

**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

AMERICA'S FOUNDATION

ADDRESS (number and street)

PO BOX 434

☐Check if different
than previously
reported. (ACC)

DOWNTOWN

PA

19335

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00305797

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2011

through

06

30

2011

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

ALEX BARNA

Signature of Treasurer

Electronically Filed by ALEX BARNA

Date

07

31

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 : **F3XN**

Transaction ID :

Americas Foundation received payments for list rental services, and these payments did not exceed the usual and normal charge for these services. We assessed the usual and normal charge for these services by comparing the amounts received to previous amounts Americas Foundation has either researched, or been charged to purchase or rent lists from list brokerage firms the PAC has used. All of the expenditures listed on Schedule B, Line 21(b) were PAC expenses and none of these expenditures were for public communications or voter drive activity that contained express advocacy of a clearly identified federal candidate.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
AMERICA'S FOUNDATION

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		102858.09
(b) Cash on Hand at Beginning of Reporting Period	102858.09	
(c) Total Receipts (from Line 19)	511099.02	511099.02
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	613957.11	613957.11
7. Total Disbursements (from Line 31)	585193.63	585193.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28763.48	28763.48
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY 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)

Page 3

Write or Type Committee Name

AMERICA'S FOUNDATION

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	185064.53	185064.53
(ii) Unitemized	303801.61	303801.61
(iii) TOTAL (add Lines 11(a)(i) and (ii)	488866.14	488866.14
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1000.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	489866.14	489866.14
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)	720.88	720.88
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	3000.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	17512.00	17512.00
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))	511099.02	511099.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	511099.02	511099.02

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.....	568258.61	568258.61	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	568258.61	568258.61	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12607.49	12607.49	
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	1627.53	1627.53	
(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)) ➤	1627.53	1627.53	
29. Other Disbursements.....	2700.00	2700.00	
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))..	585193.63	585193.63	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	585193.63	585193.63	

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)	489866.14	489866.14
34. Total Contribution Refunds (from Line 28(d))	1627.53	1627.53
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	488238.61	488238.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	568258.61	568258.61
37. Offsets to Operating Expenditures (from Line 15, page 3)	720.88	720.88
38. Net Operating Expenditures (subtract Line 37 from Line 36)	567537.73	567537.73

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

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

FOR LINE NUMBER: PAGE 7 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Kenneth H Anderson

Mailing Address 1040 N 10th St Apt M12

City

Spearfish

State

SD

Zip Code

57783-2253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 16 / 2011

Transaction ID: SA11AI.18692

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr Thomas W Angerman

Mailing Address 801 15th St

City

Oakmont

State

PA

Zip Code

15139-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Baron Group

Occupation

Executive

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 17 / 2011

Transaction ID: SA11AI.8309

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms Jeanne Bailey

Mailing Address PO Box 456

City

Pampa

State

TX

Zip Code

79066-0456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

05 / 09 / 2011

Transaction ID: SA11AI.22279

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

800.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Mr Jeff B Barnett

Mailing Address 2323 Green Tee Dr

City State Zip Code
Pearland TX 77581-5131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Flange

Occupation
Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.21919

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Mrs Linda D Barrasse

Mailing Address 111 Emerson Close

City State Zip Code
Moosic PA 18507-1905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Cardiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.10081

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Mr Richard J Barry

Mailing Address 285 Margarita Dr

City State Zip Code
San Rafael CA 94901-2329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastbourne Capital Manage-
ment

Occupation
Portfolio Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.25333

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

6500.00

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 9 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Bernard K Baumgardner

Mailing Address 4613 Fairmont Dr

City

Troy

State

MI

Zip Code

48085-5035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.16419

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr Gerald G Beck

Mailing Address 545 N Catherine Ave

City

La Grange Park

State

IL

Zip Code

60526-5532

FEC ID number of contributing
federal political committee.

C

Name of Employer
HDAI

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.19355

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Gerald G Beck

Mailing Address 545 N Catherine Ave

City

La Grange Park

State

IL

Zip Code

60526-5532

FEC ID number of contributing
federal political committee.

C

Name of Employer
HDAI

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.19356

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr John L Beck

Mailing Address 11748 N 80th Pl

City

Scottsdale

State

AZ

Zip Code

85260-5648

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 ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.23102

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr George J Beisel

Mailing Address 9205 Wesleyan Rd

City

Philadelphia

State

PA

Zip Code

19114-3814

FEC ID number of contributing
federal political committee.

C

Name of Employer

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 5 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.10593

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Mrs Elizabeth E Bickford

Mailing Address 4802 Ormonde Dr

City

Cazenovia

State

NY

Zip Code

13035-9359

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.7713

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

840.00

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 11 / 276

(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)
AMERICA'S FOUNDATION**A.**

Full Name (Last, First, Middle Initial)

Marion E Bickford

Mailing Address 4802 Ormonde Dr

City

Cazenovia

State

NY

Zip Code

13035-9359

FEC ID number of contributing
federal political committee.

C

Name of Employer

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	/	1	3	/	2	0	1	1

Transaction ID: SA11AI.7715

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr Guenther Bizer

Mailing Address 1590 Mountain View Dr

City

Bayfield

State

CO

Zip Code

81122-9656

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	3	/	2	2	/	2	0	1	1

Transaction ID: SA11AI.22703

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mrs Delight S Bonner

Mailing Address 1430 Rimrock Dr

City

Guymon

State

OK

Zip Code

73942-3164

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Homemaker

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	0	/	2	0	1	1

Transaction ID: SA11AI.21310

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

850.00

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 12 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Louis L Borick

Mailing Address 920 Foothill Rd

City

Beverly Hills

State

CA

Zip Code

90210-2926

FEC ID number of contributing
federal political committee.

C

Name of Employer

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 3 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.23601

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs Anne H Bratcher

Mailing Address 4942 Normandy Ln

City

Memphis

State

TN

Zip Code

38117-2702

FEC ID number of contributing
federal political committee.

C

Name of Employer

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 3 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.14679

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Mrs Anne H Bratcher

Mailing Address 4942 Normandy Ln

City

Memphis

State

TN

Zip Code

38117-2702

FEC ID number of contributing
federal political committee.

C

Name of Employer

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 4 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.14680

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

375.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs Anne H Bratcher

Mailing Address 4942 Normandy Ln

City

Memphis

State

TN

Zip Code

38117-2702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

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 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.14681

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mrs Anne H Bratcher

Mailing Address 4942 Normandy Ln

City

Memphis

State

TN

Zip Code

38117-2702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.14682

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mr Ronald O Britner

Mailing Address 2997 Evitts Creek Rd

City

Bedford

State

PA

Zip Code

15522-5628

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.8574

Amount of Each Receipt this Period

100.00

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 14 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Miss Imogene Brown

Mailing Address 535 S 200 E Apt 501

City

Salt Lake City

State

UT

Zip Code

84111-3606

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 ▼

226.00

Date of Receipt

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

Transaction ID: SA11AI.22977

Amount of Each Receipt this Period

52.00

B.

Full Name (Last, First, Middle Initial)

Mr Kenneth T Brown

Mailing Address 828 Van Buren St

City

Herndon

State

VA

Zip Code

20170-4651

FEC ID number of contributing
federal political committee.

C

Name of Employer

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 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.11156

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr George A Buder, III

Mailing Address 560 Rayado Creek Rd

City

Cimarron

State

NM

Zip Code

87714-9684

FEC ID number of contributing
federal political committee.

C

Name of Employer

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 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.23394

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

452.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Ms Clara E Bufkin

Mailing Address 817 W Glenwood Ter

City State Zip Code
 Fullerton CA 92832-1021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.24715

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)
 Ms Clara E Bufkin

Mailing Address 817 W Glenwood Ter

City State Zip Code
 Fullerton CA 92832-1021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.24716

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
 Ms Patricia J Burda

Mailing Address 222 Madison St Unit 202

City State Zip Code
 Joliet IL 60435-8221

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 ▼

235.00

Date of Receipt

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

Transaction ID: SA11AI.19231

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 16 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Dr Robert A Capretto

Mailing Address 927 Hulton Rd

City

Oakmont

State

PA

Zip Code

15139-1346

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Dentist/Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.8313

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr James P Caruso, Sr

Mailing Address 1723 Spring Lake Dr

City

Orlando

State

FL

Zip Code

32804-7111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pineloch Management Corp.

