Period

25.00

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Mary Joy Pizzella

Mailing Address 406 Jackson Place

City

Alexandria

State

VA

Zip Code

22302-3304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Google Inc.

Occupation

Executive, Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: EFB6A330ED95F6AF314

Amount of Each Receipt this Period

25.00

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Frederick R. Plasterer

Mailing Address 5960 Westchester Park Drive Apt. T

City

College Park

State

MD

Zip Code

20740-2811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USIS/Labat

Occupation

Librarian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 062910-82BACH

Amount of Each Receipt this Period

25.00

Earmarked for Bachmann for  
Congress

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 110 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Thomas Pohlen

Mailing Address 975 Thomas Avenue Southwest

City

Hutchinson

State

MN

Zip Code

55350-2360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: 062910-83BACH

Amount of Each Receipt this Period

50.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

Rose Polar

Mailing Address 8350 Greensboro Drive Apt. 312

City

McLean

State

VA

Zip Code

22102-3508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LMI

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: 3047E9784B4A7C5E84E

Amount of Each Receipt this Period

25.00

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Rose Polar

Mailing Address 8350 Greensboro Drive Apt. 312

City

McLean

State

VA

Zip Code

22102-3508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LMI

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: E4020769D69FCBDE2D6

Amount of Each Receipt this Period

25.00

Earmarked for Friends of  
Sharron Angle

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 111 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Robert Pollock

Mailing Address 12150 208th Street

City

Lakewood

State

CA

Zip Code

90715-1510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-84BACH

Amount of Each Receipt this Period

10.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

Joseph Ponzi

Mailing Address 506 Handley Acres Drive

City

Goldsboro

State

NC

Zip Code

27534-1702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Pediatrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: C2BDABFDBB8EE526238

Amount of Each Receipt this Period

50.00

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Joseph Ponzi

Mailing Address 506 Handley Acres Drive

City

Goldsboro

State

NC

Zip Code

27534-1702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Pediatrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 0333CF71877E72AECE3

Amount of Each Receipt this Period

50.00

Earmarked for Carly for  
California Inc

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

110.00

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

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

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

FOR LINE NUMBER: PAGE 112 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Thomas J. Posatko

Mailing Address 110 Neptune Drive

City

Newark

State

DE

Zip Code

19711-3011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Supportive Care Services,  
Inc.

Occupation

Agency Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 95EA0AAB5C814A195CF

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Louis E. Potempa

Mailing Address 140 Marseille

City

Montgomery

State

TX

Zip Code

77356-8623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: 93A27D415300D4C9C30

Amount of Each Receipt this Period

25.00

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Louis E. Potempa

Mailing Address 140 Marseille

City

Montgomery

State

TX

Zip Code

77356-8623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: 0339522735D250A29A8

Amount of Each Receipt this Period

25.00

Earmarked for Friends of  
Sharron Angle

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

1050.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 274

(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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Tom Prost

Mailing Address Cmr 403 Box 4958

City

State

Zip Code

Apo

AE

09059-0050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	0

Transaction ID: 8E1928A75CB282179DF

Amount of Each Receipt this Period

50.00

Earmarked for Carly for  
California Inc**B.**

Full Name (Last, First, Middle Initial)

Daniel Quigley

Mailing Address 20412 Sawgrass Drive

City

State

Zip Code

Montgomery Village

MD

20886-4597

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Permits Plus IncOccupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.15

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	0

Transaction ID: 062910-85BACH

Amount of Each Receipt this Period

5.15

Earmarked for Bachmann for  
Congress**C.**

Full Name (Last, First, Middle Initial)

John Ransom

Mailing Address 1235 Wildwood Avenue Apt. 94

City

State

Zip Code

Sunnyvale

CA

94089-2707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	0

Transaction ID: 062910-86BACH

Amount of Each Receipt this Period

35.00

Earmarked for Bachmann for  
Congress

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

90.15

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

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

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

FOR LINE NUMBER: PAGE 114 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Larry Rastrelli

Mailing Address 13807 Crown Bluff

City

San Antonio

State

TX

Zip Code

78216-1929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 1 0

Transaction ID: 062910-87BACH

Amount of Each Receipt this Period

100.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

Gretchen K. Reese

Mailing Address 6 Hickory Grove Point

City

Savannah

State

GA

Zip Code

31405-1033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-88BACH

Amount of Each Receipt this Period

25.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Werner Reimers

Mailing Address 4741 E 113th Avenue

City

Anchorage

State

AK

Zip Code

99516-1666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 0D2909CD2CA93F6C2B6

Amount of Each Receipt this Period

25.00

Earmarked for Carly for  
California Inc

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 115 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Werner Reimers

Mailing Address 4741 E 113th Avenue

City

Anchorage

State

AK

Zip Code

99516-1666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 1E2164CB3C2645EE188

Amount of Each Receipt this Period

25.00

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Deanie S. Reis

Mailing Address 7 Greenbriar Drive

City

Saint Louis

State

MO

Zip Code

63124-1819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 1 0

Transaction ID: FE163FE9F3DBA423CB6

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Joan Reitz

Mailing Address 3983 Plymouth Circle

City

Madison

State

WI

Zip Code

53705-5214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 0DB13335378F478FA46

Amount of Each Receipt this Period

50.00

Earmarked for Carly for  
California Inc

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

1075.00

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

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

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

FOR LINE NUMBER: PAGE 116 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Joan Reitz

Mailing Address 3983 Plymouth Circle

City

Madison

State

WI

Zip Code

53705-5214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 5001DBECDB403B0EB02

Amount of Each Receipt this Period

50.00

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth Rick

Mailing Address 8076 County Road 6

City

Maple Plain

State

MN

Zip Code

55359-9553

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-89BACH

Amount of Each Receipt this Period

15.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Barbara J. Riddle

Mailing Address 109 Abby Lane

City

Weatherford

State

TX

Zip Code

76086-4713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: EE4860B56470931015B

Amount of Each Receipt this Period

35.00

**[MEMO ITEM]**  
Earmarked for Carly for  
California Inc

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

65.00

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

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

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

FOR LINE NUMBER: PAGE 117 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Barbara J. Riddle

Mailing Address 109 Abby Lane

City

Weatherford

State

TX

Zip Code

76086-4713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 9C99803BCCECF4B9F5E

Amount of Each Receipt this Period

35.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Lawrence Rippere

Mailing Address 2459 Benjamin Drive

City

Mountain View

State

CA

Zip Code

94043-2709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: E53D28C2FAA7B79C991

Amount of Each Receipt this Period

80.00

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Lawrence Rippere

Mailing Address 2459 Benjamin Drive

City

Mountain View

State

CA

Zip Code

94043-2709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 49E0B02E7FC0B672753

Amount of Each Receipt this Period

80.00

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

160.00

**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  
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FOR LINE NUMBER: PAGE 118 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Lawrence Rippere

Mailing Address 2459 Benjamin Drive

City

Mountain View

State

CA

Zip Code

94043-2709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 951AAF5431C6D7A229C

Amount of Each Receipt this Period

80.00

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Dan Riser

Mailing Address 3421 Yukon Avenue N

City

New Hope

State

MN

Zip Code

55427-1870

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 062910-90BACH

Amount of Each Receipt this Period

20.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Warren Robbins

Mailing Address 223 Hancock Road

City

Plainfield

State

IN

Zip Code

46168-1935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 08B96699103693DF9D8

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 119 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Warren Robbins

Mailing Address 223 Hancock Road

City

Plainfield

State

IN

Zip Code

46168-1935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 0AB35D0BF195E097BA1

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Paul Roberson

Mailing Address 7757 State Highway 171

City

Hillsboro

State

TX

Zip Code

76645-7340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 062910-91BACH

Amount of Each Receipt this Period

50.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Diana B. Roberts

Mailing Address 630 Hummingbird Court

City

Lake Mary

State

FL

Zip Code

32746-3926

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-92BACH

Amount of Each Receipt this Period

20.00

Earmarked for Bachmann for  
Congress

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

70.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 274

(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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Jonathan S. Rodney

Mailing Address 7 Ethelridge Road

City

White Plains

State

NY

Zip Code

10605-4105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASMLOccupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	1	0

Transaction ID: 10CACC2F4639D53544F

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**Earmarked for Friends of  
Sharron Angle**B.**

Full Name (Last, First, Middle Initial)

Camilo A. Rodriguez

Mailing Address 3460 Pinewalk Dr. N  
Apt327

City

Margate

State

FL

Zip Code

33063-9344

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	1	/	2	0	1	0

Transaction ID: 062910-93BACH

Amount of Each Receipt this Period

10.00

Earmarked for Bachmann for  
Congress**C.**

Full Name (Last, First, Middle Initial)

Jeanne Rosenbaum

Mailing Address 4373 Montreux Road

City

Warrenton

State

VA

Zip Code

20187-2859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	2	/	2	0	1	0

Transaction ID: EF7FB4FE098ECFD2BD9

Amount of Each Receipt this Period

60.00

Earmarked for Carly for  
California Inc

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

70.00

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



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

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

FOR LINE NUMBER: PAGE 121 / 274  
(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Donald E. Ross

Mailing Address 18 Tumbleweed Street

City

Trabuco Canyon

State

CA

Zip Code

92679-5319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-94BACH

Amount of Each Receipt this Period

10.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

Raymond A. Rowe

Mailing Address 49 E E Street

City

Encinitas

State

CA

Zip Code

92024-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

539.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 213CD5D969774DD6E22

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Raymond A. Rowe

Mailing Address 49 E E Street

City

Encinitas

State

CA

Zip Code

92024-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

539.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 2DDA6366A580FB025FE

Amount of Each Receipt this Period

125.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

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

110.00

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

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

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

FOR LINE NUMBER: PAGE 122 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Raymond A. Rowe

Mailing Address 49 E E Street

City

Encinitas

State

CA

Zip Code

92024-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

539.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 9425B66570EDE9DE14B

Amount of Each Receipt this Period

175.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Jona Ruhland

Mailing Address 2912 E 18th Street

City

Sioux Falls

State

SD

Zip Code

57103-3450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-95BACH

Amount of Each Receipt this Period

50.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Dorothy A. Ryan

Mailing Address 415 S Edgewood Avenue

City

Lombard

State

IL

Zip Code

60148-2819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 56112C539EAE8C55805

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

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

50.00

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

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

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

FOR LINE NUMBER: PAGE 123 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Dorothy A. Ryan

Mailing Address 415 S Edgewood Avenue

City

Lombard

State

IL

Zip Code

60148-2819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 795F60E56FE7F4FE025

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Margaret Scarrott

Mailing Address 325 S Gibson Street

City

Gilbert

State

AZ

Zip Code

85296-1654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: EFA0497F9BA04E3F7A3

Amount of Each Receipt this Period

100.00

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Rose N. Schaeffer

Mailing Address 1202 Park Hills Court

City

Louisville

State

KY

Zip Code

40207-4310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-96BACH

Amount of Each Receipt this Period

35.00

Earmarked for Bachmann for  
Congress

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

135.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 274

(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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Albert Schafer

Mailing Address 3573 E 1300 N

City

Syracuse

State

IN

Zip Code

46567-9304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Veterinarian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	0

Transaction ID: 5061B74D5C344AD22ED

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**Earmarked for Carly for  
California Inc**B.**

Full Name (Last, First, Middle Initial)

Albert Schafer

Mailing Address 3573 E 1300 N

City

Syracuse

State

IN

Zip Code

46567-9304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Veterinarian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	0

Transaction ID: 523A3B4CAFDA088060A

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**Earmarked for Friends of  
Sharron Angle**C.**

Full Name (Last, First, Middle Initial)

Vincent Schmitz

Mailing Address 4207 Montview Blvd

City

Denver

State

CO

Zip Code

80207-3725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chairman of the Board

Occupation

Citywide Bank

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	0

Transaction ID: 2DEC5FB118E632E7BAC

Amount of Each Receipt this Period

1000.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 125 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Helen L. Schroeder

Mailing Address 11864 Knox Place

City

Crown Point

State

IN

Zip Code

46307-8570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: D320C6B0C282EF269BB

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Helen L. Schroeder

Mailing Address 11864 Knox Place

City

Crown Point

State

IN

Zip Code

46307-8570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: CF7431A913AE2ABA69C

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Victor Sciarrino

Mailing Address 185 Fort Covington Street

City

Malone

State

NY

Zip Code

12953-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: 062910-97BACH

Amount of Each Receipt this Period

5.00

Earmarked for Bachmann for  
Congress

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

5.00

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

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

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

FOR LINE NUMBER: PAGE 126 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Nanette Seelos

Mailing Address 4025 Scotland Street

City

Cocoa

State

FL

Zip Code

32927-8516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 062910-98BACH

Amount of Each Receipt this Period

35.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

Brenda Seiler

Mailing Address 5112 Bluebird Lane

City

Alexandria

State

LA

Zip Code

71303-2413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 7781E044A2D8A053381

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Rita G. Senn

Mailing Address 237 Sage Street

City

Elko

State

NV

Zip Code

89801-2821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 914283AD5F9F3B1EC1C

Amount of Each Receipt this Period

10.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

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

285.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 274

(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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Rita G. Senn

Mailing Address 237 Sage Street

City

Elko

State

NV

Zip Code

89801-2821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	0

Transaction ID: 8CD1C75F6A2108079B2

Amount of Each Receipt this Period

10.00

**[MEMO ITEM]**Earmarked for Carly for  
California Inc**B.**

Full Name (Last, First, Middle Initial)

Robert J. Shalhoub

Mailing Address 9325 Sibelius Drive

City

Vienna

State

VA

Zip Code

22182-1632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	0

Transaction ID: 56411A00DDF12993FBA

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**Earmarked for Friends of  
Sharron Angle**C.**

Full Name (Last, First, Middle Initial)

Carol Shute

Mailing Address 1911 Alabaster Drive

City

Silver Spring

State

MD

Zip Code

20904-5304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	0

Transaction ID: 062910-99BACH

Amount of Each Receipt this Period

25.00

Earmarked for Bachmann for  
Congress

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

25.00

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

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

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

FOR LINE NUMBER: PAGE 128 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Nancy Simmons

Mailing Address PO Box 24

City

Glendale

State

AZ

Zip Code

85311-0024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 4BE3F09FFE06F6E8671

Amount of Each Receipt this Period

75.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Christina S. Skelley

Mailing Address 1900 N Lincoln Avenue # 2

City

Chicago

State

IL

Zip Code

60614-5404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

Transaction ID: 69133EBCF518C23BD7E

Amount of Each Receipt this Period

60.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Christina S. Skelley

Mailing Address 1900 N Lincoln Avenue # 2

City

Chicago

State

IL

Zip Code

60614-5404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

Transaction ID: 52C3C9684B1D365B8A9

Amount of Each Receipt this Period

60.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

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

0.00

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



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

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

FOR LINE NUMBER: PAGE 129 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Perry Skoll

Mailing Address 401 Peralta Avenue

City

Long Beach

State

CA

Zip Code

90803-2219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wells Fargo Bank

Occupation

Real Estate Lender

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-100BACH

Amount of Each Receipt this Period

20.00

Earmarked for Bachmann for Congress

**B.**

Full Name (Last, First, Middle Initial)

Melvin Spencer

Mailing Address 5910 N Shawnee Avenue

City

Oklahoma City

State

OK

Zip Code

73112-1627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: E09FF319542DB004314

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Friends of Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Walter Stapleton

Mailing Address 90 Vetrans Park Road

City

Claremont

State

NH

Zip Code

03743-5021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 7E5438F08A1B8975A42

Amount of Each Receipt this Period

25.00

Earmarked for Carly for California Inc

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

45.00

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

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

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

FOR LINE NUMBER: PAGE 130 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Walter Stapleton

Mailing Address 90 Vetrans Park Road

City

Claremont

State

NH

Zip Code

03743-5021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 985BA6AFAACA886CDD8

Amount of Each Receipt this Period

25.00

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Donna Steenbarger

Mailing Address 8230 Bishops Lane

City

Indianapolis

State

IN

Zip Code

46217-4518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Speech Pathologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-101BACH

Amount of Each Receipt this Period

10.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

John Strassenburgh

Mailing Address PO Box 608

City

Ocean View

State

NJ

Zip Code

08230-0608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: AC124274741D02B4795

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**  
Earmarked for Carly for  
California Inc

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

35.00

**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  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

John Strassenburgh

Mailing Address PO Box 608

City

Ocean View

State

NJ

Zip Code

08230-0608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 4C90F65AC7F50FBF1A3

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

John W. Sweeney

Mailing Address 3016 83rd Street

City

East Elmhurst

State

NY

Zip Code

11370-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NYC Transit Authority

Occupation  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: AD1D6BC84BA742054B3

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

John W. Sweeney

Mailing Address 3016 83rd Street

City

East Elmhurst

State

NY

Zip Code

11370-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NYC Transit Authority

Occupation  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 03221E206A37A6ABD8C

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

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

50.00

**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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

John W. Sweeney

Mailing Address 3016 83rd Street

City

East Elmhurst

State

NY

Zip Code

11370-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NYC Transit Authority

Occupation  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: 026390700D4FA473966

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Ronald Sweeney

Mailing Address 6805 Webster Road

City

Summersville

State

WV

Zip Code

26651-9332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: 062910-102BACH

Amount of Each Receipt this Period

20.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Kathryn Tafuro

Mailing Address 106 W Meadow Road

City

Wilton

State

CT

Zip Code

06897-4721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 0F627CA20906744B0AC

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

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

20.00

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

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

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.

