

# 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  
Association of Fundraising Professionals Political Action Committee

ADDRESS (number and street) 4300 Wilson Boulevard #300  
 Check if different than previously reported. (ACC)  
Arlington VA 22203-4168

2. **FEC IDENTIFICATION NUMBER** C00382143  
**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 04 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 Mr. Jason R. Lee, Esq.

Signature of Treasurer Electronically Filed by Mr. Jason R. Lee, Esq. Date 10 19 2010

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

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

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

Write or Type Committee Name  
Association of Fundraising Professionals Political Action Committee

Report Covering the Period: From: 

M	M
0	4

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 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		31844.12
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	32690.05									
(c) Total Receipts (from Line 19) .....	5093.62	6577.06								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	37783.67	38421.18								
7. Total Disbursements (from Line 31) .....	17751.88	18389.39								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	20031.79	20031.79								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Association of Fundraising Professionals Political Action Committee

Report Covering the Period: From:    To:

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) .....	3116.62	4324.92
(ii) Unitemized .....	1977.00	2252.14
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5093.62	6577.06
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	5093.62	6577.06
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)) .....	5093.62	6577.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5093.62	6577.06

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	17000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	751.88	1389.39
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))..	17751.88	18389.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17751.88	18389.39

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	5093.62	6577.06
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5093.62	6577.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 18  
(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

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)  
Association of Fundraising Professionals Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Tim Burcham

Mailing Address P.O. Box 14092

City Lexington State KY Zip Code 40512

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

Name of Employer KCTCS Occupation VP/Exec. Director, KCTCS Foundation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 14 / 2010

Transaction ID: SA11AI.4744

Amount of Each Receipt this Period 500.00

contribution to AFP PAC

**B.**

Full Name (Last, First, Middle Initial)  
Kevin Callanan

Mailing Address 220 Campus Blvd. Suite 402

City Winchester State VA Zip Code 22601

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

Name of Employer Valley Health Occupation Corp. Dir. of Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 01 / 2010

Transaction ID: SA11AI.4650

Amount of Each Receipt this Period 350.00

contribution to AFP PAC

**C.**

Full Name (Last, First, Middle Initial)  
Kevin Callanan

Mailing Address 220 Campus Blvd. Suite 402

City Winchester State VA Zip Code 22601

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

Name of Employer Valley Health Occupation Corp. Dir. of Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 06 / 25 / 2010

Transaction ID: SA11AI.4788

Amount of Each Receipt this Period 175.00

contribution to AFP PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1025.00

**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 7 / 18  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Association of Fundraising Professionals Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mark Hefter</p> <p>Mailing Address 255 Palisade Avenue</p> <p>City State Zip Code Dobbs Ferry NY 10522</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer American Technion Society      Occupation Director, Planned Giving</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">04 / 01 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.4649</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>contribution to AFP PAC</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mark Hefter</p> <p>Mailing Address 255 Palisade Avenue</p> <p>City State Zip Code Dobbs Ferry NY 10522</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer American Technion Society      Occupation Director, Planned Giving</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">650.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 02 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.4781</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">150.00</span></p> <p>contribution to AFP PAC</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Mark Hefter</p> <p>Mailing Address 255 Palisade Avenue</p> <p>City State Zip Code Dobbs Ferry NY 10522</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer American Technion Society      Occupation Director, Planned Giving</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">800.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 25 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.4787</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">150.00</span></p> <p>contribution to AFP PAC</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">800.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 18  
(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)  
Association of Fundraising Professionals Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ms Paulette Maehara</p> <p>Mailing Address 6698 Glenbrook Road</p> <p>City State Zip Code Chevy Chase MD 20815</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Ass. of Fundraising Profession Occupation President and CEO</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">375.10</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">04 / 02 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.4651</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">41.66</span></p> <p>contribution to AFP PAC</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Ms Paulette Maehara</p> <p>Mailing Address 6698 Glenbrook Road</p> <p>City State Zip Code Chevy Chase MD 20815</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Ass. of Fundraising Profession Occupation President and CEO</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">416.76</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">04 / 26 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.4687</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">41.66</span></p> <p>contribution to AFP PAC</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Ms Paulette Maehara</p> <p>Mailing Address 6698 Glenbrook Road</p> <p>City State Zip Code Chevy Chase MD 20815</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Ass. of Fundraising Profession Occupation President and CEO</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">541.74</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 10 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.4694</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">124.98</span></p> <p>contribution to AFP PAC</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">208.30</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 18  
(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)  
Association of Fundraising Professionals Political Action Committee