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.13342

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms Rebecca Cates

Mailing Address PO Box 632

City

Cle Elum

State

WA

Zip Code

98922-0632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Expertors International

Occupation

Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.26535

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Mark Cheffers

Mailing Address **5645 Spanish Oaks Ln**

City State Zip Code
Naples FL 34119-1157

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allen David Press Inc

Occupation
Researcher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 21 / 2011

Transaction ID: SA11AI.13971

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Mr Ray F Christensen

Mailing Address **15 W South Temple Ste 800**

City State Zip Code
Salt Lake City UT 84101-1572

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 25 / 2011

Transaction ID: SA11AI.22951

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)
Mr Ray F Christensen

Mailing Address **15 W South Temple Ste 800**

City State Zip Code
Salt Lake City UT 84101-1572

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 18 / 2011

Transaction ID: SA11AI.22952

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

1175.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr James McConnell Clark

Mailing Address 350 Seaspray Ave

City

Palm Beach

State

FL

Zip Code

33480-4231

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 1 / 1 9 / 2 0 1 1

Transaction ID: SA11AI.13637

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr James McConnell Clark

Mailing Address 350 Seaspray Ave

City

Palm Beach

State

FL

Zip Code

33480-4231

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 3 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.13638

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr James McConnell Clark

Mailing Address 350 Seaspray Ave

City

Palm Beach

State

FL

Zip Code

33480-4231

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 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.13639

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

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 19 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr James McConnell Clark

Mailing Address 350 Seaspray Ave

City

Palm Beach

State

FL

Zip Code

33480-4231

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 ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.13640

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Rev John Conte

Mailing Address 1325 Prospect Ave

City

Bethlehem

State

PA

Zip Code

18018-4916

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diocese Of Allentown

Occupation
Catholic Priest

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

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

Transaction ID: SA11AI.9880

Amount of Each Receipt this Period

202.00

C.

Full Name (Last, First, Middle Initial)

Rev John Conte

Mailing Address 1325 Prospect Ave

City

Bethlehem

State

PA

Zip Code

18018-4916

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diocese Of Allentown

Occupation
Catholic Priest

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

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

Transaction ID: SA11AI.9881

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

802.00

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
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Rev John Conte

Mailing Address 1325 Prospect Ave

City State Zip Code
Bethlehem PA 18018-4916

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Diocese Of Allentown

Occupation
 Catholic Priest

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

503.00

Date of Receipt

M M / D D / Y Y Y Y
03 10 2011

Transaction ID: SA11AI.9882

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
 Rev John Conte

Mailing Address 1325 Prospect Ave

City State Zip Code
Bethlehem PA 18018-4916

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Diocese Of Allentown

Occupation
 Catholic Priest

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.00

Date of Receipt

M M / D D / Y Y Y Y
03 21 2011

Transaction ID: SA11AI.9883

Amount of Each Receipt this Period

202.00

C.

Full Name (Last, First, Middle Initial)
 Rev John Conte

Mailing Address 1325 Prospect Ave

City State Zip Code
Bethlehem PA 18018-4916

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Diocese Of Allentown

Occupation
 Catholic Priest

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M / D D / Y Y Y Y
04 06 2011

Transaction ID: SA11AI.9884

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

402.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 21 / 276

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Rev John Conte

Mailing Address 1325 Prospect Ave

City State Zip Code
 Bethlehem PA 18018-4916

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Diocese Of Allentown

Occupation
 Catholic Priest

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1007.00

Date of Receipt

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

Transaction ID: SA11AI.9885

Amount of Each Receipt this Period

202.00

B.

Full Name (Last, First, Middle Initial)
 Mr David John Conway

Mailing Address PO Box 173

City State Zip Code
 Georgetown DE 19947-0173

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

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

Transaction ID: SA11AI.11076

Amount of Each Receipt this Period

101.00

C.

Full Name (Last, First, Middle Initial)
 Mr David John Conway

Mailing Address PO Box 173

City State Zip Code
 Georgetown DE 19947-0173

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

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

Transaction ID: SA11AI.11077

Amount of Each Receipt this Period

101.00

SUBTOTAL of Receipts This Page (optional)

404.00

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr David John Conway

Mailing Address PO Box 173

City State Zip Code
 Georgetown DE 19947-0173

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.00

Date of Receipt

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

Transaction ID: SA11AI.11078

Amount of Each Receipt this Period

101.00

B.

Full Name (Last, First, Middle Initial)
 Mr David John Conway

Mailing Address PO Box 173

City State Zip Code
 Georgetown DE 19947-0173

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.11079

Amount of Each Receipt this Period

101.00

C.

Full Name (Last, First, Middle Initial)
 Hon Jacob Doyle Corman, Jr

Mailing Address 1230 Sylvan Cir

City State Zip Code
 Bellefonte PA 16823-2502

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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.9111

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1202.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mrs Betty R Crawford

Mailing Address 601 Aspen Trl

City State Zip Code
Muscatine IA 52761-2873

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 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.17418

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
 Mrs Betty R Crawford

Mailing Address 601 Aspen Trl

City State Zip Code
Muscatine IA 52761-2873

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 ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.17419

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
 Mrs Lorine G Curlee

Mailing Address 12202 Fieldgate St
 Ralph Curley

City State Zip Code
Garden Grove CA 92841-3022

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 3 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.24730

Amount of Each Receipt this Period

50.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mrs Lorine G Curlee

Mailing Address 12202 Fieldgate St
 Ralph Curley

City State Zip Code
 Garden Grove CA 92841-3022

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 ▼

245.00

Date of Receipt

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

Transaction ID: SA11AI.24731

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)
 Mrs Lorine G Curlee

Mailing Address 12202 Fieldgate St
 Ralph Curley

City State Zip Code
 Garden Grove CA 92841-3022

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.24732

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
 Mrs Lorine G Curlee

Mailing Address 12202 Fieldgate St
 Ralph Curley

City State Zip Code
 Garden Grove CA 92841-3022

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 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.24733

Amount of Each Receipt this Period

30.00

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 25 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Babak Damaghi

Mailing Address 8 Creek Rd

City

Kings Point

State

NY

Zip Code

11024-1104

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Quality Enterprises

Occupation

Vice President/Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

02 / 09 / 2011

Transaction ID: SA11AI.6992

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Kambiz Damaghi

Mailing Address 26 Dock Ln

City

Kings Point

State

NY

Zip Code

11024-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Quality Enterprises

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

02 / 09 / 2011

Transaction ID: SA11AI.6990

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Mr Nader Damaghi

Mailing Address 10 Shore Dr

City

Kings Point

State

NY

Zip Code

11024-1218

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Quality Enterprises

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

02 / 09 / 2011

Transaction ID: SA11AI.6994

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

15000.00

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 26 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Paul Decleva

Mailing Address 350 N Saint Paul St Ste 1625

City

Dallas

State

TX

Zip Code

75201-4259

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corda Corporation

Occupation
Oil & Gas

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.21481

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mr Carl C Deutsch

Mailing Address 12328 Federal Dr
Standard Machinery & Mfg Co

City

Saint Louis

State

MO

Zip Code

63131-3834

FEC ID number of contributing
federal political committee.

C

Name of Employer

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 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.20068

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs Josephine K Diaz

Mailing Address 2611 Delco Ave

City

El Monte

State

CA

Zip Code

91733-2230

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 1 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.24013

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs Josephine K Diaz

Mailing Address 2611 Delco Ave

City

El Monte

State

CA

Zip Code

91733-2230

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 ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.24014

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mrs Josephine K Diaz

Mailing Address 2611 Delco Ave

City

El Monte

State

CA

Zip Code

91733-2230

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 ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.24015

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Mrs Josephine K Diaz

Mailing Address 2611 Delco Ave

City

El Monte

State

CA

Zip Code

91733-2230

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 ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.24016

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

575.00

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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs Josephine K Diaz

Mailing Address 2611 Delco Ave

City

El Monte

State

CA

Zip Code

91733-2230

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 ▼

1200.00

Date of Receipt

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

Transaction ID: SA11AI.24017

Amount of Each Receipt this Period

375.00

B.