Full Name (Last, First, Middle Initial)

Kathryn Tafuro

Mailing Address 106 W Meadow Road

City

Wilton

State

CT

Zip Code

06897-4721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 78B5D604F78B5A40E74

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**Earmarked for Carly for  
California Inc

B.

Full Name (Last, First, Middle Initial)

Mary Tann

Mailing Address 594 30th Street

City

Manhattan Beach

State

CA

Zip Code

90266-2213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

135.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-104ANG

Amount of Each Receipt this Period

50.00

Earmarked for Friends of  
Sharron Angle

C.

Full Name (Last, First, Middle Initial)

Mary Tann

Mailing Address 594 30th Street

City

Manhattan Beach

State

CA

Zip Code

90266-2213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

135.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-104CARL

Amount of Each Receipt this Period

35.00

Earmarked for Carly for  
California Inc

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

85.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Anthony J. Tawa

Mailing Address 60 Pine Haven Circle

City

Rockland

State

MA

Zip Code

02370-1022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: A910B9B4C43D77B9991

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Anthony J. Tawa

Mailing Address 60 Pine Haven Circle

City

Rockland

State

MA

Zip Code

02370-1022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 615BF010864AD772DFC

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Mary H. Taylor

Mailing Address PO Box 392  
33 Abnaki Trace

City

Quechee

State

VT

Zip Code

05059-0392

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 062910-105BACH

Amount of Each Receipt this Period

25.00

Earmarked for Bachmann for  
Congress

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

25.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Patt Nmi Taylor

Mailing Address 33 Abnaki Trace  
PO Box 392

City State Zip Code  
Quechee VT 05059

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: EF084F4A8FD2BE685BA

Amount of Each Receipt this Period

25.00

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Patt Nmi Taylor

Mailing Address 33 Abnaki Trace  
PO Box 392

City State Zip Code  
Quechee VT 05059

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 5FCE3FEC63FED192A91

Amount of Each Receipt this Period

25.00

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Ellen R. Tetrault

Mailing Address 907 S 19th Street

City State Zip Code  
Grand Forks ND 58201-4262

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-106BACH

Amount of Each Receipt this Period

10.00

Earmarked for Bachmann for  
Congress

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

60.00

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

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

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Mary Tomilo

Mailing Address 1754 Highview Street

City

Dearborn

State

MI

Zip Code

48128-1040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: EC44A5B676FE26B469D

Amount of Each Receipt this Period

50.00

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Mary Tomilo

Mailing Address 1754 Highview Street

City

Dearborn

State

MI

Zip Code

48128-1040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: BF15E9EE41BC1B34CEA

Amount of Each Receipt this Period

50.00

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

William A. Treu

Mailing Address 12906 W 122nd Street

City

Overland Park

State

KS

Zip Code

66213-4818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: B2456F4F586F811A0EC

Amount of Each Receipt this Period

35.00

Earmarked for Carly for  
California Inc

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

135.00

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



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

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

William A. Treu

Mailing Address 12906 W 122nd Street

City

Overland Park

State

KS

Zip Code

66213-4818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 67F0EB0196642B53DE8

Amount of Each Receipt this Period

35.00

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Luyen Truong

Mailing Address 5053 Kingston Way

City

San Jose

State

CA

Zip Code

95130-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: C97B7E45B32F448E807

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**  
Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Brian Van Gelder

Mailing Address 894 Adnah Church Road

City

Rock Hill

State

SC

Zip Code

29732-8507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Financial Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: 768B838BE4908C5F87C

Amount of Each Receipt this Period

50.00

Earmarked for Bachmann for  
Congress

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

85.00

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

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

John Vassar

Mailing Address 116 W Elm Street  
Apt. 420

City State Zip Code  
Chicago IL 60610-7863

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-107BACH

Amount of Each Receipt this Period

20.00

Earmarked for Bachmann for  
Congress

**B.**

Full Name (Last, First, Middle Initial)

Mary V Vergara

Mailing Address 201 Shady Oaks Circle

City State Zip Code  
Lake Mary FL 32746-3685

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 77E83C6FAA38C939403

Amount of Each Receipt this Period

10.00

Earmarked for Bachmann for  
Congress

**C.**

Full Name (Last, First, Middle Initial)

Roger Vogel

Mailing Address 1814 Salisbury Drive

City State Zip Code  
Fairfield CA 94534-2955

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Chevron Corporation

Occupation  
Chemist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: A2CB1548138F091EC5D

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**  
Earmarked for Carly for  
California Inc

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

30.00

**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

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Roger Vogel

Mailing Address 1814 Salisbury Drive

City

Fairfield

State

CA

Zip Code

94534-2955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chevron Corporation

Occupation  
Chemist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 7CEDF308616D92AE5F5

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Juliette W.

Mailing Address 1125 Covell Avenue Northwest

City

Grand Rapids

State

MI

Zip Code

49504-3815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 0B4D13B37A127948360

Amount of Each Receipt this Period

25.00

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Juliette W.

Mailing Address 1125 Covell Avenue Northwest

City

Grand Rapids

State

MI

Zip Code

49504-3815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 804F51DB5F5675EF140

Amount of Each Receipt this Period

25.00

Earmarked for Friends of  
Sharron Angle

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

50.00

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

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

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

FOR LINE NUMBER: PAGE 140 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Gil Waechter

Mailing Address 2332 Oak Ridge Drive

City

Troy

State

MI

Zip Code

48098-5321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired from General Motors

Occupation

Retired Management Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: 232AA3029C114EF5D4B

Amount of Each Receipt this Period

20.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)

Josephine Wagner

Mailing Address 7321 Branch Street

City

Hollywood

State

FL

Zip Code

33024-5421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Tech. Services

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 9C9E2F04149F965D5FC

Amount of Each Receipt this Period

20.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Michael Walker

Mailing Address 1220 Bennett Circle

City

Alabaster

State

AL

Zip Code

35007-9301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DFAS

Occupation

Defense Department

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

Transaction ID: 062910-108BACH

Amount of Each Receipt this Period

50.00

Earmarked for Bachmann for  
Congress

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

50.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 274

(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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Thomas J. Walsh

Mailing Address 7720 Linden Drive

City

West Bloomfield

State

MI

Zip Code

48324-4776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	1	0

Transaction ID: 43B273E55F736312620

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**Earmarked for Carly for  
California Inc**B.**

Full Name (Last, First, Middle Initial)

Thomas J. Walsh

Mailing Address 7720 Linden Drive

City

West Bloomfield

State

MI

Zip Code

48324-4776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	1	0

Transaction ID: 71AF937ED527696A07C

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**Earmarked for Friends of  
Sharron Angle**C.**

Full Name (Last, First, Middle Initial)

Gerald Waxmonsky

Mailing Address 8146 Autobahn Dr. S Apt. 102

City

Palos Park

State

IL

Zip Code

60464-3154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	1	0

Transaction ID: 066B94BDE2FF4C10D24

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**Earmarked for Friends of  
Sharron Angle**SUBTOTAL** of Receipts This Page (optional) .....

0.00

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

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

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

FOR LINE NUMBER: PAGE 142 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Gerald Waxmonsky

Mailing Address 8146 Autobahn Dr. S Apt. 102

City

Palos Park

State

IL

Zip Code

60464-3154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 0499FFC3950EF8634B0

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Joanne Wells

Mailing Address 392 Walnut Hill Road

City

Uniontown

State

PA

Zip Code

15401-5022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 61CDF7BFDA6087921E0

Amount of Each Receipt this Period

10.00

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Joanne Wells

Mailing Address 392 Walnut Hill Road

City

Uniontown

State

PA

Zip Code

15401-5022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 079418C2CAE59D31C81

Amount of Each Receipt this Period

10.00

Earmarked for Friends of  
Sharron Angle

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

20.00

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

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

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

FOR LINE NUMBER: PAGE 143 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Ruth Wimberg

Mailing Address 4148 N 43rd Street

City

Phoenix

State

AZ

Zip Code

85018-4212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: EEE23A422A6F0E42AF7

Amount of Each Receipt this Period

40.00

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Ruth Wimberg

Mailing Address 4148 N 43rd Street

City

Phoenix

State

AZ

Zip Code

85018-4212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 7F4F1F02811B234358E

Amount of Each Receipt this Period

40.00

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Gwendolene R. Wittmann

Mailing Address 6720 E Green Lake Way N  
Apt. 732

City

Seattle

State

WA

Zip Code

98103-5455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: C0D8CA618D3E0428EAF

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

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

80.00

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

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

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

FOR LINE NUMBER: PAGE 144 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Gwendolene R. Wittmann

Mailing Address 6720 E Green Lake Way N  
Apt. 732

City State Zip Code  
Seattle WA 98103-5455

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: 560525EEC81697E785B

Amount of Each Receipt this Period

25.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Mary Wolf

Mailing Address 178 Backbone Road

City State Zip Code  
Sewickley PA 15143-9320

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 0

Transaction ID: 9AC821236DA672E5C2F

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Shirley Xavier

Mailing Address 3142 S Adams Way

City State Zip Code  
Denver CO 80210-6903

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
E-Max Instruments Inc

Occupation  
Purchasing Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 0

Transaction ID: 39BA1FEC77736885BED

Amount of Each Receipt this Period

250.00

Earmarked for Carly for  
California Inc

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

500.00

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



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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Linda D. Yanez

Mailing Address 366 S 7th Avenue

City

Brighton

State

CO

Zip Code

80601-2127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Census Bureau

Occupation  
Enumerator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

Transaction ID: 69A12D87AD675557ABA

Amount of Each Receipt this Period

50.00

Earmarked for Jane Norton  
for Colorado Inc

**B.**

Full Name (Last, First, Middle Initial)

Frances C. Young

Mailing Address 3215 Timberline Court

City

Ketchikan

State

AK

Zip Code

99901-5776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 7AA8C2E8CEBBCA7F6F7

Amount of Each Receipt this Period

30.00

Earmarked for Carly for  
California Inc

**C.**

Full Name (Last, First, Middle Initial)

Frances C. Young

Mailing Address 3215 Timberline Court

City

Ketchikan

State

AK

Zip Code

99901-5776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 3C1FD0FAA230AC35362

Amount of Each Receipt this Period

30.00

Earmarked for Friends of  
Sharron Angle

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

110.00

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

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

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

FOR LINE NUMBER: PAGE 146 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Joseph E. Zagotta

Mailing Address 321 Deerpath Drive  
Apt 211

City State Zip Code  
 Schererville IN 46375-2574

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 4 / 2 0 1 0

Transaction ID: 7159DCD400D6BB30400

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Joseph E. Zagotta

Mailing Address 321 Deerpath Drive  
Apt 211

City State Zip Code  
 Schererville IN 46375-2574

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 4 / 2 0 1 0

Transaction ID: 9D18F555E86AC929A3A

Amount of Each Receipt this Period

50.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Stephen Zini

Mailing Address 5022 Veronica Road

City State Zip Code  
 Centreville VA 20120-6433

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SAIC

Occupation  
System Engier

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 4 / 2 0 1 0

Transaction ID: E51651076E79CD33AF4

Amount of Each Receipt this Period

100.00

Earmarked for Carly for  
California Inc

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 147 / 274

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Leonard Zink

Mailing Address 2743 E 100 Road

City

Glade

State

KS

Zip Code

67639-3956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Farming

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: 0AA1BB67BD335207457

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Earmarked for Carly for  
California Inc

**B.**

Full Name (Last, First, Middle Initial)

Leonard Zink

Mailing Address 2743 E 100 Road

City

Glade

State

KS

Zip Code

67639-3956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Farming

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: D64EEC870E0EA5BFCE5

Amount of Each Receipt this Period

100.00

**[MEMO ITEM]**

Earmarked for Friends of  
Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)

Leonard Zink

Mailing Address 2743 E 100 Road

City

Glade

State

KS

Zip Code

67639-3956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Farming

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: DB8360851E49E9F783C

Amount of Each Receipt this Period

100.00

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

100.00

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

17401.15

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

7.57

0.81

0.40

FEC Schedule B ( Form 3X) (Revised 02/2003)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Intuit Discount Bankcard</p> <p>Mailing Address 2632 Marine Way</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> VEF85190B16105E2D216</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3.06"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Intuit Discount Bankcard</p> <p>Mailing Address 2632 Marine Way</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> VB9C01BA3918E10BBE68</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5.50"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Kintera, Inc.</p> <p>Mailing Address DEPT AT 952208</p> <p>City Atlanta State GA Zip Code 31192-2208</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> VE70F20D21AAF76FC5C0</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1.54"/></p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► <input type="text" value="10.10"/></p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ► <input type="text"/></p>	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 150 / 274

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.

Full Name (Last, First, Middle Initial)

Kintera, Inc.