**A.**

Full Name (Last, First, Middle Initial) Ms Paulette Maehara		Date of Receipt <table border="1" style="font-size: small;"> <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>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	3		2	0	1	0													
Mailing Address 6698 Glenbrook Road		<b>Transaction ID:</b> SA11AI.4786																				
City State Zip Code Chevy Chase MD 20815	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>83.32</td></tr> </table>	83.32																			
83.32																						
Name of Employer Ass. of Fundraising Prof- ssion	Occupation President and CEO	contribution to AFP PAC																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>625.06</td></tr> </table>		625.06																			
625.06																						

**B.**

Full Name (Last, First, Middle Initial) Colette Murray		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>5</td><td></td><td>1</td><td>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	5		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	4		2	0	1	0													
Mailing Address 82782 Matthau Drive		<b>Transaction ID:</b> SA11AI.4731																				
City State Zip Code Indio CA 92201	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>250.00</td></tr> </table>	250.00																			
250.00																						
Name of Employer Paschal Murray, Exec. Sea- rch	Occupation Chief Executive Officer	contribution to AFP PAC																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>250.00</td></tr> </table>		250.00																			
250.00																						

**C.**

Full Name (Last, First, Middle Initial) Nicole G. Noble		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>5</td><td></td><td>1</td><td>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	5		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	4		2	0	1	0													
Mailing Address 1052 DeHaro Street		<b>Transaction ID:</b> SA11AI.4741																				
City State Zip Code San Francisco CA 94107	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>250.00</td></tr> </table>	250.00																			
250.00																						
Name of Employer The Salvation Army	Occupation Electronic Fundraising Specialist	contribution to AFP PAC																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>250.00</td></tr> </table>		250.00																			
250.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1" style="width: 100%;"><tr><td>583.32</td></tr></table>	583.32
583.32		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 18  
(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)  
Association of Fundraising Professionals Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
Martha Schumacher

Mailing Address 906 Pennsylvania Ave. SE

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation  
Hazen Inc. President

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 2 / 2 0 1 0

Transaction ID: SA11AI.4782

Amount of Each Receipt this Period  
500.00

contribution to AFP PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3116.62

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Association of Fundraising Professionals Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) RICHARD BURR</p> <p>Mailing Address POST OFFICE BOX 5928</p> <p>City WINSTON-SALEM State NC Zip Code 27113</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name RICHARD BURR</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00</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> SB23.4678 <b>Date of Disbursement</b> 04 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DAVID LEE CAMP</p> <p>Mailing Address 5905 Wimbledon Court</p> <p>City Midland State MI Zip Code 48642</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name DAVID LEE CAMP</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</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> SB23.4672 <b>Date of Disbursement</b> 04 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS</p> <p>Mailing Address Post Office Box 9336</p> <p>City Fargo State ND Zip Code 58106</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name EARL POMEROY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00</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> SB23.4675 <b>Date of Disbursement</b> 04 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Association of Fundraising Professionals Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) CHARLES E. GRASSLEY</p> <p>Mailing Address PO BOX 1000</p> <p>City DES MOINES State IA Zip Code 50304</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name CHARLES E. GRASSLEY</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00</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> SB23.4682</p> <p>Date of Disbursement 04 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) JOHN H SR LEWIS</p> <p>Mailing Address 103 SEWANEE AVE N W</p> <p>City ATLANTA State GA Zip Code 30314</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name JOHN H SR LEWIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05</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> SB23.4670</p> <p>Date of Disbursement 04 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) CHARLES E SCHUMER</p> <p>Mailing Address 509 MADISON AVE</p> <p>City NEW YORK State NY Zip Code 10022</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name CHARLES E SCHUMER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00</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> SB23.4668</p> <p>Date of Disbursement 04 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

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

6000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Association of Fundraising Professionals Political Action Committee

A.	Full Name (Last, First, Middle Initial) SNOW PAC	Transaction ID: SB23.4680 Date of Disbursement 04 / 26 / 2010
	Mailing Address 175 South West Temple, Suite 650	Amount of Each Disbursement this Period 2000.00
	City Salt Lake City State UT Zip Code 84101	
	Purpose of Disbursement campaign contribution Candidate Name SNOW PAC Category/Type	
	Office Sought: <input 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: District:	