Full Name (Last, First, Middle Initial)

Mrs Josephine K Diaz

Mailing Address 2611 Delco Ave

City

El Monte

State

CA

Zip Code

91733-2230

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 ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.24018

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr Jason J Dupuis

Mailing Address PO Box 1540

City

New York

State

NY

Zip Code

10101-1540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not employed

Occupation
Not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.6695

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

925.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr Jason J Dupuis

Mailing Address PO Box 1540

City State Zip Code
 New York NY 10101-1540

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Not employed

Occupation
 Not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

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

Transaction ID: SA11AI.6696

Amount of Each Receipt this Period

375.00

B.

Full Name (Last, First, Middle Initial)
 Mr Jason J Dupuis

Mailing Address PO Box 1540

City State Zip Code
 New York NY 10101-1540

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Not employed

Occupation
 Not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

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

Transaction ID: SA11AI.6697

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
 Mr John F Eberhard, Sr

Mailing Address 26099 Shore Hwy

City State Zip Code
 Denton MD 21629-2750

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 / 1 7 / 2 0 1 1

Transaction ID: SA11AI.11531

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

525.00

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 / 276

(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)
AMERICA'S FOUNDATION**A.**

Full Name (Last, First, Middle Initial)

Mr Daniel W Evans

Mailing Address 2730 Mosser St

City

Allentown

State

PA

Zip Code

18103-2821

FEC ID number of contributing
federal political committee.**C**Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.9976

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr Patrick Fanje

Mailing Address 424 College Hill Ave

City

Oskaloosa

State

IA

Zip Code

52577-1721

FEC ID number of contributing
federal political committee.**C**Name of Employer
Ohanwa Reg Health CtrOccupation
Social Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.17382

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr Patrick Fanje

Mailing Address 424 College Hill Ave

City

Oskaloosa

State

IA

Zip Code

52577-1721

FEC ID number of contributing
federal political committee.**C**Name of Employer
Ohanwa Reg Health CtrOccupation
Social Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.17383

Amount of Each Receipt this Period

50.00

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)
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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)
 AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Patrick Fanje

Mailing Address 424 College Hill Ave

City

Oskaloosa

State

IA

Zip Code

52577-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohanwa Reg Health Ctr

Occupation

Social Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 7 / 2 0 1 1

Transaction ID: SA11AI.17384

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Mr Patrick Fanje

Mailing Address 424 College Hill Ave

City

Oskaloosa

State

IA

Zip Code

52577-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohanwa Reg Health Ctr

Occupation

Social Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: SA11AI.17385

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mr Patrick Fanje

Mailing Address 424 College Hill Ave

City

Oskaloosa

State

IA

Zip Code

52577-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohanwa Reg Health Ctr

Occupation

Social Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 1 1

Transaction ID: SA11AI.17386

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

175.00

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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Ms Helen E Farson

Mailing Address 801 W Commonwealth Ave Apt 22

City

Alhambra

State

CA

Zip Code

91801-3657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

03 / 03 / 2011

Transaction ID: SA11AI.24102

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Ms Helen E Farson

Mailing Address 801 W Commonwealth Ave Apt 22

City

Alhambra

State

CA

Zip Code

91801-3657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

03 / 04 / 2011

Transaction ID: SA11AI.24105

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Ms Helen E Farson

Mailing Address 801 W Commonwealth Ave Apt 22

City

Alhambra

State

CA

Zip Code

91801-3657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

03 / 22 / 2011

Transaction ID: SA11AI.24103

Amount of Each Receipt this Period

30.00

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)
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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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Ms Helen E Farson

Mailing Address 801 W Commonwealth Ave Apt 22

City

Alhambra

State

CA

Zip Code

91801-3657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

03 / 23 / 2011

Transaction ID: SA11AI.24104

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Ms Helen E Farson

Mailing Address 801 W Commonwealth Ave Apt 22

City

Alhambra

State

CA

Zip Code

91801-3657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

04 / 11 / 2011

Transaction ID: SA11AI.24106

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Ms Helen E Farson

Mailing Address 801 W Commonwealth Ave Apt 22

City

Alhambra

State

CA

Zip Code

91801-3657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

04 / 25 / 2011

Transaction ID: SA11AI.24107

Amount of Each Receipt this Period

25.00

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 34 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Ms Helen E Farson

Mailing Address 801 W Commonwealth Ave Apt 22

City

Alhambra

State

CA

Zip Code

91801-3657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.24108

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Ms Helen E Farson

Mailing Address 801 W Commonwealth Ave Apt 22

City

Alhambra

State

CA

Zip Code

91801-3657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.24109

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

Ms Helen E Farson

Mailing Address 801 W Commonwealth Ave Apt 22

City

Alhambra

State

CA

Zip Code

91801-3657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

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

Transaction ID: SA11AI.24092

Amount of Each Receipt this Period

75.00

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 35 / 276

(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)
AMERICA'S FOUNDATION**A.**

Full Name (Last, First, Middle Initial)

Ms Helen E Farson

Mailing Address 801 W Commonwealth Ave Apt 22

City

Alhambra

State

CA

Zip Code

91801-3657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11AI.24093

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Ms Helen E Farson

Mailing Address 801 W Commonwealth Ave Apt 22

City

Alhambra

State

CA

Zip Code

91801-3657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	1	1

Transaction ID: SA11AI.24094

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Ms Helen E Farson

Mailing Address 801 W Commonwealth Ave Apt 22

City

Alhambra

State

CA

Zip Code

91801-3657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

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

Transaction ID: SA11AI.24095

Amount of Each Receipt this Period

30.00

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 36 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Ms Helen E Farson

Mailing Address 801 W Commonwealth Ave Apt 22

City State Zip Code
 Alhambra CA 91801-3657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.00

Date of Receipt

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

Transaction ID: SA11AI.24096

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
 Ms Helen E Farson

Mailing Address 801 W Commonwealth Ave Apt 22

City State Zip Code
 Alhambra CA 91801-3657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

792.00

Date of Receipt

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

Transaction ID: SA11AI.24097

Amount of Each Receipt this Period

157.00

C.

Full Name (Last, First, Middle Initial)
 Mr Donald L Fierce

Mailing Address 1155 F St NW Ste 950

City State Zip Code
 Washington DC 20004-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Fierce Isakowitz & Blalock

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.11099

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1207.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Ms Shirley U Filcik

Mailing Address 616 Flagstaff Dr

City

Cincinnati

State

OH

Zip Code

45215-2525

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.15666

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Kathi S Flack

Mailing Address 280 Huntsville Idetown Rd

City

Dallas

State

PA

Zip Code

18612-3148

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 ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.10107

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Mr Frederick W Fox, Jr

Mailing Address 277 Cross Keys Rd

City

Berlin

State

NJ

Zip Code

08009-9431

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Manager/Logistician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.6272

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

6100.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr Foster S Friess

Mailing Address PO Box 1845

City State Zip Code
Jackson WY 83001

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Friess Associates Inc.

Occupation
 Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.4793

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
 Mrs Lynnette E Friess

Mailing Address PO Box 1845

City State Zip Code
Jackson WY 83001

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Friess Associates Inc.

Occupation
 Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.4795

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
 Mrs Opal I Gardner

Mailing Address 11900 Barryknoll Ln Apt 8118

City State Zip Code
Houston TX 77024-4374

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 Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.21758

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

10225.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs Opal I Gardner

Mailing Address 11900 Barryknoll Ln Apt 8118

City

Houston

State

TX

Zip Code

77024-4374

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.21759

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Ms Teresa A Gery

Mailing Address 1307 Belasco Ave

City

Pittsburgh

State

PA

Zip Code

15216-3347

FEC ID number of contributing
federal political committee.

C

Name of Employer

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 3 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.8385

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr Henry W Golding

Mailing Address 72 Chase Rd N

City

Scarsdale

State

NY

Zip Code

10583-2934

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 2 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.6847

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

575.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Clarence H Good

Mailing Address 355 W Route 897

City

Reinholds

State

PA

Zip Code

17569-9708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

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

Transaction ID: SA11AI.9690

Amount of Each Receipt this Period

104.00

B.