Mailing Address DEPT AT 952208

City  
Atlanta

State  
GA

Zip Code  
31192-2208

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: VF4586BF9AD8ED5CC233

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2010

Amount of Each Disbursement this Period

262.43

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

262.43

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

281.31

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 151 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Ann Marie Buerkle for Congress	<b>Transaction ID:</b> 738642B561DB5C44BE9 <b>Date of Disbursement</b>																				
Mailing Address 3779 Underwood Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
<table border="1"> <tr> <td>City Syracuse</td> <td>State NY</td> <td>Zip Code 13215</td> </tr> <tr> <td colspan="2">Purpose of Disbursement 2010 Primary</td> <td rowspan="2"> <div>011</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name Ann Marie Buerkle</td> </tr> <tr> <td>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td colspan="2">Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td colspan="3">State: NY District: 25</td> </tr> </table>	City Syracuse	State NY	Zip Code 13215	Purpose of Disbursement 2010 Primary		<div>011</div> Category/ Type	Candidate Name Ann Marie Buerkle		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: NY District: 25			<b>Amount of Each Disbursement this Period</b> <div>2000.00</div>						
City Syracuse	State NY	Zip Code 13215																			
Purpose of Disbursement 2010 Primary		<div>011</div> Category/ Type																			
Candidate Name Ann Marie Buerkle																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: NY District: 25																					
<b>B.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X75ADBB9EC5AEAAAD92 <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	2		2	0	1	0												
<table border="1"> <tr> <td>City Woodbury</td> <td>State MN</td> <td>Zip Code 55125</td> </tr> <tr> <td colspan="2">Purpose of Disbursement PAC Check</td> <td rowspan="2"> <div>011</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name Michele M. Bachmann</td> </tr> <tr> <td>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td colspan="2">Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td colspan="3">State: MN District: 06</td> </tr> </table>	City Woodbury	State MN	Zip Code 55125	Purpose of Disbursement PAC Check		<div>011</div> Category/ Type	Candidate Name Michele M. Bachmann		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: MN District: 06			<b>Amount of Each Disbursement this Period</b> <div>35.00</div>  Earmarked by Sally Akaka						
City Woodbury	State MN	Zip Code 55125																			
Purpose of Disbursement PAC Check		<div>011</div> Category/ Type																			
Candidate Name Michele M. Bachmann																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: MN District: 06																					
<b>C.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> XCFA116A1A825BA0297 <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	7		2	0	1	0												
<table border="1"> <tr> <td>City Woodbury</td> <td>State MN</td> <td>Zip Code 55125</td> </tr> <tr> <td colspan="2">Purpose of Disbursement PAC Check</td> <td rowspan="2"> <div>011</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name Michele M. Bachmann</td> </tr> <tr> <td>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td colspan="2">Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td colspan="3">State: MN District: 06</td> </tr> </table>	City Woodbury	State MN	Zip Code 55125	Purpose of Disbursement PAC Check		<div>011</div> Category/ Type	Candidate Name Michele M. Bachmann		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: MN District: 06			<b>Amount of Each Disbursement this Period</b> <div>10.00</div>  Earmarked by Dawn Meech						
City Woodbury	State MN	Zip Code 55125																			
Purpose of Disbursement PAC Check		<div>011</div> Category/ Type																			
Candidate Name Michele M. Bachmann																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: MN District: 06																					
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>2045.00</div>																				
<b>TOTAL</b> This Period (last page this line number only) .....																					

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 152 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> 4F3ED6486C9F04C517D <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	2		2	0	1	0												
City Woodbury State MN Zip Code 55125	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Earmarked Contributions	<table border="1"> <tr> <td>430.00</td> </tr> </table>	430.00																			
430.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X62910-3BACH <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Woodbury State MN Zip Code 55125	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td>35.00</td> </tr> </table>	35.00																			
35.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X62910-8BACH <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Woodbury State MN Zip Code 55125	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

**430.00**

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 153 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City  
Woodbury

State  
MN

Zip Code  
55125

Purpose of Disbursement  
Transmitted by PAC Check

011

Category/  
Type

Candidate Name  
Michele M. Bachmann

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: X62910-9BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

Earmarked by Warren Braun

B.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City  
Woodbury

State  
MN

Zip Code  
55125

Purpose of Disbursement  
Transmitted by PAC Check

011

Category/  
Type

Candidate Name  
Michele M. Bachmann

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: X62910-16BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

Earmarked by Madeline Clark

C.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City  
Woodbury

State  
MN

Zip Code  
55125

Purpose of Disbursement  
Transmitted by PAC Check

011

Category/  
Type

Candidate Name  
Michele M. Bachmann

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: X62910-27BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

Earmarked by Dennis Dougherty

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

0.00

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

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

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 154 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City  
Woodbury

State  
MN

Zip Code  
55125

Purpose of Disbursement  
Transmitted by PAC Check

011

Category/  
Type

Candidate Name  
Michele M. Bachmann

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: X62910-34BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Earmarked by Mary Gaffney

B.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City  
Woodbury

State  
MN

Zip Code  
55125

Purpose of Disbursement  
Transmitted by PAC Check

011

Category/  
Type

Candidate Name  
Michele M. Bachmann

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: X62910-40BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Earmarked by Charles Goslee

C.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City  
Woodbury

State  
MN

Zip Code  
55125

Purpose of Disbursement  
Transmitted by PAC Check

011

Category/  
Type

Candidate Name  
Michele M. Bachmann

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: X62910-45BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]

Earmarked by John Hagerty

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 155 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X62910-47BACH <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">35.00</td> </tr> </table>	35.00																			
35.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by William Hall-iwell																					
<b>B.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X62910-49BACH <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by Ken Haringa																					
<b>C.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X62910-55BACH <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>	15.00																			
15.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by Lyle Kammeyer																					

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 156 / 274

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City

Woodbury

State

MN

Zip Code

55125

Purpose of Disbursement

Transmitted by PAC Check

011

Category/  
Type

Candidate Name

Michele M. Bachmann

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

State: MN

District: 06

Transaction ID: X62910-69BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Earmarked by Fred McEwen

B.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City

Woodbury

State

MN

Zip Code

55125

Purpose of Disbursement

Transmitted by PAC Check

011

Category/  
Type

Candidate Name

Michele M. Bachmann

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

State: MN

District: 06

Transaction ID: X62910-75BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Earmarked by Cheryl Montoya

C.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City

Woodbury

State

MN

Zip Code

55125

Purpose of Disbursement

Transmitted by PAC Check

011

Category/  
Type

Candidate Name

Michele M. Bachmann

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

State: MN

District: 06

Transaction ID: X62910-83BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Earmarked by Thomas Pohlen

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 157 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City

Woodbury

State

MN

Zip Code

55125

Purpose of Disbursement

Transmitted by PAC Check

011

Category/  
Type

Candidate Name

Michele M. Bachmann

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

State: MN

District: 06

Transaction ID: X62910-97BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

5.00

**[MEMO ITEM]**

Earmarked by Victor Sciarino

B.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City

Woodbury

State

MN

Zip Code

55125

Purpose of Disbursement

Transmitted by PAC Check

011

Category/  
Type

Candidate Name

Michele M. Bachmann

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

State: MN

District: 06

Transaction ID: X62910-102BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

20.00

**[MEMO ITEM]**

Earmarked by Ronald Sweeney

C.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City

Woodbury

State

MN

Zip Code

55125

Purpose of Disbursement

Transmitted by PAC Check

011

Category/  
Type

Candidate Name

Michele M. Bachmann

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

State: MN

District: 06

Transaction ID: X62910-43BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

100.00

**[MEMO ITEM]**

Earmarked by Robert Gwinn

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

0.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 158 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City  
WoodburyState  
MNZip Code  
55125Purpose of Disbursement  
Transmitted by PAC Check

011

Category/  
TypeCandidate Name  
Michele M. BachmannOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: X62910-54BACH

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

20.00

**[MEMO ITEM]**

Earmarked by Bridget Johnston

**B.**

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City  
WoodburyState  
MNZip Code  
55125Purpose of Disbursement  
Transmitted by PAC Check

011

Category/  
TypeCandidate Name  
Michele M. BachmannOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: X62910-4BACH

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

30.00

**[MEMO ITEM]**

Earmarked by John Baloga

**C.**

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City  
WoodburyState  
MNZip Code  
55125Purpose of Disbursement  
Transmitted by PAC Check

011

Category/  
TypeCandidate Name  
Michele M. BachmannOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: X62910-82BACH

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**

Earmarked by Frederick PIAsterer

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 159 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X62910-90BACH <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	20.00																			
20.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by Dan Riser																					
<b>B.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X62910-91BACH <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by Paul Roberson																					
<b>C.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X62910-98BACH <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">35.00</td> </tr> </table>	35.00																			
35.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by Nanette Seel- os																					

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 160 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City  
Woodbury

State  
MN

Zip Code  
55125

Purpose of Disbursement  
Transmitted by PAC Check

011

Category/  
Type

Candidate Name  
Michele M. Bachmann

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: X62910-105BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Earmarked by Mary Taylor

B.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City  
Woodbury

State  
MN

Zip Code  
55125

Purpose of Disbursement  
Transmitted by PAC Check

011

Category/  
Type

Candidate Name  
Michele M. Bachmann

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: XC6BE0177272FC56946

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

Earmarked by Margaret Farney

C.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City  
Woodbury

State  
MN

Zip Code  
55125

Purpose of Disbursement  
Transmitted by PAC Check

011

Category/  
Type

Candidate Name  
Michele M. Bachmann

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: XE8D45A61E52E066692

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Earmarked by Greta Armour

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

0.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 161 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X9C7B8473DE3C1A9D80 <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Woodbury State MN Zip Code 55125	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	10.00																			
10.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by Robert Augeri																					
<b>B.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X2F2F0055ECEA7DF03F <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Woodbury State MN Zip Code 55125	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table>	30.00																			
30.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by Richard Grubb																					
<b>C.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> XA71ACB2759BF00A55A <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Woodbury State MN Zip Code 55125	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by Joseph Baill- argeon																					

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X62910-1BACH <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	20.00																			
20.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by Jerry and Debra Ahrens																					
<b>B.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X62910-2BACH <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>	15.00																			
15.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by Carmen Allard																					
<b>C.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X62910-5BACH <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by Ronald L. Bartzatt																					

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 163 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City  
Woodbury

State  
MN

Zip Code  
55125

Purpose of Disbursement  
Transmitted by PAC Check

011

Category/  
Type

Candidate Name  
Michele M. Bachmann

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: X62910-6BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

Earmarked by Stephen Beach

B.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City  
Woodbury

State  
MN

Zip Code  
55125

Purpose of Disbursement  
Transmitted by PAC Check

011

Category/  
Type

Candidate Name  
Michele M. Bachmann

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: X62910-7BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

Earmarked by Don Berra

C.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City  
Woodbury

State  
MN

Zip Code  
55125

Purpose of Disbursement  
Transmitted by PAC Check

011

Category/  
Type

Candidate Name  
Michele M. Bachmann

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: X62910-10BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Earmarked by Deborah Brown

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 164 / 274

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City

Woodbury

State

MN

Zip Code

55125

Purpose of Disbursement

Transmitted by PAC Check

011

Category/  
Type

Candidate Name

Michele M. Bachmann

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

State: MN

District: 06

Transaction ID: X62910-11BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Earmarked by Nelson Brown

B.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City

Woodbury

State

MN

Zip Code

55125

Purpose of Disbursement

Transmitted by PAC Check

011

Category/  
Type

Candidate Name

Michele M. Bachmann

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

State: MN

District: 06

Transaction ID: X62910-12BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Earmarked by Steven Bulack

C.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City

Woodbury

State

MN

Zip Code

55125

Purpose of Disbursement

Transmitted by PAC Check

011

Category/  
Type

Candidate Name

Michele M. Bachmann

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

State: MN

District: 06

Transaction ID: X62910-13BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

Earmarked by James Burke

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 165 / 274

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress <hr/> Mailing Address PO Box 25950	<b>Transaction ID:</b> X62910-14BACH <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Woodbury State MN Zip Code 55125 Purpose of Disbursement Transmitted by PAC Check Candidate Name Michele M. Bachmann <div> <div>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> State: MN District: 06	<b>Amount of Each Disbursement this Period</b> <div>10.00</div> <b>[MEMO ITEM]</b> Earmarked by Ronald Calam-an
<b>B.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress <hr/> Mailing Address PO Box 25950 <hr/> City Woodbury State MN Zip Code 55125 Purpose of Disbursement Transmitted by PAC Check Candidate Name Michele M. Bachmann <div> <div>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> State: MN District: 06	<b>Transaction ID:</b> X62910-15BACH <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>35.00</div> <b>[MEMO ITEM]</b> Earmarked by Margaret Christie
<b>C.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress <hr/> Mailing Address PO Box 25950 <hr/> City Woodbury State MN Zip Code 55125 Purpose of Disbursement Transmitted by PAC Check Candidate Name Michele M. Bachmann <div> <div>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> State: MN District: 06	<b>Transaction ID:</b> X62910-17BACH <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>15.00</div> <b>[MEMO ITEM]</b> Earmarked by Charles Connacher

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 166 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City

Woodbury

State

MN

Zip Code

55125

Purpose of Disbursement

Transmitted by PAC Check

011

Category/  
Type

Candidate Name

Michele M. Bachmann

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

State: MN

District: 06

Transaction ID: X62910-19BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**

Earmarked by Kateryna Cud-deback

B.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City

Woodbury

State

MN

Zip Code

55125

Purpose of Disbursement

Transmitted by PAC Check

011

Category/  
Type

Candidate Name

Michele M. Bachmann

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

State: MN

District: 06

Transaction ID: X62910-20BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

35.00

**[MEMO ITEM]**

Earmarked by Bill Davis, M.D.