B.	Full Name (Last, First, Middle Initial) JOHN THUNE	Transaction ID: SB23.4666 Date of Disbursement 04 / 26 / 2010
	Mailing Address 200 NORTH PHILLIPS AVE SUITE L101	Amount of Each Disbursement this Period 2000.00
	City SIOUX FALLS State SD Zip Code 57104	
	Purpose of Disbursement campaign contribution Candidate Name JOHN THUNE Category/Type	
	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: SD District: 00	

C.	Full Name (Last, First, Middle Initial) PATRICK J. TIBERI	Transaction ID: SB23.4683 Date of Disbursement 04 / 26 / 2010
	Mailing Address 6830 Mahogany Drive	Amount of Each Disbursement this Period 1000.00
	City Galena State OH Zip Code 43021	
	Purpose of Disbursement campaign contribution Candidate Name PATRICK J. TIBERI Category/Type	
	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: OH District: 12	

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

5000.00

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)

Association of Fundraising Professionals Political Action Committee

A.

Full Name (Last, First, Middle Initial)

RONALD LEE WYDEN

Mailing Address PO BOX 3498

City  
PORTLAND

State  
OR

Zip Code  
97208

Purpose of Disbursement  
campaign contribution

Candidate Name  
RONALD LEE WYDEN

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OR District: 00

Transaction ID: SB23.4685

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Association of Fundraising Professionals Political Action Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) SunTrust Bank</p> <p>Mailing Address One Park Place</p> <p>City Atlanta State GA Zip Code 30303</p> <p>Purpose of Disbursement credit card fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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> SB29.4690</p> <p>Date of Disbursement 04 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 0.25</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) SunTrust Bank</p> <p>Mailing Address One Park Place</p> <p>City Atlanta State GA Zip Code 30303</p> <p>Purpose of Disbursement credit card fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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> SB29.4691</p> <p>Date of Disbursement 04 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 10.20</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) SunTrust Bank</p> <p>Mailing Address One Park Place</p> <p>City Atlanta State GA Zip Code 30303</p> <p>Purpose of Disbursement credit card fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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> SB29.4692</p> <p>Date of Disbursement 04 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 27.46</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>37.91</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Association of Fundraising Professionals Political Action Committee

A.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB29.4689 Date of Disbursement 04 / 20 / 2010
	Mailing Address One Park Place	Amount of Each Disbursement this Period 195.06
	City Atlanta State GA Zip Code 30303	
	Purpose of Disbursement bank fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB29.4778 Date of Disbursement 05 / 10 / 2010
	Mailing Address One Park Place	Amount of Each Disbursement this Period 0.34
	City Atlanta State GA Zip Code 30303	
	Purpose of Disbursement credit card fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB29.4779 Date of Disbursement 05 / 10 / 2010
	Mailing Address One Park Place	Amount of Each Disbursement this Period 1.22
	City Atlanta State GA Zip Code 30303	
	Purpose of Disbursement credit card fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	196.62
<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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Association of Fundraising Professionals Political Action Committee

A.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB29.4780 Date of Disbursement
	Mailing Address One Park Place	<input type="text" value="05"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Atlanta State GA Zip Code 30303	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card fees	<input type="text" value="10.10"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB29.4777 Date of Disbursement
	Mailing Address One Park Place	<input type="text" value="05"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Atlanta State GA Zip Code 30303	Amount of Each Disbursement this Period
	Purpose of Disbursement bank fees	<input type="text" value="194.10"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB29.4790 Date of Disbursement
	Mailing Address One Park Place	<input type="text" value="06"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Atlanta State GA Zip Code 30303	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card fees	<input type="text" value="11.57"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="215.77"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Association of Fundraising Professionals Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) SunTrust Bank  Mailing Address One Park Place  City Atlanta State GA Zip Code 30303  Purpose of Disbursement credit card fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.4791 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 1 0	Amount of Each Disbursement this Period  12.70
<b>B.</b>	Full Name (Last, First, Middle Initial) SunTrust Bank  Mailing Address One Park Place  City Atlanta State GA Zip Code 30303  Purpose of Disbursement credit card fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.4792 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 1 0	Amount of Each Disbursement this Period  87.34
<b>C.</b>	Full Name (Last, First, Middle Initial) SunTrust Bank  Mailing Address One Park Place  City Atlanta State GA Zip Code 30303  Purpose of Disbursement bank fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.4789 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 1 0	Amount of Each Disbursement this Period  201.54

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>301.58</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>751.88</b>