Full Name (Last, First, Middle Initial)

Mr Paul P Goodman

Mailing Address 99 S Service Rd Apt 402

City

North Hills

State

NY

Zip Code

11040-1071

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 ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.7007

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Ms Mary Louise Gormley

Mailing Address 16839 Golfview St

City

Livonia

State

MI

Zip Code

48154-2147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

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 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.16512

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

454.00

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 / 276

(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)
AMERICA'S FOUNDATION**A.**

Full Name (Last, First, Middle Initial)

Mrs Paris E Gravitt

Mailing Address 1701 Wilkerson St

City

South Boston

State

VA

Zip Code

24592-2733

FEC ID number of contributing
federal political committee.

C

Name of Employer

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		1	7		2	0	1	1

Transaction ID: SA11AI.12041

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ms Vicki L Greene

Mailing Address 4203 Skenondoa Way

City

Oneida

State

NY

Zip Code

13421-4150

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	3		2	0	1	1

Transaction ID: SA11AI.7780

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr Richard S Griffith

Mailing Address PO Box 91610
3417 Milam Street

City

Lafayette

State

LA

Zip Code

70509-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Investor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.20943

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

400.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Ms Virginia Gulbrandsen

Mailing Address 2184 NE Meadow Ln

City

State

Zip Code

Bend

OR

97701-3974

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 ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.26129

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ms Virginia Gulbrandsen

Mailing Address 2184 NE Meadow Ln

City

State

Zip Code

Bend

OR

97701-3974

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 ▼

295.00

Date of Receipt

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

Transaction ID: SA11AI.26130

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Mr Donald G Gumpertz

Mailing Address PO Box 2450

City

State

Zip Code

Toluca Lake

CA

91610-0450

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.23995

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1175.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr Donald G Gumpertz

Mailing Address PO Box 2450

City State Zip Code
Toluca Lake CA 91610-0450

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

06 / 20 / 2011

Transaction ID: SA11AI.23996

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)
 Mr Thomas L Gutshall

Mailing Address 24968 Okeefe Ln

City State Zip Code
Los Altos CA 94022-4612

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Cepheid

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 03 / 2011

Transaction ID: SA11AI.25065

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
 Mr Thomas L Gutshall

Mailing Address 24968 Okeefe Ln

City State Zip Code
Los Altos CA 94022-4612

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Cepheid

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 23 / 2011

Transaction ID: SA11AI.25066

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

2350.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Robert S Haber

Mailing Address 1998 Rustic Timbers Ln

City

Prescott

State

AZ

Zip Code

86303-4936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Composer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.23284

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Mr Robert S Haber

Mailing Address 1998 Rustic Timbers Ln

City

Prescott

State

AZ

Zip Code

86303-4936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Composer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: SA11AI.23285

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr Robert S Haber

Mailing Address 1998 Rustic Timbers Ln

City

Prescott

State

AZ

Zip Code

86303-4936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Composer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.23286

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

220.00

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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Robert S Haber

Mailing Address 1998 Rustic Timbers Ln

City

Prescott

State

AZ

Zip Code

86303-4936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Composer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID: SA11AI.23287

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr J Kern Hamilton

Mailing Address 800 Blossom Hill Rd Unit E324
E 324

City

Los Gatos

State

CA

Zip Code

95032-3568

FEC ID number of contributing
federal political committee.

C

Name of Employer

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 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.25382

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mr J Kern Hamilton

Mailing Address 800 Blossom Hill Rd Unit E324
E 324

City

Los Gatos

State

CA

Zip Code

95032-3568

FEC ID number of contributing
federal political committee.

C

Name of Employer

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 7 / 2 0 1 1

Transaction ID: SA11AI.25383

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

450.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Paul Robert Hamilton

Mailing Address 413 W Creek St

City

Fredericksburg

State

TX

Zip Code

78624-3113

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 4 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.22188

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr Franklin J. Hanna

Mailing Address 5 Concourse Pkwy NW Suite 200

City

Atlanta

State

GA

Zip Code

30328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanna Capital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.4755

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Sally R. Hanna

Mailing Address 5 Concourse Pkwy NW Suite 200

City

Atlanta

State

GA

Zip Code

30328

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 ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.4757

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

10250.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Ms Frances Dorchester Harrell

Mailing Address 2660 Magnolia Ave

City

Pensacola

State

FL

Zip Code

32503-4945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Oil & Gas Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.13209

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Ms Frances Dorchester Harrell

Mailing Address 2660 Magnolia Ave

City

Pensacola

State

FL

Zip Code

32503-4945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Oil & Gas Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.13210

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Ms Frances Dorchester Harrell

Mailing Address 2660 Magnolia Ave

City

Pensacola

State

FL

Zip Code

32503-4945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Oil & Gas Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: SA11AI.13211

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

700.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Ms Frances Dorchester Harrell

Mailing Address 2660 Magnolia Ave

City

Pensacola

State

FL

Zip Code

32503-4945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Oil & Gas Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: SA11AI.13212

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Ms Jean T Heller

Mailing Address 408 Wyndham Ct

City

Williamsport

State

PA

Zip Code

17701-3931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

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

Transaction ID: SA11AI.9775

Amount of Each Receipt this Period

228.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Kimberly A Henley

Mailing Address 619 Firethorn Drive

City

Douglasville

State

PA

Zip Code

19518-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kevin E Henley

Occupation

Office 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 5 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.4739

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

928.00

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)

<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)
AMERICA'S FOUNDATION**A.**

Full Name (Last, First, Middle Initial)

Mr Roger Hertog

Mailing Address 745 5th Ave

City

New York

State

NY

Zip Code

10151-0099

FEC ID number of contributing
federal political committee.

C

Name of Employer
AllianceBernstein

Occupation

Vice-Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.6713

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mr David L. Hollinger

Mailing Address 755 White Oak Rd

City

Denver

State

PA

Zip Code

17517-9106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Four Seasons Produce

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.9573

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr David L. Hollinger

Mailing Address 755 White Oak Rd

City

Denver

State

PA

Zip Code

17517-9106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Four Seasons Produce

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.9570

Amount of Each Receipt this Period

4000.00

SUBTOTAL of Receipts This Page (optional)

10000.00

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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs Deborah J. Hollinger

Mailing Address 755 White Oak Rd

City

Denver

State

PA

Zip Code

17517-9106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Interior Designer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.9572

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mr George F Huff

Mailing Address 300 Fox Chapel Rd Apt 302

City

Pittsburgh

State

PA

Zip Code

15238-2325

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.8482

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mr Kurt Jagers

Mailing Address 2 Blue Oaks Ct

City

Portola Valley

State

CA

Zip Code

94028-8075

FEC ID number of contributing
federal political committee.

C

Name of Employer
TA Associates

Occupation

Investor

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 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.25077

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

7700.00

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 / 276

(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)
AMERICA'S FOUNDATION**A.**Full Name (Last, First, Middle Initial)
Mr Kelly D Johnston

Mailing Address PO Box 121

City	State	Zip Code
Newtown Square	PA	19073-0121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Campbell Soup CoOccupation
Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.10503

Amount of Each Receipt this Period

500.00

B.Full Name (Last, First, Middle Initial)
Mr William E Kassling

Mailing Address PO Box 67

City	State	Zip Code
Wilmerding	PA	15148-0067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Westinghouse Air BrakeOccupation
CEO/Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.8336

Amount of Each Receipt this Period

1500.00

C.Full Name (Last, First, Middle Initial)
Mr Arnold M Katz

Mailing Address 1270 Round Hill Rd

City	State	Zip Code
Bryn Mawr	PA	19010-1950

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMK Concepts Inc.Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	1	1

Transaction ID: SA11AI.10328

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

4500.00

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)

<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)
AMERICA'S FOUNDATION**A.**

Full Name (Last, First, Middle Initial)

Mrs Jacqueline A Keith, Jr

Mailing Address 5602 Lockwood Rd

City

Cheverly

State

MD

Zip Code

20785-1125

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.11242

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Maria M Kerwein

Mailing Address 11090 Turtle Beach Rd Apt A203

City

North Palm Beach

State

FL

Zip Code

33408-3455

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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.13561

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr Kookkan Kim, Dmd

Mailing Address 5438 N Lawrence St

City

Philadelphia

State

PA

Zip Code

19120-2804

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 ▼

376.00

Date of Receipt

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

Transaction ID: SA11AI.10617

Amount of Each Receipt this Period

376.00

SUBTOTAL of Receipts This Page (optional)

1426.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Miss Arlene F Kohl

Mailing Address 931 Orchard St

City State Zip Code
 Scranton PA 18505-2160

FEC ID number of contributing
federal political committee.