C.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City

Woodbury

State

MN

Zip Code

55125

Purpose of Disbursement

Transmitted by PAC Check

011

Category/  
Type

Candidate Name

Michele M. Bachmann

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

State: MN

District: 06

Transaction ID: X62910-22BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

35.00

**[MEMO ITEM]**

Earmarked by Lawrence Del-ormier

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 167 / 274

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X62910-25BACH <b>Date of Disbursement</b>
Mailing Address PO Box 25950	<div> <div>MM / DD / YY</div> <div>06 / 30 / 2010</div> </div>
City Woodbury State MN Zip Code 55125	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Transmitted by PAC Check	<div>50.00</div>
Candidate Name Michele M. Bachmann	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Earmarked by Samuel Dominick
<b>B.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X62910-29BACH <b>Date of Disbursement</b>
Mailing Address PO Box 25950	<div> <div>MM / DD / YY</div> <div>06 / 30 / 2010</div> </div>
City Woodbury State MN Zip Code 55125	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Transmitted by PAC Check	<div>200.00</div>
Candidate Name Michele M. Bachmann	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Earmarked by John F. Dullmeyer, Jr.
<b>C.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X62910-31BACH <b>Date of Disbursement</b>
Mailing Address PO Box 25950	<div> <div>MM / DD / YY</div> <div>06 / 30 / 2010</div> </div>
City Woodbury State MN Zip Code 55125	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Transmitted by PAC Check	<div>50.00</div>
Candidate Name Michele M. Bachmann	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Earmarked by Paul Ermak

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

0.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 168 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City

Woodbury

State

MN

Zip Code

55125

Purpose of Disbursement

Transmitted by PAC Check

011

Category/  
Type

Candidate Name

Michele M. Bachmann

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

2010

☐ Primary☒ General☐ Other (specify) ▼

State: MN

District: 06

Transaction ID: X62910-33BACH

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**

Earmarked by Maura Felix

**B.**

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City

Woodbury

State

MN

Zip Code

55125

Purpose of Disbursement

Transmitted by PAC Check

011

Category/  
Type

Candidate Name

Michele M. Bachmann

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

2010

☐ Primary☒ General☐ Other (specify) ▼

State: MN

District: 06

Transaction ID: X62910-36BACH

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

35.00

**[MEMO ITEM]**

Earmarked by Susan Galluci

**C.**

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City

Woodbury

State

MN

Zip Code

55125

Purpose of Disbursement

Transmitted by PAC Check

011

Category/  
Type

Candidate Name

Michele M. Bachmann

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

2010

☐ Primary☒ General☐ Other (specify) ▼

State: MN

District: 06

Transaction ID: X62910-37BACH

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**

Earmarked by Paul &amp; Sarah Geczy

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

0.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 169 / 274

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X62910-38BACH
	Mailing Address PO Box 25950	Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YY</div> <div>YY</div> <div>YY</div> <div>YY</div> </div> <div>06 / 30 / 2010</div>
	City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period
	Purpose of Disbursement Transmitted by PAC Check	<div>35.00</div>
	Candidate Name Michele M. Bachmann	<div>011</div> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Earmarked by Adrienne Gil- len
<b>B.</b>	Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X62910-41BACH
	Mailing Address PO Box 25950	Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YY</div> <div>YY</div> <div>YY</div> <div>YY</div> </div> <div>06 / 30 / 2010</div>
	City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period
	Purpose of Disbursement Transmitted by PAC Check	<div>35.00</div>
	Candidate Name Michele M. Bachmann	<div>011</div> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Earmarked by Denise Green
<b>C.</b>	Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X62910-42BACH
	Mailing Address PO Box 25950	Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YY</div> <div>YY</div> <div>YY</div> <div>YY</div> </div> <div>06 / 30 / 2010</div>
	City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period
	Purpose of Disbursement Transmitted by PAC Check	<div>35.00</div>
	Candidate Name Michele M. Bachmann	<div>011</div> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Earmarked by Larry Griffi- th

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 170 / 274

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City

Woodbury

State

MN

Zip Code

55125

Purpose of Disbursement

Transmitted by PAC Check

011

Category/  
Type

Candidate Name

Michele M. Bachmann

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

State: MN

District: 06

Transaction ID: X62910-48BACH

Date of Disbursement

06

30

2010

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Earmarked by Matthew Hans-on

B.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City

Woodbury

State

MN

Zip Code

55125

Purpose of Disbursement

Transmitted by PAC Check

011

Category/  
Type

Candidate Name

Michele M. Bachmann

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

State: MN

District: 06

Transaction ID: X62910-51BACH

Date of Disbursement

06

30

2010

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Earmarked by Rhonda Helyer

C.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City

Woodbury

State

MN

Zip Code

55125

Purpose of Disbursement

Transmitted by PAC Check

011

Category/  
Type

Candidate Name

Michele M. Bachmann

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

State: MN

District: 06

Transaction ID: X62910-52BACH

Date of Disbursement

06

30

2010

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

Earmarked by Patricia Jan-sen

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 171 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City  
Woodbury

State  
MN

Zip Code  
55125

Purpose of Disbursement  
Transmitted by PAC Check

011

Category/  
Type

Candidate Name  
Michele M. Bachmann

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: X62910-53BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Earmarked by Jim Johnson

B.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City  
Woodbury

State  
MN

Zip Code  
55125

Purpose of Disbursement  
Transmitted by PAC Check

011

Category/  
Type

Candidate Name  
Michele M. Bachmann

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: X62910-56BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

Earmarked by Kathy Kearny

C.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City  
Woodbury

State  
MN

Zip Code  
55125

Purpose of Disbursement  
Transmitted by PAC Check

011

Category/  
Type

Candidate Name  
Michele M. Bachmann

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: X62910-57BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

Earmarked by Jane Kostas

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 172 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X62910-58BACH <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	10.00																			
10.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by Jack Kujala																					
<b>B.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X62910-59BACH <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by Freda Kurtz																					
<b>C.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X62910-60BACH <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">35.00</td> </tr> </table>	35.00																			
35.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by Warren Lindsay																					

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

0.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 173 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress <hr/> Mailing Address PO Box 25950	<b>Transaction ID:</b> X62910-61BACH <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
<div> <div>City Woodbury State MN Zip Code 55125</div> <div>Purpose of Disbursement Transmitted by PAC Check</div> <div>Candidate Name Michele M. Bachmann</div> <div>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: MN District: 06</div> </div> <div> <div>011</div> <div>Category/Type</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>50.00</div> <b>[MEMO ITEM]</b> Earmarked by Gerald Mallgraf
<b>B.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress <hr/> Mailing Address PO Box 25950	<b>Transaction ID:</b> X62910-65BACH <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
<div> <div>City Woodbury State MN Zip Code 55125</div> <div>Purpose of Disbursement Transmitted by PAC Check</div> <div>Candidate Name Michele M. Bachmann</div> <div>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: MN District: 06</div> </div> <div> <div>011</div> <div>Category/Type</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>5.00</div> <b>[MEMO ITEM]</b> Earmarked by Joanne Mayo
<b>C.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress <hr/> Mailing Address PO Box 25950	<b>Transaction ID:</b> X62910-66BACH <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
<div> <div>City Woodbury State MN Zip Code 55125</div> <div>Purpose of Disbursement Transmitted by PAC Check</div> <div>Candidate Name Michele M. Bachmann</div> <div>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: MN District: 06</div> </div> <div> <div>011</div> <div>Category/Type</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>35.00</div> <b>[MEMO ITEM]</b> Earmarked by Carol McAvoy

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 174 / 274

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City

Woodbury

State

MN

Zip Code

55125

Purpose of Disbursement

Transmitted by PAC Check

011

Category/  
Type

Candidate Name

Michele M. Bachmann

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

State: MN

District: 06

Transaction ID: X62910-67BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**

Earmarked by Helen McDonaugh

B.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City

Woodbury

State

MN

Zip Code

55125

Purpose of Disbursement

Transmitted by PAC Check

011

Category/  
Type

Candidate Name

Michele M. Bachmann

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

State: MN

District: 06

Transaction ID: X62910-68BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

100.00

**[MEMO ITEM]**

Earmarked by Janette McDugald

C.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City

Woodbury

State

MN

Zip Code

55125

Purpose of Disbursement

Transmitted by PAC Check

011

Category/  
Type

Candidate Name

Michele M. Bachmann

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

State: MN

District: 06

Transaction ID: X62910-70BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

15.00

**[MEMO ITEM]**

Earmarked by Caroline McMahon

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 175 / 274

<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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City

Woodbury

State

MN

Zip Code

55125

Purpose of Disbursement

Transmitted by PAC Check

011

Category/  
Type

Candidate Name

Michele M. Bachmann

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

State: MN

District: 06

Transaction ID: X62910-71BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Earmarked by Marion Miller

B.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City

Woodbury

State

MN

Zip Code

55125

Purpose of Disbursement

Transmitted by PAC Check

011

Category/  
Type

Candidate Name

Michele M. Bachmann

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

State: MN

District: 06

Transaction ID: X62910-73BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

Earmarked by Richard Mirocco, Jr.

C.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City

Woodbury

State

MN

Zip Code

55125

Purpose of Disbursement

Transmitted by PAC Check

011

Category/  
Type

Candidate Name

Michele M. Bachmann

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

State: MN

District: 06

Transaction ID: X62910-74BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]

Earmarked by Michael Mokry

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 176 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X62910-76BACH <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	20.00																			
20.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by Donna Moore																					
<b>B.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X62910-80BACH <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by Richard Park																					
<b>C.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X62910-81BACH <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	10.00																			
10.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by James Paulsen																					

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

0.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 177 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City

Woodbury

State

MN

Zip Code

55125

Purpose of Disbursement

Transmitted by PAC Check

011

Category/  
Type

Candidate Name

Michele M. Bachmann

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

State: MN

District: 06

Transaction ID: X62910-84BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

Earmarked by Robert Pollock

B.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City

Woodbury

State

MN

Zip Code

55125

Purpose of Disbursement

Transmitted by PAC Check

011

Category/  
Type

Candidate Name

Michele M. Bachmann

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

State: MN

District: 06

Transaction ID: X62910-85BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

5.15

[MEMO ITEM]

Earmarked by Daniel Quigley

C.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City

Woodbury

State

MN

Zip Code

55125

Purpose of Disbursement

Transmitted by PAC Check

011

Category/  
Type

Candidate Name

Michele M. Bachmann

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

State: MN

District: 06

Transaction ID: X62910-86BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

Earmarked by John Ransom

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 178 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress Mailing Address PO Box 25950	<b>Transaction ID:</b> X62910-88BACH <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Woodbury State MN Zip Code 55125 Purpose of Disbursement Transmitted by PAC Check Candidate Name Michele M. Bachmann Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 06	<b>Amount of Each Disbursement this Period</b> <div>25.00</div> <b>[MEMO ITEM]</b> Earmarked by Gretchen Reese
<b>B.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress Mailing Address PO Box 25950 City Woodbury State MN Zip Code 55125 Purpose of Disbursement Transmitted by PAC Check Candidate Name Michele M. Bachmann Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 06	<b>Transaction ID:</b> X62910-89BACH <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>15.00</div> <b>[MEMO ITEM]</b> Earmarked by Elizabeth Rick
<b>C.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress Mailing Address PO Box 25950 City Woodbury State MN Zip Code 55125 Purpose of Disbursement Transmitted by PAC Check Candidate Name Michele M. Bachmann Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 06	<b>Transaction ID:</b> X62910-92BACH <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>20.00</div> <b>[MEMO ITEM]</b> Earmarked by Diana Roberts

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress Mailing Address PO Box 25950	<b>Transaction ID:</b> X62910-93BACH <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Woodbury State MN Zip Code 55125 Purpose of Disbursement Transmitted by PAC Check Candidate Name Michele M. Bachmann Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 06	<b>Amount of Each Disbursement this Period</b> <div>10.00</div> <b>[MEMO ITEM]</b> Earmarked by Camilo Rodriguez
<b>B.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress Mailing Address PO Box 25950 City Woodbury State MN Zip Code 55125 Purpose of Disbursement Transmitted by PAC Check Candidate Name Michele M. Bachmann Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 06	<b>Transaction ID:</b> X62910-94BACH <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>10.00</div> <b>[MEMO ITEM]</b> Earmarked by Donald Ross
<b>C.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress Mailing Address PO Box 25950 City Woodbury State MN Zip Code 55125 Purpose of Disbursement Transmitted by PAC Check Candidate Name Michele M. Bachmann Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 06	<b>Transaction ID:</b> X62910-95BACH <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>50.00</div> <b>[MEMO ITEM]</b> Earmarked by Jona Ruhland

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 180 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City  
Woodbury

State  
MN

Zip Code  
55125

Purpose of Disbursement  
Transmitted by PAC Check

011

Category/  
Type

Candidate Name  
Michele M. Bachmann

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: X62910-96BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

Earmarked by Rose Schaeffer

B.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City  
Woodbury

State  
MN

Zip Code  
55125

Purpose of Disbursement  
Transmitted by PAC Check

011

Category/  
Type

Candidate Name  
Michele M. Bachmann

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: X62910-99BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Earmarked by Carol Shute

C.

Full Name (Last, First, Middle Initial)

Bachmann for Congress

Mailing Address PO Box 25950

City  
Woodbury

State  
MN

Zip Code  
55125

Purpose of Disbursement  
Transmitted by PAC Check

011

Category/  
Type

Candidate Name  
Michele M. Bachmann

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: X62910-100BACH

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Earmarked by Perry Skoll

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 181 / 274

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X62910-101BACH <b>Date of Disbursement</b>
Mailing Address PO Box 25950	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Woodbury State MN Zip Code 55125	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Transmitted by PAC Check	<div>10.00</div>
Candidate Name Michele M. Bachmann	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>[MEMO ITEM]</b> Earmarked by Donna Steenbarger	
<b>B.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X62910-106BACH <b>Date of Disbursement</b>
Mailing Address PO Box 25950	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Woodbury State MN Zip Code 55125	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Transmitted by PAC Check	<div>10.00</div>
Candidate Name Michele M. Bachmann	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>[MEMO ITEM]</b> Earmarked by Ellen Tetraut	
<b>C.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X62910-107BACH <b>Date of Disbursement</b>
Mailing Address PO Box 25950	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Woodbury State MN Zip Code 55125	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Transmitted by PAC Check	<div>20.00</div>
Candidate Name Michele M. Bachmann	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>[MEMO ITEM]</b> Earmarked by John Vassar	

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 182 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X62910-108BACH <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Woodbury State MN Zip Code 55125	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	<b>[MEMO ITEM]</b> Earmarked by Michael Walker																				
<b>B.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> XD566032C326FB6AF14 <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Woodbury State MN Zip Code 55125	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	<b>[MEMO ITEM]</b> Earmarked by Kathryn Oubre																				
<b>C.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> XC1D228BC97C2A1C1E0 <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Woodbury State MN Zip Code 55125	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
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Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	<b>[MEMO ITEM]</b> Earmarked by Mary Huntress																				

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

0.00

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X7E83C6FAA38C939403 <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	10.00																			
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Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
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Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by Mary Vergara																					
<b>B.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> XF3B81420FC72D5B21C <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
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City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
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Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by Mary Guilla- ms																					
<b>C.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> X1EC52D4ABBEC90DE5 <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
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Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by Michael Mull- ery																					

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> E400C3108E41AED1344 <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Woodbury State MN Zip Code 55125	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> BE81DDE69B074D140BA <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Woodbury State MN Zip Code 55125	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Earmarked Contributions	<table border="1"> <tr> <td>160.00</td> </tr> </table>	160.00																			
160.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> 6B589F2EE4CCED1FD5A <b>Date of Disbursement</b>																				
Mailing Address PO Box 25950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Woodbury State MN Zip Code 55125	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Earmarked Contributions	<table border="1"> <tr> <td>120.00</td> </tr> </table>	120.00																			
120.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
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1280.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td></td> </tr> </table>																				



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

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

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> C19C9ACF655325D2179 <b>Date of Disbursement</b>
Mailing Address PO Box 25950	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Woodbury State MN Zip Code 55125	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Earmarked Contributions Candidate Name Michele M. Bachmann	<div>220.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Bachmann for Congress	<b>Transaction ID:</b> 6EFAB1548F09F4C2429 <b>Date of Disbursement</b>
Mailing Address PO Box 25950	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Woodbury State MN Zip Code 55125	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Earmarked Contributions Candidate Name Michele M. Bachmann	<div>2020.15</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Candice Miller for Congress	<b>Transaction ID:</b> X62910-77CAND <b>Date of Disbursement</b>
Mailing Address PO Box 182152	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Shelby Township State MI Zip Code 48318	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAC Check Candidate Name Candice S. Miller	<div>20.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 10 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Earmarked by Daniel & Sandra Needham