C

Name of Employer

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 5 / 0 5 / 2 0 1 1

Transaction ID: SA11AI.10075

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
 Miss Arlene F Kohl

Mailing Address 931 Orchard St

City State Zip Code
 Scranton PA 18505-2160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

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

Transaction ID: SA11AI.10076

Amount of Each Receipt this Period

1.00

C.

Full Name (Last, First, Middle Initial)
 Miss Arlene F Kohl

Mailing Address 931 Orchard St

City State Zip Code
 Scranton PA 18505-2160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

551.00

Date of Receipt

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

Transaction ID: SA11AI.10077

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

551.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Kevin Kronbach

Mailing Address 1406 San Rafael Dr

City

Dallas

State

TX

Zip Code

75218-4441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Knightvest Capital

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.21491

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr Clarence Laliberte

Mailing Address 2712 E 5th St

City

Duluth

State

MN

Zip Code

55812-1537

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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.18361

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr Thomas R Lambert, Jr

Mailing Address 5674 Ashland Ave

City

San Diego

State

CA

Zip Code

92120-4830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.24328

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

1285.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Thomas R Lambert, Jr

Mailing Address 5674 Ashland Ave

City

San Diego

State

CA

Zip Code

92120-4830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

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

Transaction ID: SA11AI.24329

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

Miss Marcia P Lane

Mailing Address 1449 W Lindsey Ferry Rd

City

Columbus

State

MS

Zip Code

39701-9629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Charitable Volunteer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.14820

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr Laurence M Laureno

Mailing Address 8 Saddle Dr

City

East Granby

State

CT

Zip Code

06026-9562

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sanford & Hawley Inc.

Occupation

Salesman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.5559

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1535.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Mr Eugene W Lawrence, Jr

Mailing Address 36 Patricia Dr

City State Zip Code
Vernon Rockville CT 06066-4826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Hair Stylist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.5590

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Mr Eugene W Lawrence, Jr

Mailing Address 36 Patricia Dr

City State Zip Code
Vernon Rockville CT 06066-4826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Hair Stylist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.5591

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Mr Roy M Leach

Mailing Address 73 Eagle Dr

City State Zip Code
Elsmere KY 41018-1902

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 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.14953

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

450.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Ms Marjorie Leboeuf

Mailing Address 4277 Berkshire Dr

City

Sterling Heights

State

MI

Zip Code

48314-1215

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 Y
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11AI.16648

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr Karl O Lee

Mailing Address 1919 12th Ave SE

City

Aberdeen

State

SD

Zip Code

57401-7320

FEC ID number of contributing
federal political committee.

C

Name of Employer

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 Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.18650

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mrs Carol D Loiselle

Mailing Address 180 Wedgewood Dr

City

Gibsonia

State

PA

Zip Code

15044-9794

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 ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.8191

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5400.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Keith E Loisel

Mailing Address 180 Wedgewood Dr

City

Gibsonia

State

PA

Zip Code

15044-9794

FEC ID number of contributing
federal political committee.

C

Name of Employer
C D L Medical

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.8193

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mr Randall K Lowry, Jr

Mailing Address 15914 Rathlin Ct

City

Spring

State

TX

Zip Code

77379-6887

FEC ID number of contributing
federal political committee.

C

Name of Employer
Union Gas

Occupation

Oil & Gas Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: SA11AI.21842

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs Ingrid Ludscheidt

Mailing Address 1230 Taylor Lane Ext Unit 126

City

Lehigh Acres

State

FL

Zip Code

33936-6160

FEC ID number of contributing
federal political committee.

C

Name of Employer

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 3 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.13888

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

5325.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mrs Ingrid Ludscheidt

Mailing Address 1230 Taylor Lane Ext Unit 126

City State Zip Code
 Lehigh Acres FL 33936-6160

FEC ID number of contributing
federal political committee.

C

Name of Employer

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 3 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.13889

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)
 Mrs Ingrid Ludscheidt

Mailing Address 1230 Taylor Lane Ext Unit 126

City State Zip Code
 Lehigh Acres FL 33936-6160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.13890

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)
 Mrs Janice M Mahone

Mailing Address 220 Shadywood Dr

City State Zip Code
 Newport News VA 23602-7331

FEC ID number of contributing
federal political committee.

C

Name of Employer

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 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.11923

Amount of Each Receipt this Period

140.00

SUBTOTAL of Receipts This Page (optional)

290.00

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 / 276

(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)
AMERICA'S FOUNDATION**A.**Full Name (Last, First, Middle Initial)
Mrs Janice M Mahone

Mailing Address 220 Shadywood Dr

City	State	Zip Code
Newport News	VA	23602-7331

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

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

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

Transaction ID: SA11AI.11924

Amount of Each Receipt this Period

100.00

B.Full Name (Last, First, Middle Initial)
Mrs Marie H MalenkeMailing Address PO Box 300
139 Baptist Church Road

City	State	Zip Code
Parker Ford	PA	19457-0300

FEC ID number of contributing
federal political committee.**C**Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.10864

Amount of Each Receipt this Period

50.00

C.Full Name (Last, First, Middle Initial)
Mr Kent M Martin

Mailing Address 1690 Reading Rd

City	State	Zip Code
Mohnton	PA	19540-9411

FEC ID number of contributing
federal political committee.**C**Name of Employer
Signature Custom Cabinetry
IncOccupation
Business Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.10979

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1150.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Cdr John T Mason, USCG Ret

Mailing Address 56 Little Creek Dr

City

Cherry Log

State

GA

Zip Code

30522-3122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.12907

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr Robert R Mazer

Mailing Address 800 N Michigan Ave Apt 5601

City

Chicago

State

IL

Zip Code

60611-2159

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

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 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.19396

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Garth p merrick

Mailing Address p o box 2257

City

Hereford

State

TX

Zip Code

79045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation

manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.4788

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1450.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Garth p merrick

Mailing Address p o box 2257

City

Hereford

State

TX

Zip Code

79045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation

manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.4789

Amount of Each Receipt this Period

2250.00

B.

Full Name (Last, First, Middle Initial)

Mr Daniel P Meuser

Mailing Address 100 Oldfield Rd

City

Shavertown

State

PA

Zip Code

18708-9420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pride Mobility Corp

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: SA11AI.10152

Amount of Each Receipt this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

Mrs Shelley V Meuser

Mailing Address 100 Oldfield Rd

City

Shavertown

State

PA

Zip Code

18708-9420

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 ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.10154

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

7250.00

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 / 276

(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)
AMERICA'S FOUNDATION**A.**

Full Name (Last, First, Middle Initial)

Mr Stephen G Mihaylo

Mailing Address PO Box 19790

City

Reno

State

NV

Zip Code

89511-2471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inter-Tel IncOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.23535

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mr Alan B. Miller

Mailing Address 57 Crosby Brown Rd

City

Gladwyne

State

PA

Zip Code

19035-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Universal Health ServicesOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.10396

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Mr Gerrish H Milliken

Mailing Address 350 Madison Ave Fl 24
Milliken & Co

City

New York

State

NY

Zip Code

10017-3715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.6659

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

11000.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Rev Msgr Charles Monaghan

Mailing Address 1436 Lansdowne Ave

City

Darby

State

PA

Zip Code

19023-1218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Villa St Joseph

Occupation
Clergy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 17 / 2011

Transaction ID: SA11AI.10366

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mrs Dorothy K Montone

Mailing Address 11 Clemson Dr

City

Camp Hill

State

PA

Zip Code

17011-7619

FEC ID number of contributing
federal political committee.

C

Name of Employer
PA House of Reps

Occupation
Ex Director St Govt Committee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2011

Transaction ID: SA11AI.9183

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mrs Dorothy K Montone

Mailing Address 11 Clemson Dr

City

Camp Hill

State

PA

Zip Code

17011-7619

FEC ID number of contributing
federal political committee.

C

Name of Employer
PA House of Reps

Occupation
Ex Director St Govt Committee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 14 / 2011

Transaction ID: SA11AI.9184

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1600.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mrs Anne S Morgan

Mailing Address 28 Meadow Dr

City State Zip Code
 Troy NY 12180-7708

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 ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.7542

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)
 Mr Ray P Oden, Jr

Mailing Address 702 Thora Blvd

City State Zip Code
 Shreveport LA 71106-1824

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 5 / 1 7 / 2 0 1 1

Transaction ID: SA11AI.21018

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
 Dorothy M Oslon

Mailing Address 3730 Pennsylvania Ave Apt 104

City State Zip Code
 Dubuque IA 52002-3784

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.17294

Amount of Each Receipt this Period

251.00

SUBTOTAL of Receipts This Page (optional)

901.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mrs Edith P Palmer

Mailing Address 282 Laroe Rd

City State Zip Code
Chester NY 10918-2435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.6920

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
 Mrs Suzanne A Palmer

Mailing Address 108 S 300th PI

City State Zip Code
Federal Way WA 98003-4310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.26165

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)
 Mr. Charles E. Parente

Mailing Address 46 Public Sq Ste 500

City State Zip Code
Wilkes Barre PA 18701-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer
 None

Occupation
 Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.10135

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5650.00

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 / 276

(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)
AMERICA'S FOUNDATION**A.**

Full Name (Last, First, Middle Initial)

Ms Martha Parks

Mailing Address 2815 Simondale Dr

City

Fort Worth

State

TX

Zip Code

76109-1255

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
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	3	/	0	9	/	2	0	1	1

Transaction ID: SA11AI.21646

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mrs Carolyn S Parlato, Esq

Mailing Address 1529 Crestview Ave

City

Tallahassee

State

FL

Zip Code

32303-5815

FEC ID number of contributing
federal political committee.

C

Name of Employer
C&C Shorelands Inc.Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.13190

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Mr Charles F Parlato

Mailing Address 1529 Crestview Ave

City

Tallahassee

State

FL

Zip Code

32303-5815

FEC ID number of contributing
federal political committee.

C

Name of Employer
C&C Shorelands Inc.Occupation
Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.13188

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

7500.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Ms Jeanne Hough Parsons

Mailing Address 222 Cedar Club Cir

City State Zip Code
 Chapel Hill NC 27517-7212

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 ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.12285

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
 Ms Jeanne Hough Parsons

Mailing Address 222 Cedar Club Cir

City State Zip Code
 Chapel Hill NC 27517-7212

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 ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.12286

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
 Ms Margaret M Partsch

Mailing Address 14881 River Rd NE

City State Zip Code
 Gervais OR 97026-9738

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

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 0 / 2 0 1 1

Transaction ID: SA11AI.25900

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional)

650.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs Elaine K Portier

Mailing Address 15770 SW Towhee Ln

City

Beaverton

State

OR

Zip Code

97007-9053

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.25887

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr Wayne Posey

Mailing Address 5950 Forest Highlands Dr

City

Fort Worth

State

TX

Zip Code

76132-4432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ret

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.21663

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr Calvin Quamen

Mailing Address 10428 428th Ave

City

Britton

State

SD

Zip Code

57430-5215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.18657

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

400.00

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 / 276

(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)
AMERICA'S FOUNDATION**A.**

Full Name (Last, First, Middle Initial)

Mr Rocky Reese

Mailing Address 412 Haney Trce

City

Horseshoe Bay

State

TX

Zip Code

78657-6040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Live Oak Lodging

Occupation

Hotel Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.22221

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr Lunsford Richardson, Jr

Mailing Address 7 Indian Spring Rd
6 Butler St

City

Norwalk

State

CT

Zip Code

06853-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	1

Transaction ID: SA11AI.5836

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr Richard G Robertson

Mailing Address 10510 Clipper Dr

City

Fairfax Station

State

VA

Zip Code

22039-1918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Computer Science Corporat-
ion

Occupation

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.11622

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1600.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Kevin Roy

Mailing Address 1009 Round Bay Rd

City

Crownsville

State

MD

Zip Code

21032-2105

FEC ID number of contributing
federal political committee.

C

Name of Employer
 IKON Public Affairs

Occupation
 Lobbyist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.11374

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr Nicholas T Ryan

Mailing Address 400 Locust St

City

Des Moines

State

IA

Zip Code

50309-2331

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Concordia Group

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.17108

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mrs Carol A Saeman

Mailing Address 299 Milwaukee St

City

Denver

State

CO

Zip Code

80206-5042

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 ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.22482

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

6250.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr John V Saeman

Mailing Address 299 Milwaukee St

City

Denver

State

CO

Zip Code

80206-5042

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 ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.22480

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mr Jeffrey F Sagansky

Mailing Address 53 E 80th St

City

New York

State

NY

Zip Code

10075-0236

FEC ID number of contributing
federal political committee.

C

Name of Employer
G S Holdings Inc

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 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.6691

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr Edwin C Sandham

Mailing Address 1964 SW Saint Andrews Dr
Rive

City

Palm City

State

FL

Zip Code

34990-2210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

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

Transaction ID: SA11AI.14286

Amount of Each Receipt this Period

130.00

SUBTOTAL of Receipts This Page (optional)

5630.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr Edwin C Sandham

Mailing Address 1964 SW Saint Andrews Dr
 Rive

City State Zip Code
 Palm City FL 34990-2210

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

Transaction ID: SA11AI.14287

Amount of Each Receipt this Period

185.00

B.

Full Name (Last, First, Middle Initial)
 Mr Edwin C Sanhan

Mailing Address 1964 SW Saint Andrews Dr

City State Zip Code
 Palm City FL 34990-2210

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.14289

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)
 Mr Robert E Shanahan

Mailing Address 3028 Duncan Ln

City State Zip Code
 Pittsburgh PA 15236-1570

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.8451

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1160.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr Ned R Shanaman

Mailing Address PO Box 163
 103 N Race St

City State Zip Code
 Richland PA 17087-0163

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.9311

Amount of Each Receipt this Period

450.00

B.

Full Name (Last, First, Middle Initial)
 Mr Ned R Shanaman

Mailing Address PO Box 163
 103 N Race St

City State Zip Code
 Richland PA 17087-0163

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: SA11AI.9312

Amount of Each Receipt this Period

450.00

C.

Full Name (Last, First, Middle Initial)
 Ms Diana M Sharbaugh

Mailing Address 521 W Crawford St

City State Zip Code
 Ebensburg PA 15931-1310

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.8796

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

930.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Raymond V Shepherd

Mailing Address 151 Witherow Rd

City

Sewickley

State

PA

Zip Code

15143-8315

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

06 / 30 / 2011

Transaction ID: SA11AI.8324

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Annette B Sherwood

Mailing Address 1 Stickley Dr

City

Laguna Beach

State

CA

Zip Code

92651-4238

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 ▼

250.00

Date of Receipt

03 / 02 / 2011

Transaction ID: SA11AI.24599

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs Marian M Siek

Mailing Address 315 Beaver Rd

City

Southampton

State

PA

Zip Code

18966-3303

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation

none

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 10 / 2011

Transaction ID: SA11AI.10253

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

950.00

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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr John E Silliman

Mailing Address 16 Jardine Ln

City

Lincoln Park

State

NJ

Zip Code

07035-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer
WGGT Radio

Occupation
DJ/Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.5901

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr John E Silliman

Mailing Address 16 Jardine Ln

City

Lincoln Park

State

NJ

Zip Code

07035-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer
WGGT Radio

Occupation
DJ/Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 1 1

Transaction ID: SA11AI.5902

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mr John E Silliman

Mailing Address 16 Jardine Ln

City

Lincoln Park

State

NJ

Zip Code

07035-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer
WGGT Radio

Occupation
DJ/Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.5903

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

650.00

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
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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Walter B Simmons, Jr

Mailing Address 1212 Nocona Dr

City

McKinney

State

TX

Zip Code

75071-0489

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

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 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.21432

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr Herschiel Sims, Jr

Mailing Address 536 Bufflehead Dr

City

Johns Island

State

SC

Zip Code

29455-5791

FEC ID number of contributing
federal political committee.