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

2260.15

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> 5293ED82ADF5E755BCF <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	1	0
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0	6		0	2		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Earmarked Contributions Candidate Name Carly Fiorina	<table border="1"> <tr> <td colspan="10">455.00</td> </tr> </table>	455.00																			
455.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 011																					
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> BB9BE4F870C1DEAB384 <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	2		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Earmarked Contributions Candidate Name Carly Fiorina	<table border="1"> <tr> <td colspan="10">335.00</td> </tr> </table>	335.00																			
335.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 011																					
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> X39A8A09C82327A88FA <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	2		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Check Candidate Name Carly Fiorina	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 011	<b>[MEMO ITEM]</b> Earmarked by Jeryl Turco Maglio																				
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790.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Carly for California Inc</p> <p>Mailing Address 455 Capitol Mall Suite 801</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement PAC Check</p> <p>Candidate Name Carly Fiorina</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District:</p>	<p><b>Transaction ID:</b> X0D972C08A11A29A415</p> <p>Date of Disbursement 06 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b> Earmarked by Therese June- au</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Carly for California Inc</p> <p>Mailing Address 455 Capitol Mall Suite 801</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Transmitted by PAC Check</p> <p>Candidate Name Carly Fiorina</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District:</p>	<p><b>Transaction ID:</b> X7293407AC961C6DF90</p> <p>Date of Disbursement 06 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 20.00</p> <p><b>[MEMO ITEM]</b> Earmarked by Lynn Bork</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Carly for California Inc</p> <p>Mailing Address 455 Capitol Mall Suite 801</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Transmitted by PAC Check</p> <p>Candidate Name Carly Fiorina</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District:</p>	<p><b>Transaction ID:</b> X8E395FA6D9CCBDAC79</p> <p>Date of Disbursement 06 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 15.00</p> <p><b>[MEMO ITEM]</b> Earmarked by John Mack</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► 0.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p>	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 188 / 274

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> X0F88BBCF5E89B5FAEB <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by PAC Check	<div>10.00</div>
Candidate Name Carly Fiorina	<div>011</div> Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b> Earmarked by John McCaffrey
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> X3C172315204FA26FEE <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by PAC Check	<div>10.00</div>
Candidate Name Carly Fiorina	<div>011</div> Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b> Earmarked by Dorothy Tedrow
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> XD3C9C4F5B196D79313 <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by PAC Check	<div>200.00</div>
Candidate Name Carly Fiorina	<div>011</div> Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b> Earmarked by Pete Korte

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 189 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Carly for California Inc</p> <p>Mailing Address 455 Capitol Mall Suite 801</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Transmitted by PAC Check</p> <p>Candidate Name Carly Fiorina</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District:</p>	<p><b>Transaction ID:</b> XA25F55A8AC509B3C2F</p> <p>Date of Disbursement</p> <p>06 / 02 / 2010</p> <p>Amount of Each Disbursement this Period</p> <p>100.00</p> <p><b>[MEMO ITEM]</b> Earmarked by Cynthia Arroyo</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Carly for California Inc</p> <p>Mailing Address 455 Capitol Mall Suite 801</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Transmitted by PAC Check</p> <p>Candidate Name Carly Fiorina</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District:</p>	<p><b>Transaction ID:</b> X3136BE85649041ED57</p> <p>Date of Disbursement</p> <p>06 / 02 / 2010</p> <p>Amount of Each Disbursement this Period</p> <p>100.00</p> <p><b>[MEMO ITEM]</b> Earmarked by Patricia Jackson</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Carly for California Inc</p> <p>Mailing Address 455 Capitol Mall Suite 801</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Transmitted by PAC Check</p> <p>Candidate Name Carly Fiorina</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District:</p>	<p><b>Transaction ID:</b> XB424BB62F8A242A9AD</p> <p>Date of Disbursement</p> <p>06 / 02 / 2010</p> <p>Amount of Each Disbursement this Period</p> <p>60.00</p> <p><b>[MEMO ITEM]</b> Earmarked by Robert Koch</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ►</p> <p>0.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p>	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 190 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801	<b>Transaction ID:</b> X8E5534DA9A944E504F <b>Date of Disbursement</b> <div> <div>06</div> <div>02</div> <div>2010</div> </div>
City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by PAC Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	Amount of Each Disbursement this Period <div>100.00</div> <b>[MEMO ITEM]</b> Earmarked by Mary Curtius
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by PAC Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> X12CD5D5609E5668335 <b>Date of Disbursement</b> <div> <div>06</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>25.00</div> <b>[MEMO ITEM]</b> Earmarked by Tim Bucher
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by PAC Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> X3F750B95B194EF4F1E <b>Date of Disbursement</b> <div> <div>06</div> <div>04</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>50.00</div> <b>[MEMO ITEM]</b> Earmarked by Karen M. Lyons

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801	<b>Transaction ID:</b> XC02080579F60414571 <b>Date of Disbursement</b> <div> <div>06</div> <div>04</div> <div>2010</div> </div>
City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by PAC Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Amount of Each Disbursement this Period</b> <div>10.00</div> <b>[MEMO ITEM]</b> Earmarked by Anna Davis
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by PAC Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> XF88D24A4803FB44268 <b>Date of Disbursement</b> <div> <div>06</div> <div>04</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>50.00</div> <b>[MEMO ITEM]</b> Earmarked by Rebecca Bain
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by PAC Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> XD0D6744E6BD7421871 <b>Date of Disbursement</b> <div> <div>06</div> <div>04</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>15.00</div> <b>[MEMO ITEM]</b> Earmarked by Jim Maher
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>0.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 192 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> X9BA1FEC77736885BED <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	4		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
250.00																					
Candidate Name Carly Fiorina	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: CA District: <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Earmarked by Shirley Xavier																				
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> XE1928A75CB282179DF <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	4		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Candidate Name Carly Fiorina	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: CA District: <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Earmarked by Tom Prost																				
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> XF7FB4FE098ECFD2BD9 <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	4		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Check	<table border="1"> <tr> <td colspan="10">60.00</td> </tr> </table>	60.00																			
60.00																					
Candidate Name Carly Fiorina	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: CA District: <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Earmarked by Jeanne Rosenbaum																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00																			
0.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td></td> </tr> </table>																				



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 193 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Carly for California Inc

Mailing Address 455 Capitol Mall Suite 801

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Earmarked Contributions

Candidate Name  
Carly Fiorina

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District:

Transaction ID: 94380719AC8D63CF7B3

Date of Disbursement

06 / 07 / 2010

Amount of Each Disbursement this Period

485.00

**B.**

Full Name (Last, First, Middle Initial)

Carly for California Inc

Mailing Address 455 Capitol Mall Suite 801

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Transmitted by Contributor's Original Check

Candidate Name  
Carly Fiorina

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District:

Transaction ID: B97B7E45B32F448E807

Date of Disbursement

06 / 10 / 2010

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**

Earmarked by Luyen Truong

**C.**

Full Name (Last, First, Middle Initial)

Carly for California Inc

Mailing Address 455 Capitol Mall Suite 801

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
PAC Check

Candidate Name  
Carly Fiorina

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District:

Transaction ID: X36B4F7B27A23719F88

Date of Disbursement

06 / 10 / 2010

Amount of Each Disbursement this Period

15.00

**[MEMO ITEM]**

Earmarked by Gerald Carter

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

485.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
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PAGE 194 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801	<b>Transaction ID:</b> XBD58DB96CAE5FEEA78 <b>Date of Disbursement</b> <div> <div>06</div> <div>10</div> <div>2010</div> </div>
City Sacramento State CA Zip Code 95814 Purpose of Disbursement PAC Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Amount of Each Disbursement this Period</b> <div>20.00</div> <b>[MEMO ITEM]</b> Earmarked by Christine Herkes
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Earmarked Contributions Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> 034898A678161D501F1 <b>Date of Disbursement</b> <div> <div>06</div> <div>18</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>35.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801 City Sacramento State CA Zip Code 95814 Purpose of Disbursement PAC Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> X5102D8BC448CB1AA24 <b>Date of Disbursement</b> <div> <div>06</div> <div>22</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>50.00</div> Earmarked by Anne Keehan
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>85.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<div></div>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> XC385E5E3292DA7480E <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	5		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Check	<table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>	15.00																			
15.00																					
Candidate Name Carly Fiorina	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Earmarked by Carol Mimms																					
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> X168B5355A52D1F703F <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	1	0
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0	6		2	5		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Check	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Candidate Name Carly Fiorina	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Earmarked by Raymond Henkel																					
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> B8B47E50192129B703E <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	8		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Candidate Name Carly Fiorina	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<div> <div> <b>[MEMO ITEM]</b>            Earmarked by Leo Donovan         </div> </div>																					
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">65.00</td> </tr> </table>	65.00																			
65.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801	<b>Transaction ID:</b> 64DF97AA199C48CA042 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Sacramento State CA Zip Code 95814 Purpose of Disbursement Earmarked Contributions Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Amount of Each Disbursement this Period</b> <div>100.00</div> <div>011</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Earmarked Contributions Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> 6A31D7BA181753E5B0B <b>Date of Disbursement</b> <div>06</div> <div>30</div> <div>2010</div> <b>Amount of Each Disbursement this Period</b> <div>190.00</div> <div>011</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> BC3ADF31DE04691AA5C <b>Date of Disbursement</b> <div>06</div> <div>30</div> <div>2010</div> <b>Amount of Each Disbursement this Period</b> <div>50.00</div> <div>011</div> Category/ Type  <b>[MEMO ITEM]</b> Earmarked by Richard Baker
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>290.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<div></div>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801	<b>Transaction ID:</b> BE4860B56470931015B <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Amount of Each Disbursement this Period</b> <div>35.00</div> <b>[MEMO ITEM]</b> Earmarked by Barbara Riddle
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> B8B5D604F78B5A40E74 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>25.00</div> <b>[MEMO ITEM]</b> Earmarked by Kathryn Tafuro
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> B7A9804DC8F4D920369 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>50.00</div> <b>[MEMO ITEM]</b> Earmarked by Rick Houston
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>0.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801	<b>Transaction ID:</b> BFFDEAA35B1FBF89A06 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Amount of Each Disbursement this Period</b> <div>25.00</div> <b>[MEMO ITEM]</b> Earmarked by Robert Kammer
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> BDDA6366A580FB025FE <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>125.00</div> <b>[MEMO ITEM]</b> Earmarked by Raymond Rowe
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> B91819E208E973BE4F2 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>75.00</div> <b>[MEMO ITEM]</b> Earmarked by John McLaughlin
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>0.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<div></div>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> B73A0EFB0C4D654C392 <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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0	6		3	0		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011	<b>[MEMO ITEM]</b> Earmarked by Joseph Koch																				
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> B86E9F4BB54BB33F846 <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011	<b>[MEMO ITEM]</b> Earmarked by Francis Cona-ty																				
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> XFA0497F9BA04E3F7A3 <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check Candidate Name Carly Fiorina	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011	<b>[MEMO ITEM]</b> Earmarked by Margaret Sca-rott																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">0.00</td> </tr> </table>	0.00																			
0.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801	<b>Transaction ID:</b> X23ED3FE9725A9468B2 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by PAC Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	Amount of Each Disbursement this Period <div>10.00</div> <b>[MEMO ITEM]</b> Earmarked by Carol Bussa
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by PAC Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> XE1359145D170AED49B <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>25.00</div> <b>[MEMO ITEM]</b> Earmarked by Virginia Mil- es
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by PAC Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> X7FE5B6AC102DF638F9 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> <b>[MEMO ITEM]</b> Earmarked by Paul Braunst- ein
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>0.00</div> <b>TOTAL</b> This Period (last page this line number only) ..... ▶



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 201 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> X62910-104CARL <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check Candidate Name Carly Fiorina	<table border="1"> <tr> <td colspan="10">35.00</td> </tr> </table>	35.00																			
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Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011	<b>[MEMO ITEM]</b> Earmarked by Mary Tann																				
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> B28D6041AB6EB8AEECA <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
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Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011	<b>[MEMO ITEM]</b> Earmarked by Michael Lang-evin																				
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> B2323DC56C237EE3406 <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
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Category/Type 011	<b>[MEMO ITEM]</b> Earmarked by Carol Kwiatkowski																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">0.00</td> </tr> </table>	0.00																			
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<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 202 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> BAA1BB67BD335207457 <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
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Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>[MEMO ITEM]</b> Earmarked by Leonard Zink																				
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> B2C3C82142E93259736 <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
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Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>[MEMO ITEM]</b> Earmarked by Venry Batti																				
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> BAD58326EE219D2CB79 <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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0	6		3	0		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>[MEMO ITEM]</b> Earmarked by Joyce Brewer																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">0.00</td> </tr> </table>	0.00																			
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<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801	<b>Transaction ID:</b> B70987D41E0CC432F16 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Amount of Each Disbursement this Period</b> <div>50.00</div> <b>[MEMO ITEM]</b> Earmarked by Elizabeth Dz-urnak
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by PAC Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> XF084F4A8FD2BE685BA <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>25.00</div> <b>[MEMO ITEM]</b> Earmarked by Patt Taylor
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by PAC Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> X2456F4F586F811A0EC <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>35.00</div> <b>[MEMO ITEM]</b> Earmarked by William Treu
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>0.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> XB57AB413509ED87428 <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by PAC Check	<div>50.00</div>
Candidate Name Carly Fiorina	<div>011</div> Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b> Earmarked by Maurice and Ruth Gordon
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> X2E82DA01313CDB9554 <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by PAC Check	<div>50.00</div>
Candidate Name Carly Fiorina	<div>011</div> Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b> Earmarked by St. Michael's Catholic Church General Fund
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> X15BE408439796578C0 <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by PAC Check	<div>100.00</div>
Candidate Name Carly Fiorina	<div>011</div> Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b> Earmarked by Elizabeth Cappazzi
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>0.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 205 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801	<b>Transaction ID:</b> XEA7F3F71E245081BED <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by PAC Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	Amount of Each Disbursement this Period <div>50.00</div> <b>[MEMO ITEM]</b> Earmarked by James Gulick
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by PAC Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> X2FE0BEF78AD0461E53 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>50.00</div> <b>[MEMO ITEM]</b> Earmarked by Marie Halvorson
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by PAC Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> XD2909CD2CA93F6C2B6 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>25.00</div> <b>[MEMO ITEM]</b> Earmarked by Werner Reimers
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>0.00</div> <b>TOTAL</b> This Period (last page this line number only) .....

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

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

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> BDE50977E481CD580D5 <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina	<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	10.00																			
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Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 011	<b>[MEMO ITEM]</b> Earmarked by Marion Koces																				
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> BF17BA66D77A87E3825 <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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0	6		3	0		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 011	<b>[MEMO ITEM]</b> Earmarked by B.K. Baumgardner																				
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> B1808BCCD7C9FFAAE0C <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 011	<b>[MEMO ITEM]</b> Earmarked by Donald Clark																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">0.00</td> </tr> </table>	0.00																			
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<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 207 / 274

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> B4A081591E8090979D1 <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina	<div> <div>200.00</div> <div>011 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b> Earmarked by Patrick O'Do- herty
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> B2CB1548138F091EC5D <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina	<div> <div>50.00</div> <div>011 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b> Earmarked by Roger Vogel
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> B61CD415B2D9B9CC370 <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina	<div> <div>10.00</div> <div>011 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b> Earmarked by John Brandt
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>0.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 208 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Carly for California Inc

Mailing Address 455 Capitol Mall Suite 801

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Transmitted by Contributor's Original CheckCandidate Name  
Carly Fiorina011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District:

Transaction ID: B25C263325A37B215A4

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

100.00

**[MEMO ITEM]**

Earmarked by Nathan Davis

**B.**

Full Name (Last, First, Middle Initial)

Carly for California Inc

Mailing Address 455 Capitol Mall Suite 801

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Transmitted by Contributor's Original CheckCandidate Name  
Carly Fiorina011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District:

Transaction ID: B5C64C24C8AB4F84C80

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

75.00

**[MEMO ITEM]**

Earmarked by Thomas Moran

**C.**

Full Name (Last, First, Middle Initial)

Carly for California Inc

Mailing Address 455 Capitol Mall Suite 801

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Transmitted by Contributor's Original CheckCandidate Name  
Carly Fiorina011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District:

Transaction ID: B030C75AE31E13C6548

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**

Earmarked by Zane Osborne

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

0.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 209 / 274

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> B6B16260C9600309C5E <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina <div> <div>011</div> <div>Category/Type</div> </div>	<div>120.00</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>[MEMO ITEM]</b> Earmarked by Dennis Forand
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> BBE3F09FFE06F6E8671 <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina <div> <div>011</div> <div>Category/Type</div> </div>	<div>75.00</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>[MEMO ITEM]</b> Earmarked by Nancy Simmons
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> B1784F58F27C29225BE <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina <div> <div>011</div> <div>Category/Type</div> </div>	<div>75.00</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>[MEMO ITEM]</b> Earmarked by Carolyn Messinger
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ►	<div>0.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ►	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 210 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> BFE1B63148421626F47 <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
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Candidate Name Carly Fiorina	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
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Category/ Type																					
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<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> BCEE3625E5D41D835F6 <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
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Candidate Name Carly Fiorina	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
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Category/ Type																					
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<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> BA15E5509BC1E42126C <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
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Candidate Name Carly Fiorina	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
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**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 211 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> B159DCD400D6BB30400 <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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0	6		3	0		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011	<b>[MEMO ITEM]</b> Earmarked by Joseph Zagot-ta																				
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> B25222506485FE20E93 <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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0	6		3	0		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011	<b>[MEMO ITEM]</b> Earmarked by Bernyce Anderson																				
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> XC5553C27BA1A5895B6 <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check Candidate Name Carly Fiorina	<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	10.00																			
10.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011	<b>[MEMO ITEM]</b> Earmarked by Anne Marchman																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">0.00</td> </tr> </table>	0.00																			
0.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 212 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> X4BD0E67375D9565582 <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Candidate Name Carly Fiorina	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by Cal Kyllonen																					
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> X74D53744C7190663E9 <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>	15.00																			
15.00																					
Candidate Name Carly Fiorina	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
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Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by Erik Johnson																					
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> XBBA733A10815D8696E <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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0	6		3	0		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
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Candidate Name Carly Fiorina	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
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Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by Keith Dunava- nt																					
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">0.00</td> </tr> </table>	0.00																			
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<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> X6010BEB524158FA575 <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check Candidate Name Carly Fiorina	<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	20.00																			
20.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011	<b>[MEMO ITEM]</b> Earmarked by Arthur Buthod																				
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> XB4D13B37A127948360 <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check Candidate Name Carly Fiorina	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011	<b>[MEMO ITEM]</b> Earmarked by Juliette W.																				
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> XAA8C2E8CEBBCA7F6F7 <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check Candidate Name Carly Fiorina	<table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table>	30.00																			
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Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011	<b>[MEMO ITEM]</b> Earmarked by Frances Young																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">0.00</td> </tr> </table>	0.00																			
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<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input 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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801	<b>Transaction ID:</b> X1EBE24987CD344AFAC <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by PAC Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Amount of Each Disbursement this Period</b> <div>100.00</div> <b>[MEMO ITEM]</b> Earmarked by Patricia Duncan
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by PAC Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> X14A19D0AA8C80A94CE <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>50.00</div> <b>[MEMO ITEM]</b> Earmarked by Elaine Kohl
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by PAC Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> X5950237FD2A86BD1B7 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>25.00</div> <b>[MEMO ITEM]</b> Earmarked by John Harvey
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>0.00</div> <b>TOTAL</b> This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> XF15E9EE41BC1B34CEA <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by PAC Check	<div>50.00</div>
Candidate Name Carly Fiorina	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	<b>[MEMO ITEM]</b> Earmarked by Mary Tomilo
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> X1F9F6AA6EDCC294B6F <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by PAC Check	<div>50.00</div>
Candidate Name Carly Fiorina	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	<b>[MEMO ITEM]</b> Earmarked by Matthew O'Rourke
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> X51651076E79CD33AF4 <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by PAC Check	<div>100.00</div>
Candidate Name Carly Fiorina	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	<b>[MEMO ITEM]</b> Earmarked by Stephen Zini
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>0.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input 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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801	<b>Transaction ID:</b> X53D28C2FAA7B79C991 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by PAC Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	Amount of Each Disbursement this Period <div>80.00</div> <b>[MEMO ITEM]</b> Earmarked by Lawrence Rip-pere
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by PAC Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> X4AB54F787D408F59C2 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> <b>[MEMO ITEM]</b> Earmarked by Joseph Cleary
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by PAC Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> XB3DC5F3310BDD70959 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>250.00</div> <b>[MEMO ITEM]</b> Earmarked by Cindy Lagasse
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>0.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> XEE0404051424C1CAC0 <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by PAC Check	<div>50.00</div>
Candidate Name Carly Fiorina	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	<b>[MEMO ITEM]</b> Earmarked by Jo Navarre
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> B8E28E0A63D9BA6F4AA <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by Contributor's Original Check	<div>50.00</div>
Candidate Name Carly Fiorina	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	<b>[MEMO ITEM]</b> Earmarked by Robert Follett
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> X047E9784B4A7C5E84E <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by PAC Check	<div>25.00</div>
Candidate Name Carly Fiorina	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	<b>[MEMO ITEM]</b> Earmarked by Rose Polar

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> X9084ED59CCEFDFFFE3 <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by PAC Check	<div>25.00</div>
Candidate Name Carly Fiorina	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	<b>[MEMO ITEM]</b> Earmarked by Mary Pizzella
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> X10EF0BC254628B8042 <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by PAC Check	<div>50.00</div>
Candidate Name Carly Fiorina	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	<b>[MEMO ITEM]</b> Earmarked by Paul Healey
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> B499FFC3950EF8634B0 <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by Contributor's Original Check	<div>50.00</div>
Candidate Name Carly Fiorina	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	<b>[MEMO ITEM]</b> Earmarked by Gerald Waxmo- nsky
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>0.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 219 / 274

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801	<b>Transaction ID:</b> BCACD4E1FA01870E592 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Amount of Each Disbursement this Period</b> <div>50.00</div> <b>[MEMO ITEM]</b> Earmarked by Stanley Filar
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> B3B273E55F736312620 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>50.00</div> <b>[MEMO ITEM]</b> Earmarked by Thomas Walsh
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> BB9FEF86D67F92299DB <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>100.00</div> <b>[MEMO ITEM]</b> Earmarked by Constance Be- rto
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>0.00</div> <b>TOTAL</b> This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 220 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801	<b>Transaction ID:</b> B15BF010864AD772DFC <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	Amount of Each Disbursement this Period <div>50.00</div> <b>[MEMO ITEM]</b> Earmarked by Anthony Tawa
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> B0FB6AEF5D04DFB2CC2 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>50.00</div> <b>[MEMO ITEM]</b> Earmarked by Patricia Bolton
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> BC947F8A69641EBF436 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> <b>[MEMO ITEM]</b> Earmarked by Anton Koenig
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>0.00</div> <b>TOTAL</b> This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 221 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801	<b>Transaction ID:</b> B470A17F4D2A3CD6178 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Amount of Each Disbursement this Period</b> <div>250.00</div> <b>[MEMO ITEM]</b> Earmarked by Kent Oberg
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> B9639CAFEF9A441F882 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>100.00</div> <b>[MEMO ITEM]</b> Earmarked by Paul Fleischman
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc Mailing Address 455 Capitol Mall Suite 801 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> BE8696DAAD026E2B76E <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>100.00</div> <b>[MEMO ITEM]</b> Earmarked by Joseph Cholic
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>0.00</div> <b>TOTAL</b> This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 222 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> BF64C0A2D7912B6720B <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
Candidate Name Carly Fiorina	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by James Ehret																					
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> B95F60E56FE7F4FE025 <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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0	6		3	0		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name Carly Fiorina	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by Dorothy Ryan																					
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> BF12DB93C6A3DF3F69D <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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0	6		3	0		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check	<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	20.00																			
20.00																					
Candidate Name Carly Fiorina	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by J. Nordquist																					
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">0.00</td> </tr> </table>	0.00																			
0.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 223 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Carly for California Inc

Mailing Address 455 Capitol Mall Suite 801

City State Zip Code  
Sacramento CA 95814Purpose of Disbursement  
Transmitted by Contributor's Original CheckCandidate Name  
Carly Fiorina011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District:

Transaction ID: B077A1772F0D86B849F

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

100.00

**[MEMO ITEM]**

Earmarked by Mary Ann Adkins

**B.**

Full Name (Last, First, Middle Initial)

Carly for California Inc

Mailing Address 455 Capitol Mall Suite 801

City State Zip Code  
Sacramento CA 95814Purpose of Disbursement  
Transmitted by Contributor's Original CheckCandidate Name  
Carly Fiorina011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District:

Transaction ID: B320C6B0C282EF269BB

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**

Earmarked by Helen Schroeder

**C.**

Full Name (Last, First, Middle Initial)

Carly for California Inc

Mailing Address 455 Capitol Mall Suite 801

City State Zip Code  
Sacramento CA 95814Purpose of Disbursement  
Transmitted by Contributor's Original CheckCandidate Name  
Carly Fiorina011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District:

Transaction ID: BC6A2E4C019CB61BE3A

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

75.00

**[MEMO ITEM]**

Earmarked by Patricia Grey

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 224 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc <hr/> Mailing Address 455 Capitol Mall Suite 801 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B21C91E770B4D6BD184 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right;">5.00</div> <b>[MEMO ITEM]</b> Earmarked by Robert Monroe																				
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc <hr/> Mailing Address 455 Capitol Mall Suite 801 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BCD1C75F6A2108079B2 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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0	6		3	0		2	0	1	0												
	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right;">10.00</div> <b>[MEMO ITEM]</b> Earmarked by Rita Senn																				
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc <hr/> Mailing Address 455 Capitol Mall Suite 801 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B061B74D5C344AD22ED <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
	<b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: right;">50.00</div> <b>[MEMO ITEM]</b> Earmarked by Albert Schaf- er																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ►	<div style="border: 1px solid black; padding: 5px; text-align: right;">0.00</div>																				
<b>TOTAL</b> This Period (last page this line number only) ..... ►																					



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 225 / 274

<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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> B8B96699103693DF9D8 <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name Carly Fiorina	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> BFABCA8CC13B3855945 <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check	<table border="1"> <tr> <td colspan="10">200.00</td> </tr> </table>	200.00																			
200.00																					
Candidate Name Carly Fiorina	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> B60525EEC81697E785B <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
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Candidate Name Carly Fiorina	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">0.00</td> </tr> </table>	0.00																			
0.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 226 / 274

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.

Full Name (Last, First, Middle Initial)

Carly for California Inc

Mailing Address 455 Capitol Mall Suite 801

City State Zip Code  
 Sacramento CA 95814

Purpose of Disbursement  
 Transmitted by Contributor's Original Check

Candidate Name  
 Carly Fiorina

011  
 Category/  
 Type

Office Sought: ☐ House ☒ Senate ☐ President  
 Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District:

Transaction ID: B71AEAEAD5A545B9E1B

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Earmarked by John Parsons

B.

Full Name (Last, First, Middle Initial)

Carly for California Inc

Mailing Address 455 Capitol Mall Suite 801

City State Zip Code  
 Sacramento CA 95814

Purpose of Disbursement  
 Transmitted by Contributor's Original Check

Candidate Name  
 Carly Fiorina

011  
 Category/  
 Type

Office Sought: ☐ House ☒ Senate ☐ President  
 Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District:

Transaction ID: B8F620ECFABB1657C2E

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Earmarked by Irene Neale

C.

Full Name (Last, First, Middle Initial)

Carly for California Inc

Mailing Address 455 Capitol Mall Suite 801

City State Zip Code  
 Sacramento CA 95814

Purpose of Disbursement  
 Transmitted by Contributor's Original Check

Candidate Name  
 Carly Fiorina

011  
 Category/  
 Type

Office Sought: ☐ House ☒ Senate ☐ President  
 Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District:

Transaction ID: BC124274741D02B4795

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

Earmarked by John Strassen-  
 burgh

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 227 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.

Full Name (Last, First, Middle Initial)

Carly for California Inc

Mailing Address 455 Capitol Mall Suite 801

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Transmitted by Contributor's Original Check

Candidate Name  
Carly Fiorina

011  
Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: CA District:

Transaction ID: B933F33B567AF0F99B6

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**

Earmarked by Maureen Mazzarella

B.

Full Name (Last, First, Middle Initial)

Carly for California Inc

Mailing Address 455 Capitol Mall Suite 801

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Transmitted by PAC Check

Candidate Name  
Carly Fiorina

011  
Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: CA District:

Transaction ID: X8D7565C970820C8D76

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

20.00

**[MEMO ITEM]**

Earmarked by Jacqueline Lautner

C.