C

Name of Employer

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 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.12608

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Miss Elizabeth C Skapin

Mailing Address 4445 W 215th St

City

Cleveland

State

OH

Zip Code

44126-2301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.15345

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

585.00

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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Miss Elizabeth C Skapin

Mailing Address 4445 W 215th St

City State Zip Code
Cleveland OH 44126-2301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.15346

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
 Mr Jan Smit

Mailing Address PO Box 1284
 1475 N Refugio Rd

City State Zip Code
Santa Ynez CA 93460-1284

FEC ID number of contributing
federal political committee.

C

Name of Employer

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 3 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.24935

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)
 Mr Robert C Smith

Mailing Address 8800 E 82nd St

City State Zip Code
Indianapolis IN 46256-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.15978

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1175.00

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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Ms Madeleine M Soudee

Mailing Address 2325 20th St NW

City

Washington

State

DC

Zip Code

20009-1411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgetown University

Occupation

Associate Professor

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 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.11104

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr Valentine Spiegel

Mailing Address 5305 Wapakoneta Rd

City

Bethesda

State

MD

Zip Code

20816-3131

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 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.11261

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs Evelyn K Startzman

Mailing Address 2732 Haverhill Ct

City

Clearwater

State

FL

Zip Code

33761-3727

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 ▼

204.00

Date of Receipt

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

Transaction ID: SA11AI.13741

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

390.00

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs Evelyn K Startzman

Mailing Address 2732 Haverhill Ct

City

Clearwater

State

FL

Zip Code

33761-3727

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 ▼

244.00

Date of Receipt

05 / 04 / 2011

Transaction ID: SA11AI.13742

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Mrs Arlana Frank St Clair

Mailing Address 3401 Wible Rd

City

Bakersfield

State

CA

Zip Code

93309-6509

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Clair Inc

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 06 / 2011

Transaction ID: SA11AI.24864

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mrs Nell T Steele

Mailing Address 1034 Arkansas

City

Helena

State

AR

Zip Code

72342-3609

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

01 / 26 / 2011

Transaction ID: SA11AI.21135

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

490.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Wayne J Steibel, WWII Vet

Mailing Address 108 Windermere Dr

City

Valencia

State

PA

Zip Code

16059-1932

FEC ID number of contributing
federal political committee.

C

Name of Employer

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 Y
0 3 / 1 7 / 2 0 1 1

Transaction ID: SA11AI.8871

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr Wayne J Steibel, WWII Vet

Mailing Address 108 Windermere Dr

City

Valencia

State

PA

Zip Code

16059-1932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

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 4 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.8872

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr Wayne J Steibel, WWII Vet

Mailing Address 108 Windermere Dr

City

Valencia

State

PA

Zip Code

16059-1932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.8874

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs Ada Anderson 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

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.6414

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Carolyn B. Strout

Mailing Address 10 Guilford Ln

City

Nashua

State

NH

Zip Code

03063-1505

FEC ID number of contributing
federal political committee.

C

Name of Employer
REMAX Properties

Occupation

Real Estate Agen

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: SA11AI.5344

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr Zdzislaw K Stzalkowski

Mailing Address 6 Dandelion Dr

City

Boiling Springs

State

PA

Zip Code

17007-9735

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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.9167

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr George B Suter

Mailing Address 2580 Greenwood Acres Dr

City

Dekalb

State

IL

Zip Code

60115-4913

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.13860

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr George B Suter

Mailing Address 2580 Greenwood Acres Dr

City

Dekalb

State

IL

Zip Code

60115-4913

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.19081

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mrs Jannette E Swenson

Mailing Address 36 Game Cock Rd

City

Greenwich

State

CT

Zip Code

06830-6915

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5822

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Dr. John M. Templeton, Jr

Mailing Address 601 Pembroke Rd

City

Bryn Mawr

State

PA

Zip Code

19010-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Templeton Foundation

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.10334

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Josephine J Templeton

Mailing Address 601 Pembroke Rd

City

Bryn Mawr

State

PA

Zip Code

19010-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. Templeton Foundation

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.10336

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Mr Richard Van Houten

Mailing Address 13 Elm St

City

Allendale

State

NJ

Zip Code

07401-1508

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 0 / 2 0 1 1

Transaction ID: SA11AI.6002

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

10300.00

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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr Daniel J Walsh

Mailing Address 4 N 32nd Ave

City State Zip Code
 Longport NJ 08403-1524

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Middough Inc

Occupation
 Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.6450

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
 Mr Loran F Wilkens

Mailing Address 625 S Main St

City State Zip Code
 Hesston KS 67062-8964

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.20557

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)
 Mr Loran F Wilkens

Mailing Address 625 S Main St

City State Zip Code
 Hesston KS 67062-8964

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.00

Date of Receipt

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

Transaction ID: SA11AI.20562

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

425.00

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
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr Loran F Wilkens

Mailing Address 625 S Main St

City State Zip Code
Hesston KS 67062-8964

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.00

Date of Receipt

05 / 26 / 2011

Transaction ID: SA11AI.20558

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
 Mr Loran F Wilkens

Mailing Address 625 S Main St

City State Zip Code
Hesston KS 67062-8964

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.00

Date of Receipt

06 / 13 / 2011

Transaction ID: SA11AI.20559

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)
 Mr Loran F Wilkens

Mailing Address 625 S Main St

City State Zip Code
Hesston KS 67062-8964

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.00

Date of Receipt

06 / 13 / 2011

Transaction ID: SA11AI.20560

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

175.00

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr Loran F Wilkens

Mailing Address 625 S Main St

City State Zip Code
Hesston KS 67062-8964

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.00

Date of Receipt

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

Transaction ID: SA11AI.20556

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
 Mrs Elizabeth A Wygant

Mailing Address 2297 N Seville Cir

City State Zip Code
Grand Junction CO 81506-8490

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 ▼

870.53

Date of Receipt

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

Transaction ID: SA11AI.22747

Amount of Each Receipt this Period

870.53

C.

Full Name (Last, First, Middle Initial)
 Mrs Elizabeth A Wygant

Mailing Address 2297 N Seville Cir

City State Zip Code
Grand Junction CO 81506-8490

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 ▼

890.53

Date of Receipt

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

Transaction ID: SA11AI.22748

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

940.53

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs Elizabeth A Wygant

Mailing Address 2297 N Seville Cir

City

Grand Junction

State

CO

Zip Code

81506-8490

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 ▼

900.53

Date of Receipt

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

Transaction ID: SA11AI.22749

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Mr Frank M Zielinski

Mailing Address 126 E Wing St # 211

City

Arlington Heights

State

IL

Zip Code

60004-6064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barnaby's of Northbrook

Occupation
Restaurant Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.18908

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mr Frank M Zielinski

Mailing Address 126 E Wing St # 211

City

Arlington Heights

State

IL

Zip Code

60004-6064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barnaby's of Northbrook

Occupation
Restaurant Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.18909

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

85.00

TOTAL This Period (last page this line number only)

185064.53

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

FOR LINE NUMBER: PAGE 89 / 276

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)

AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

BALD KNOB PAC

Mailing Address 4955 STEUBENVILLE PIKE SUITE 245

City

PITTSBURGH

State

PA

Zip Code

15205

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

C00260737

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11C.8348

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)

1000.00

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

FOR LINE NUMBER: PAGE 90 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

MDI Mail & Imaging

Mailing Address 21721-A Filigree Court

City

Adhburn

State

VA

Zip Code

20147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

650.70

Date of Receipt

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

Transaction ID: SA15.4743

Amount of Each Receipt this Period

650.70

Postage Refund

SUBTOTAL of Receipts This Page (optional)

650.70

TOTAL This Period (last page this line number only)

650.70

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

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

FOR LINE NUMBER: PAGE 91 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 House Republican Campaign Committee

Mailing Address 1317 F Street, NW, Ste 700

City State Zip Code
 Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA16.4741

Amount of Each Receipt this Period

500.00

Void Check not Cashed

B.