Full Name (Last, First, Middle Initial)

Carly for California Inc

Mailing Address 455 Capitol Mall Suite 801

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Transmitted by PAC Check

Candidate Name  
Carly Fiorina

011  
Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: CA District:

Transaction ID: XF8C12F7187BB88E10B

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

250.00

**[MEMO ITEM]**

Earmarked by P. and M. Lum Lung

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 228 / 274

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> X5AA951D3FBAEDF0A7B <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>MM / DD / YY</div> <div>06 / 30 / 2010</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by PAC Check	<div>25.00</div>
Candidate Name Carly Fiorina	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	<b>[MEMO ITEM]</b> Earmarked by Herbert Ebner
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> X80821BDCCA8211ADBA <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>MM / DD / YY</div> <div>06 / 30 / 2010</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by PAC Check	<div>50.00</div>
Candidate Name Carly Fiorina	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	<b>[MEMO ITEM]</b> Earmarked by Janice Knise-ly
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> XEE23A422A6F0E42AF7 <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>MM / DD / YY</div> <div>06 / 30 / 2010</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by PAC Check	<div>40.00</div>
Candidate Name Carly Fiorina	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	<b>[MEMO ITEM]</b> Earmarked by Ruth Wimberg
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ►	<div>0.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ►	<div></div>

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 229 / 274

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> X3D3730B3ACD52C435D <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by PAC Check	<div>50.00</div>
Candidate Name Carly Fiorina	<div>011</div> Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b> Earmarked by Mary McGrath
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> XB48F511713C7C924A3 <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by PAC Check	<div>25.00</div>
Candidate Name Carly Fiorina	<div>011</div> Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b> Earmarked by Mason Grove
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> X7C369D5FC0F95AFC8 <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by PAC Check	<div>60.00</div>
Candidate Name Carly Fiorina	<div>011</div> Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b> Earmarked by Margaret Farney

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 230 / 274

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> X1CDF7BFDA6087921E0 <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by PAC Check	<div>10.00</div>
Candidate Name Carly Fiorina	<div>011</div> Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b> Earmarked by Joanne Wells
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> XE5438F08A1B8975A42 <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by PAC Check	<div>25.00</div>
Candidate Name Carly Fiorina	<div>011</div> Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b> Earmarked by Walter Stapleton
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> X042B39A5DFAD2133D7 <b>Date of Disbursement</b>
Mailing Address 455 Capitol Mall Suite 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Transmitted by PAC Check	<div>15.00</div>
Candidate Name Carly Fiorina	<div>011</div> Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b> Earmarked by John Baldwin
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>0.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 231 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> X896213E313F6A63C17 <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name Carly Fiorina	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/Type</td> </tr> </table>	011	Category/Type																		
011																					
Category/Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by Charles Marsh																					
<b>B.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> 9DD6DFEA3E96AE4015D <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Earmarked Contributions	<table border="1"> <tr> <td colspan="10">595.00</td> </tr> </table>	595.00																			
595.00																					
Candidate Name Carly Fiorina	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/Type</td> </tr> </table>	011	Category/Type																		
011																					
Category/Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Carly for California Inc	<b>Transaction ID:</b> 6E7FE3257867FA9C894 <b>Date of Disbursement</b>																				
Mailing Address 455 Capitol Mall Suite 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Earmarked Contributions	<table border="1"> <tr> <td colspan="10">385.00</td> </tr> </table>	385.00																			
385.00																					
Candidate Name Carly Fiorina	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/Type</td> </tr> </table>	011	Category/Type																		
011																					
Category/Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">980.00</td> </tr> </table>	980.00																			
980.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input 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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Carly for California Inc</p> <p>Mailing Address 455 Capitol Mall Suite 801</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Earmarked Contributions</p> <p>Candidate Name Carly Fiorina</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> F429007D64AE862E827</p> <p>Date of Disbursement 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1025.00</p> <p>011 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Conservative Joint Victory Fund 2010</p> <p>Mailing Address 228 S Washington St Ste 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Conservative Joint Victory Fund 2010</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> AA7ACEBFD907C3A8D70</p> <p>Date of Disbursement 06 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) David Vitter for US Senate</p> <p>Mailing Address PO Box 8175</p> <p>City Metairie State LA Zip Code 70011</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name David Vitter</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E6F0A1EDBF359B94472</p> <p>Date of Disbursement 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

9025.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 233 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Diane Black for Congress

Mailing Address 819 Plantation Blvd

City State Zip Code  
Gallatin TN 37066Purpose of Disbursement  
2010 PrimaryCandidate Name  
Diane Black011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 06

Transaction ID: 4DD5AB3EC029BCC5519

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Friends of Joe Pitts

Mailing Address PO Box 775

City State Zip Code  
Unionville PA 19375Purpose of Disbursement  
2010 GeneralCandidate Name  
Joseph R. Pitts011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 16

Transaction ID: 43E784887959EA30341

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Friends of Sharron Angle

Mailing Address PO Box 33058

City State Zip Code  
Reno NV 89533Purpose of Disbursement  
PAC CheckCandidate Name  
Sharron E. Angle011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NV District:

Transaction ID: XB5E313BDB53BE594C9

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	0

Amount of Each Disbursement this Period

50.00

Earmarked by Anne Keehan

SUBTOTAL of Disbursements This Page (optional) .....

3050.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 234 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> X2BD0B7FFD21A34CD52 <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	5		2	0	1	0												
City Reno State NV Zip Code 89533	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>	15.00																			
15.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>Earmarked by Carol Mimms</b>																					
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> B95E4031D83E5B78C0E <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	8		2	0	1	0												
City Reno State NV Zip Code 89533	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> <b>Earmarked by Leo Donovan</b>																					
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> 8A7DE6F24145C15CE26 <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Reno State NV Zip Code 89533	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Earmarked Contributions Candidate Name Sharron E. Angle	<table border="1"> <tr> <td colspan="10">105.00</td> </tr> </table>	105.00																			
105.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>SUBTOTAL of Disbursements This Page (optional) .....</b>	<table border="1"> <tr> <td colspan="10">120.00</td> </tr> </table>	120.00																			
120.00																					
<b>TOTAL This Period (last page this line number only) .....</b>	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 235 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058	<b>Transaction ID:</b> B37642AF8A6E01A3821 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>50.00</div> <b>[MEMO ITEM]</b> Earmarked by Robert Follett
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B33D45040FABDA7B55D <b>Date of Disbursement</b> <div>06 / 30 / 2010</div> <b>Amount of Each Disbursement this Period</b> <div>50.00</div> <b>[MEMO ITEM]</b> Earmarked by John Gaines
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> X4020769D69FCBDE2D6 <b>Date of Disbursement</b> <div>06 / 30 / 2010</div> <b>Amount of Each Disbursement this Period</b> <div>25.00</div> <b>[MEMO ITEM]</b> Earmarked by Rose Polar
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>0.00</div> <div></div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<div></div>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058	<b>Transaction ID:</b> XFB6A330ED95F6AF314 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>25.00</div> <b>[MEMO ITEM]</b> Earmarked by Mary Pizzella
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BE8B9ED98B248257DDF <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>10.00</div> <b>[MEMO ITEM]</b> Earmarked by Marion Koces
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BFDC558C274DF951026 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>100.00</div> <b>[MEMO ITEM]</b> Earmarked by B.K. Baumgardner
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>0.00</div> <b>TOTAL</b> This Period (last page this line number only) ..... ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 237 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058	<b>Transaction ID:</b> B847866D7B1E456D67E <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>200.00</div> <b>[MEMO ITEM]</b> Earmarked by Patrick O'Do- herty
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BCEDF308616D92AE5F5 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>50.00</div> <b>[MEMO ITEM]</b> Earmarked by Roger Vogel
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B50AEBF68A0422D05FD <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>250.00</div> <b>[MEMO ITEM]</b> Earmarked by John Brandt
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>0.00</div> <b>TOTAL</b> This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> B3D9E944219A6798D58 <b>Date of Disbursement</b>
Mailing Address PO Box 33058	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Reno NV 89533	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle	<div> <div>100.00</div> <div>011 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b> Earmarked by Nathan Davis
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> B1D8DEC38D830040C8D <b>Date of Disbursement</b>
Mailing Address PO Box 33058	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Reno NV 89533	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle	<div> <div>120.00</div> <div>011 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b> Earmarked by Dennis Forand
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> B130147FFA294B9727B <b>Date of Disbursement</b>
Mailing Address PO Box 33058	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Reno NV 89533	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle	<div> <div>50.00</div> <div>011 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>[MEMO ITEM]</b> Earmarked by Zane Osborne
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>0.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div></div>

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 239 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058	<b>Transaction ID:</b> B22DB492594866A8B95 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>50.00</div> <b>[MEMO ITEM]</b> Earmarked by May Carrell
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B6A8BED38341E8C6037 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>25.00</div> <b>[MEMO ITEM]</b> Earmarked by Daniel Bisch-el
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B3225C54B750F356999 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>25.00</div> <b>[MEMO ITEM]</b> Earmarked by Madeline Neu-mann
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>0.00</div> <b>TOTAL</b> This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b>	<p>Full Name (Last, First, Middle Initial) Friends of Sharron Angle</p> <p>Mailing Address PO Box 33058</p> <p>City Reno State NV Zip Code 89533</p> <p>Purpose of Disbursement Transmitted by Contributor's Original Check</p> <p>Candidate Name Sharron E. Angle</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BD18F555E86AC929A3A</p> <p>Date of Disbursement 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> Earmarked by Joseph Zagot-ta</p>
<b>B.</b>	<p>Full Name (Last, First, Middle Initial) Friends of Sharron Angle</p> <p>Mailing Address PO Box 33058</p> <p>City Reno State NV Zip Code 89533</p> <p>Purpose of Disbursement Transmitted by Contributor's Original Check</p> <p>Candidate Name Sharron E. Angle</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B762C6A6484AECC3374</p> <p>Date of Disbursement 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> Earmarked by Bernyce Anderson</p>
<b>C.</b>	<p>Full Name (Last, First, Middle Initial) Friends of Sharron Angle</p> <p>Mailing Address PO Box 33058</p> <p>City Reno State NV Zip Code 89533</p> <p>Purpose of Disbursement Transmitted by Contributor's Original Check</p> <p>Candidate Name Sharron E. Angle</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B09FF319542DB004314</p> <p>Date of Disbursement 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> Earmarked by Melvin Spencer</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>		<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>		<p></p>



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> BC9E2F04149F965D5FC <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	20.00																			
20.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>011</b> Category/Type	<b>[MEMO ITEM]</b> Earmarked by Josephine Wagner																				
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> B3A26AEF78046C2008E <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
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Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>011</b> Category/Type	<b>[MEMO ITEM]</b> Earmarked by Donald Clark																				
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> X3BDFCDB1D2CB7CC7FD <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period																				
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<b>011</b> Category/Type	<b>[MEMO ITEM]</b> Earmarked by Anne Marchman																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">0.00</td> </tr> </table>	0.00																			
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<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input 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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> XD2834DAE1AD455D585 <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
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Candidate Name Sharron E. Angle	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
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Category/ Type																					
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<b>[MEMO ITEM]</b> Earmarked by Cal Kyllonen																					
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> XB5DE67A0D01B9347C5 <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>	15.00																			
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Candidate Name Sharron E. Angle	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
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Category/ Type																					
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<b>[MEMO ITEM]</b> Earmarked by Erik Johnson																					
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> X4F35583768EA2BAF90 <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
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Candidate Name Sharron E. Angle	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
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Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by Keith Dunava- nt																					

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b>	<p>Full Name (Last, First, Middle Initial) Friends of Sharron Angle</p> <p>Mailing Address PO Box 33058</p> <p>City Reno State NV Zip Code 89533</p> <p>Purpose of Disbursement Transmitted by PAC Check</p> <p>Candidate Name Sharron E. Angle</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NV District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> XC6F94156B8476B521E</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="30"/> <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p><b>[MEMO ITEM]</b> Earmarked by Arthur Buthod</p>
<b>B.</b>	<p>Full Name (Last, First, Middle Initial) Friends of Sharron Angle</p> <p>Mailing Address PO Box 33058</p> <p>City Reno State NV Zip Code 89533</p> <p>Purpose of Disbursement Transmitted by PAC Check</p> <p>Candidate Name Sharron E. Angle</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NV District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> X04F51DB5F5675EF140</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="30"/> <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p> <p><b>[MEMO ITEM]</b> Earmarked by Juliette W.</p>
<b>C.</b>	<p>Full Name (Last, First, Middle Initial) Friends of Sharron Angle</p> <p>Mailing Address PO Box 33058</p> <p>City Reno State NV Zip Code 89533</p> <p>Purpose of Disbursement Transmitted by PAC Check</p> <p>Candidate Name Sharron E. Angle</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NV District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> XC1FD0FAA230AC35362</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="30"/> <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="30.00"/></p> <p><b>[MEMO ITEM]</b> Earmarked by Frances Young</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>		<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>		<p><input type="text"/></p>

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058	<b>Transaction ID:</b> XADFC6058918EF7862 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>50.00</div> <b>[MEMO ITEM]</b> Earmarked by Elaine Kohl
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> X6AAAFBC778F6F97674 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>100.00</div> <b>[MEMO ITEM]</b> Earmarked by Patricia Duncan
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> XEC8B7E95368AE586A9 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>15.00</div> <b>[MEMO ITEM]</b> Earmarked by John Harvey
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>0.00</div> <b>TOTAL</b> This Period (last page this line number only) ..... ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input 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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058	<b>Transaction ID:</b> XC44A5B676FE26B469D <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>50.00</div> <b>[MEMO ITEM]</b> Earmarked by Mary Tomilo
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> X51AAF5431C6D7A229C <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>80.00</div> <b>[MEMO ITEM]</b> Earmarked by Lawrence Rip-pere
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> X89AD9B86C956036072 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> <b>[MEMO ITEM]</b> Earmarked by Joseph Cleary
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>0.00</div> <b>TOTAL</b> This Period (last page this line number only) ..... ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input 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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> XDF1922929EB0E2F51A <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
250.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011	<b>[MEMO ITEM]</b> Earmarked by Cindy Lagasse																				
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> X6BC78757ED34CAC252 <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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0	6		3	0		2	0	1	0												
City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011	<b>[MEMO ITEM]</b> Earmarked by Jo Navarre																				
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> BC0C1E9202198F1F0D3 <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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0	6		3	0		2	0	1	0												
City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
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Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011	<b>[MEMO ITEM]</b> Earmarked by Michael Lang-evin																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">0.00</td> </tr> </table>	0.00																			
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<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input 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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> B619964424CC1B59674 <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Reno State NV Zip Code 89533	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	<b>[MEMO ITEM]</b> Earmarked by Carol Kwiatkowski																				
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> B07CBB54779184490FE <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Reno State NV Zip Code 89533	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	<b>[MEMO ITEM]</b> Earmarked by Joan Pachota																				
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> B64EEC870E0EA5BFCE5 <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Reno State NV Zip Code 89533	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	<b>[MEMO ITEM]</b> Earmarked by Leonard Zink																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">0.00</td> </tr> </table>	0.00																			
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<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

PAGE 248 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b>	<p>Full Name (Last, First, Middle Initial) Friends of Sharron Angle</p> <p>Mailing Address PO Box 33058</p> <p>City Reno State NV Zip Code 89533</p> <p>Purpose of Disbursement Transmitted by Contributor's Original Check</p> <p>Candidate Name Sharron E. Angle</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B142849135AD089274A</p> <p>Date of Disbursement 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> Earmarked by Joyce Brewer</p>
<b>B.</b>	<p>Full Name (Last, First, Middle Initial) Friends of Sharron Angle</p> <p>Mailing Address PO Box 33058</p> <p>City Reno State NV Zip Code 89533</p> <p>Purpose of Disbursement Transmitted by Contributor's Original Check</p> <p>Candidate Name Sharron E. Angle</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B2A6091365F41833437</p> <p>Date of Disbursement 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> Earmarked by Elizabeth Dzurnak</p>
<b>C.</b>	<p>Full Name (Last, First, Middle Initial) Friends of Sharron Angle</p> <p>Mailing Address PO Box 33058</p> <p>City Reno State NV Zip Code 89533</p> <p>Purpose of Disbursement Transmitted by PAC Check</p> <p>Candidate Name Sharron E. Angle</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> XFCE3FEC63FED192A91</p> <p>Date of Disbursement 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> Earmarked by Patt Taylor</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>		<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>		<p></p>



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058	<b>Transaction ID:</b> X7F0EB0196642B53DE8 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>35.00</div> <b>[MEMO ITEM]</b> Earmarked by William Treu
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> XE685E7564EAC69B793 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>50.00</div> <b>[MEMO ITEM]</b> Earmarked by Maurice and Ruth Gordon
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> X30A070B7FD3928D3AE <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> <b>[MEMO ITEM]</b> Earmarked by Elizabeth Cappizzi
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>0.00</div> <b>TOTAL</b> This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 250 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058	<b>Transaction ID:</b> XADCF9B027BE5D8097 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>50.00</div> <b>[MEMO ITEM]</b> Earmarked by James Gulick
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> XA4DBAF57C1796982FB <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>25.00</div> <b>[MEMO ITEM]</b> Earmarked by Marie Halvorson
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> XE2164CB3C2645EE188 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>25.00</div> <b>[MEMO ITEM]</b> Earmarked by Werner Reimers
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>0.00</div> <b>TOTAL</b> This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 251 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058	<b>Transaction ID:</b> X0D5C6049918D8F3ED1 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>10.00</div> <b>[MEMO ITEM]</b> Earmarked by Joan Jacobson
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B66B94BDE2FF4C10D24 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> <b>[MEMO ITEM]</b> Earmarked by Gerald Waxmo-nsky
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B9D43DA7E9EAF171A89 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>50.00</div> <b>[MEMO ITEM]</b> Earmarked by Stanley Filar
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>0.00</div> <b>TOTAL</b> This Period (last page this line number only) ..... ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 252 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> B1AF937ED527696A07C <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
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Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>Category/Type</b> 011	<b>[MEMO ITEM]</b> Earmarked by Thomas Walsh																				
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> B910B9B4C43D77B9991 <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
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Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>Category/Type</b> 011	<b>[MEMO ITEM]</b> Earmarked by Anthony Tawa																				
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> B901BF561B222D86C1A <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
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<b>Category/Type</b> 011	<b>[MEMO ITEM]</b> Earmarked by Patricia Bolton																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">0.00</td> </tr> </table>	0.00																			
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# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> B3B4885D8F302C79EAD <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Reno State NV Zip Code 89533	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Transmitted by Contributor's Original Check	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
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Candidate Name Sharron E. Angle	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
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Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District:	<b>[MEMO ITEM]</b> Earmarked by Anton Koenig																				
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> B4C54F3D9C7CBEA4FED <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Reno State NV Zip Code 89533	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Transmitted by Contributor's Original Check	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
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Candidate Name Sharron E. Angle	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
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Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District:	<b>[MEMO ITEM]</b> Earmarked by Kent Oberg																				
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> B5E1FD70DE2E4065DB4 <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Reno State NV Zip Code 89533	<b>Amount of Each Disbursement this Period</b>																				
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Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District:	<b>[MEMO ITEM]</b> Earmarked by Paul Fleischman																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ►	<table border="1"> <tr> <td colspan="10">0.00</td> </tr> </table>	0.00																			
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 254 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058	<b>Transaction ID:</b> B401165C549269283D4 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>100.00</div> <b>[MEMO ITEM]</b> Earmarked by Joseph Cholic
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B39B1B58F6440C519DB <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>100.00</div> <b>[MEMO ITEM]</b> Earmarked by James Ehret
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B6112C539EAE8C55805 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>25.00</div> <b>[MEMO ITEM]</b> Earmarked by Dorothy Ryan
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>0.00</div> <b>TOTAL</b> This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 255 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> BE6CDE31EFD0F71518E <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	20.00																			
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Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	<b>[MEMO ITEM]</b> Earmarked by J. Nordquist																				
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> BCBD63D56B1835D4F01 <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
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Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	<b>[MEMO ITEM]</b> Earmarked by Mary Ann Adkins																				
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> BF7431A913AE2ABA69C <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
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Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	<b>[MEMO ITEM]</b> Earmarked by Helen Schroeder																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">0.00</td> </tr> </table>	0.00																			
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<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058	<b>Transaction ID:</b> BF7BE0E768057CE99E9 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>75.00</div> <b>[MEMO ITEM]</b> Earmarked by Patricia Grey
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B6D999EF71100BB1D05 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>5.00</div> <b>[MEMO ITEM]</b> Earmarked by Robert Monroe
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B14283AD5F9F3B1EC1C <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>10.00</div> <b>[MEMO ITEM]</b> Earmarked by Rita Senn
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>0.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> BF69A5625272446A046 <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
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Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> B0CACC2F4639D53544F <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
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Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> B23A3B4CAFDA088060A <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period																				
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<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 258 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058	<b>Transaction ID:</b> BAB35D0BF195E097BA1 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>25.00</div> <b>[MEMO ITEM]</b> Earmarked by Warren Robbins
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B2C1777D14687F244A5 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>100.00</div> <b>[MEMO ITEM]</b> Earmarked by Wilbur Bolton
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BDC150FBE36A307E973 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>50.00</div> <b>[MEMO ITEM]</b> Earmarked by Douglas Brae-ndel
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>0.00</div> <b>TOTAL</b> This Period (last page this line number only) ..... ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input 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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> B0D8CA618D3E0428EAF <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
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Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 011	<b>[MEMO ITEM]</b> Earmarked by Gwendolene Wittmann																				
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> BD40D2264A377100746 <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	20.00																			
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Category/Type: 011	<b>[MEMO ITEM]</b> Earmarked by John Parsons																				
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> BF5364BBAC091893391 <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period																				
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Category/Type: 011	<b>[MEMO ITEM]</b> Earmarked by Irene Neale																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">0.00</td> </tr> </table>	0.00																			
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<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> BC90F65AC7F50FBF1A3 <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
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Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>011</b> Category/Type	<b>[MEMO ITEM]</b> Earmarked by John Strassenburgh																				
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> X57D58058AAD347BAEB <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	20.00																			
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<b>011</b> Category/Type	<b>[MEMO ITEM]</b> Earmarked by Jacqueline Lautner																				
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> X6887F2F92B2D59AC11 <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
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City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
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Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>011</b> Category/Type	<b>[MEMO ITEM]</b> Earmarked by P. and M. Lum Lung																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">0.00</td> </tr> </table>	0.00																			
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<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058	<b>Transaction ID:</b> XBCBCF47EE754D65465 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>25.00</div> <b>[MEMO ITEM]</b> Earmarked by Herbert Ebner
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> XC9DBCA39C30C289633 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>50.00</div> <b>[MEMO ITEM]</b> Earmarked by Janice Knise-ly
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> XF4F1F02811B234358E <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>40.00</div> <b>[MEMO ITEM]</b> Earmarked by Ruth Wimberg
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>0.00</div> <b>TOTAL</b> This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> X3F311D69E0A74E12DE <b>Date of Disbursement</b>
Mailing Address PO Box 33058	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Reno State NV Zip Code 89533	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Transmitted by PAC Check	<div>50.00</div>
Candidate Name Sharron E. Angle	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	<b>[MEMO ITEM]</b> Earmarked by Mary McGrath
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> XAFCEB585BD94528CA90 <b>Date of Disbursement</b>
Mailing Address PO Box 33058	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Reno State NV Zip Code 89533	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Transmitted by PAC Check	<div>25.00</div>
Candidate Name Sharron E. Angle	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	<b>[MEMO ITEM]</b> Earmarked by Mason Grove
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> X6DE8B115BA3A71A595 <b>Date of Disbursement</b>
Mailing Address PO Box 33058	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Reno State NV Zip Code 89533	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Transmitted by PAC Check	<div>60.00</div>
Candidate Name Sharron E. Angle	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	<b>[MEMO ITEM]</b> Earmarked by Margaret Farney
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>0.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058	<b>Transaction ID:</b> X79418C2CAE59D31C81 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>10.00</div> <b>[MEMO ITEM]</b> Earmarked by Joanne Wells
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> X85BA6AFAACA886CDD8 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>25.00</div> <b>[MEMO ITEM]</b> Earmarked by Walter Stapleton
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> X895E6A075F5DA5F6AC <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>15.00</div> <b>[MEMO ITEM]</b> Earmarked by John Baldwin
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>0.00</div> <b>TOTAL</b> This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input 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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058	<b>Transaction ID:</b> X9BBAD6AC0F67C0083B <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District:	Amount of Each Disbursement this Period <div>25.00</div> <b>[MEMO ITEM]</b> Earmarked by Charles Marsh
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District:	<b>Transaction ID:</b> B35E496CCE517A7551F <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>50.00</div> <b>[MEMO ITEM]</b> Earmarked by Richard Baker
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District:	<b>Transaction ID:</b> BC99803BCCECF4B9F5E <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>35.00</div> <b>[MEMO ITEM]</b> Earmarked by Barbara Riddle
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>0.00</div> <b>TOTAL</b> This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input 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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058	<b>Transaction ID:</b> BF627CA20906744B0AC <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>25.00</div> <b>[MEMO ITEM]</b> Earmarked by Kathryn Tafuro
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B901BCA95FEF329883D <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>50.00</div> <b>[MEMO ITEM]</b> Earmarked by Rick Houston
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle Mailing Address PO Box 33058 City Reno State NV Zip Code 89533 Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B6411A00DDF12993FBA <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>25.00</div> <b>[MEMO ITEM]</b> Earmarked by Robert Shalhoub
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>0.00</div> <b>TOTAL</b> This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input 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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> B2D259568E202019AD2 <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by Robert Kammer																					
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> B425B66570EDE9DE14B <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">175.00</td> </tr> </table>	175.00																			
175.00																					
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by Raymond Rowe																					
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> B8888F748054754D6CA <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	75.00																			
75.00																					
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> Earmarked by John McLaughlin																					
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">0.00</td> </tr> </table>	0.00																			
0.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> BA073236C28501C5753 <b>Date of Disbursement</b>
Mailing Address PO Box 33058	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Reno NV 89533	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle	<div> <div>100.00</div> <div>011 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> B017AC3A9EB61725840 <b>Date of Disbursement</b>
Mailing Address PO Box 33058	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Reno NV 89533	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Transmitted by Contributor's Original Check Candidate Name Sharron E. Angle	<div> <div>25.00</div> <div>011 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> X3434479E3A594F91CD <b>Date of Disbursement</b>
Mailing Address PO Box 33058	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Reno NV 89533	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle	<div> <div>10.00</div> <div>011 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>0.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input 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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> XE066ACC8F63CF31857 <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>011</b> Category/Type	<b>[MEMO ITEM]</b> Earmarked by Virginia Miles																				
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> X30BA998BF084FADC75 <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	20.00																			
20.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>011</b> Category/Type	<b>[MEMO ITEM]</b> Earmarked by Paul Braunstein																				
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sharron Angle	<b>Transaction ID:</b> X62910-104ANG <b>Date of Disbursement</b>																				
Mailing Address PO Box 33058	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Reno State NV Zip Code 89533	Amount of Each Disbursement this Period																				
Purpose of Disbursement Transmitted by PAC Check Candidate Name Sharron E. Angle	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>011</b> Category/Type	<b>[MEMO ITEM]</b> Earmarked by Mary Tann																				

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 269 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b>	<b>Transaction ID:</b> 36C69A94D6903A93D56																				
Full Name (Last, First, Middle Initial)	Date of Disbursement																				
Friends of Sharron Angle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
Mailing Address PO Box 33058	Amount of Each Disbursement this Period																				
City Reno State NV Zip Code 89533	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Candidate Name Sharron E. Angle																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: NV District:																					
<b>B.</b>	<b>Transaction ID:</b> 662EE35B505052280AB																				
Full Name (Last, First, Middle Initial)	Date of Disbursement																				
Friends of Sharron Angle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
Mailing Address PO Box 33058	Amount of Each Disbursement this Period																				
City Reno State NV Zip Code 89533	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Purpose of Disbursement Earmarked Contributions	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Candidate Name Sharron E. Angle																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: NV District:																					
<b>C.</b>	<b>Transaction ID:</b> 426D348414A437A5082																				
Full Name (Last, First, Middle Initial)	Date of Disbursement																				
Friends of Sharron Angle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
Mailing Address PO Box 33058	Amount of Each Disbursement this Period																				
City Reno State NV Zip Code 89533	<table border="1"> <tr> <td colspan="10">865.00</td> </tr> </table>	865.00																			
865.00																					
Purpose of Disbursement Earmarked Contributions	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Candidate Name Sharron E. Angle																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: NV District:																					

SUBTOTAL of Disbursements This Page (optional) .....

2915.00

TOTAL This Period (last page this line number only) .....

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

FEC Schedule B ( Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 271 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Kristi for Congress	<b>Transaction ID:</b> 027ECAB94ED4294A09D <b>Date of Disbursement</b>																				
Mailing Address PO Box 852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Sioux Falls State SD Zip Code 57101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 General Candidate Name Kristi Noem	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Marsha Blackburn for Congress Inc.	<b>Transaction ID:</b> 611C1844EF9B9E340A3 <b>Date of Disbursement</b>																				
Mailing Address PO Box 682185	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Franklin State TN Zip Code 37068	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Candidate Name Marsha Blackburn	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Mike Kelly for Congress	<b>Transaction ID:</b> 020AAEE3D5B3FAF5197 <b>Date of Disbursement</b>																				
Mailing Address PO Box 476	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Lyndora State PA Zip Code 16045	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 General Candidate Name George J. Kelly, Jr.	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td colspan="10">5500.00</td> </tr> </table>	5500.00																			
5500.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 272 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Renee Ellmers for Congress Committee

Mailing Address PO Box 904

City  
DunnState  
NCZip Code  
28335Purpose of Disbursement  
2010 GeneralCandidate Name  
Renee Jacisin Ellmers011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 02

Transaction ID: 4CBE0DF586764217377

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Robin Smith for Tennessee

Mailing Address 6231 Perimeter Drive Suite 113

City  
ChattanoogaState  
TNZip Code  
37421Purpose of Disbursement  
2010 PrimaryCandidate Name  
Robin Tucker Smith011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 03

Transaction ID: 270F80424A06670D6A6

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	0

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Robin Smith for Tennessee

Mailing Address 6231 Perimeter Drive Suite 113

City  
ChattanoogaState  
TNZip Code  
37421Purpose of Disbursement  
2010 PrimaryCandidate Name  
Robin Tucker Smith011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 03

Transaction ID: AD171938978F24D24E9

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

5500.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 273 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

**A.**

Full Name (Last, First, Middle Initial)

Schmidt for Congress Committee

Mailing Address 771 Wards Corner Rd

City  
LovelandState  
OHZip Code  
45140Purpose of Disbursement  
2010 GeneralCandidate Name  
Jean Schmidt
  
Category/  
Type
Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 02

Transaction ID: DF40B66B00E66911989

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Star Parker for Congress 2010

Mailing Address PO Box 4625

City  
CarsonState  
CAZip Code  
90749Purpose of Disbursement  
2010 GeneralCandidate Name  
Star Parker
  
Category/  
Type
Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 37

Transaction ID: 06FB201E7CF056FCC0C

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Steve Chabot for Congress

Mailing Address 3030 Harrison Avenue  
3014 Harrison Ave.City  
CincinnatiState  
OHZip Code  
45211Purpose of Disbursement  
2010 GeneralCandidate Name  
Steve Chabot
  
Category/  
Type
Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 01

Transaction ID: 74C2FA62DB7735EF93F

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

1500.00

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)

PAGE 274 / 274

<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)

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

A.

Full Name (Last, First, Middle Initial)

Virginia Foxx for Congress

Mailing Address PO Box 1100

City  
Clemmons

State  
NC

Zip Code  
27012

Purpose of Disbursement  
2010 General

Candidate Name  
Virginia Foxx

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 05

Transaction ID: 187427EB78B893DCCFB

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Walorski for Congress Inc

Mailing Address PO Box 954

City  
Mishawaka

State  
IN

Zip Code  
46546

Purpose of Disbursement  
2010 General

Candidate Name  
Jacqueline Walorski

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 02

Transaction ID: C57BE2EE14406EBEEBA

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

45235.15