Full Name (Last, First, Middle Initial)
 People for English

Mailing Address PO Box 1940

City State Zip Code
 Erie PA 16507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA16.4716

Amount of Each Receipt this Period

2500.00

Void Check not Cashed

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

3000.00

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

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

FOR LINE NUMBER: PAGE 92 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Conrad Direct, Inc.

Mailing Address 300 Knickerbocker Road

City State Zip Code
 Cresskill NJ 07626-7626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1202.30

Date of Receipt

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

Transaction ID: SA17.6097

Amount of Each Receipt this Period

1202.30

List Rental Income

B.

Full Name (Last, First, Middle Initial)
 Conrad Direct, Inc.

Mailing Address 300 Knickerbocker Road

City State Zip Code
 Cresskill NJ 07626-7626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3982.26

Date of Receipt

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

Transaction ID: SA17.6098

Amount of Each Receipt this Period

2779.96

List Rental Income

C.

Full Name (Last, First, Middle Initial)
 Conrad Direct, Inc.

Mailing Address 300 Knickerbocker Road

City State Zip Code
 Cresskill NJ 07626-7626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10248.21

Date of Receipt

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

Transaction ID: SA17.6099

Amount of Each Receipt this Period

6265.95

List Rental Income

SUBTOTAL of Receipts This Page (optional)

10248.21

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Conrad Direct, Inc.

Mailing Address 300 Knickerbocker Road

City State Zip Code
Cresskill NJ 07626-7626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13129.45

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: SA17.6100

Amount of Each Receipt this Period

2881.24

List Rental Income

B.

Full Name (Last, First, Middle Initial)
Conrad Direct, Inc.

Mailing Address 300 Knickerbocker Road

City State Zip Code
Cresskill NJ 07626-7626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14461.95

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Transaction ID: SA17.6101

Amount of Each Receipt this Period

1332.50

List Rental Income

C.

Full Name (Last, First, Middle Initial)
Conrad Direct, Inc.

Mailing Address 300 Knickerbocker Road

City State Zip Code
Cresskill NJ 07626-7626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15370.62

Date of Receipt

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

Transaction ID: SA17.6102

Amount of Each Receipt this Period

908.67

List Rental Income

SUBTOTAL of Receipts This Page (optional)

5122.41

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 / 276

(check only one)

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

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Conrad Direct, Inc.

Mailing Address 300 Knickerbocker Road

City State Zip Code
 Cresskill NJ 07626-7626

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17506.01

Date of Receipt

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

Transaction ID: SA17.6103

Amount of Each Receipt this Period

2135.39

List Rental Income

SUBTOTAL of Receipts This Page (optional)

2135.39

TOTAL This Period (last page this line number only)

17506.01

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 95 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 53852	Transaction ID: SB21B.27089 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 5 / 2 0 1 1</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Merchant 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) ▼	Amount of Each Disbursement this Period <div>19.09</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Merchant Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.27090 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>44.18</div> <div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) American Heritage Federal Credit Union Mailing Address PO Box 52779 City Philadelphia State PA Zip Code 19115-7779 Purpose of Disbursement Credit Card Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4099 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>10625.27</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional) ►

10688.54

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 96 / 276

<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

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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.4099.2 Date of Disbursement																				
Mailing Address 60 Massachusetts Ave NE	<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>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>315.00</td> </tr> </table>	315.00																			
315.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.4099.3 Date of Disbursement																				
Mailing Address 60 Massachusetts Ave NE	<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>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>428.00</td> </tr> </table>	428.00																			
428.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.4099.4 Date of Disbursement																				
Mailing Address 60 Massachusetts Ave NE	<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>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>428.00</td> </tr> </table>	428.00																			
428.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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)
 AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.4099.9 Date of Disbursement
Mailing Address 60 Massachusetts Ave NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>428.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: SB21B.4099.10 Date of Disbursement
Mailing Address P.O. Box 20706	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City Atlanta State GA Zip Code 30320	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>448.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.4099.11 Date of Disbursement
Mailing Address 77 West Wacker Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>232.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

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)
 AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.4099.12 Date of Disbursement
Mailing Address 60 Massachusetts Ave NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>334.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.4099.14 Date of Disbursement
Mailing Address 60 Massachusetts Ave NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>19.80</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Doubletree Metropolitan	Transaction ID: SB21B.4099.15 Date of Disbursement
Mailing Address 569 Lexington Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div>
City New York State NY Zip Code 10022	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>358.07</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

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 99 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Hotels.com	Transaction ID: SB21B.4099.17 Date of Disbursement																				
Mailing Address 10440 North Central Epwy Sui	<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>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses Candidate Name	<table border="1"> <tr> <td colspan="10">213.01</td> </tr> </table>	213.01																			
213.01																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) Hotels.com	Transaction ID: SB21B.4099.18 Date of Disbursement																				
Mailing Address 10440 North Central Epwy Sui	<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>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses Candidate Name	<table border="1"> <tr> <td colspan="10">123.35</td> </tr> </table>	123.35																			
123.35																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) Hotels.com	Transaction ID: SB21B.4099.19 Date of Disbursement																				
Mailing Address 10440 North Central Epwy Sui	<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>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses Candidate Name	<table border="1"> <tr> <td colspan="10">112.65</td> </tr> </table>	112.65																			
112.65																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

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 100 / 276

<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)
AMERICA'S FOUNDATION

A.	<p>Full Name (Last, First, Middle Initial) Hotels.com</p> <p>Mailing Address 10440 North Central Epwy Sui</p> <p>City Dallas State TX Zip Code 75231</p> <p>Purpose of Disbursement Travel Expenses</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>Transaction ID: SB21B.4099.20</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>213.01</div> </p> <p>[MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 77 West Wacker Drive</p> <p>City Chicago State IL Zip Code 60601</p> <p>Purpose of Disbursement Travel Expenses</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>Transaction ID: SB21B.4099.28</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>313.40</div> </p> <p>[MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 111 W. Rio Salado Parkway</p> <p>City Tempe State AZ Zip Code 85281</p> <p>Purpose of Disbursement Travel Expenses</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>Transaction ID: SB21B.4099.33</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>109.40</div> </p> <p>[MEMO ITEM]</p>

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:
(check only one)

PAGE 101 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.4099.35 Date of Disbursement																				
Mailing Address 111 W. Rio Salado Parkway	<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>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">171.90</td> </tr> </table>	171.90																			
171.90																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.4099.37 Date of Disbursement																				
Mailing Address 77 West Wacker Drive	<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>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table>	30.00																			
30.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.4099.38 Date of Disbursement																				
Mailing Address 77 West Wacker Drive	<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>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">573.70</td> </tr> </table>	573.70																			
573.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional) ►

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 102 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.4099.39 Date of Disbursement																				
Mailing Address 77 West Wacker Drive	<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>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">444.70</td> </tr> </table>	444.70																			
444.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.4099.40 Date of Disbursement																				
Mailing Address 77 West Wacker Drive	<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>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">444.70</td> </tr> </table>	444.70																			
444.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Hotels.com	Transaction ID: SB21B.4099.42 Date of Disbursement																				
Mailing Address 10440 North Central Epwy Sui	<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>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">305.48</td> </tr> </table>	305.48																			
305.48																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

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:
(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)
AMERICA'S FOUNDATION

<p>A.</p> <p>Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 111 W. Rio Salado Parkway</p> <p>City Tempe State AZ Zip Code 85281</p> <p>Purpose of Disbursement Travel Expenses</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>Transaction ID: SB21B.4099.45 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>319.00</div> </p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Hotels.com</p> <p>Mailing Address 10440 North Central Epwy Sui</p> <p>City Dallas State TX Zip Code 75231</p> <p>Purpose of Disbursement Travel Expenses</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>Transaction ID: SB21B.4099.49 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>254.81</div> </p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 77 West Wacker Drive</p> <p>City Chicago State IL Zip Code 60601</p> <p>Purpose of Disbursement Travel Expenses</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>Transaction ID: SB21B.4099.53 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>30.00</div> </p> <p>[MEMO ITEM]</p>

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 104 / 276

<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

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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.4099.54 Date of Disbursement																				
Mailing Address 77 West Wacker Drive	<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>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">315.70</td> </tr> </table>	315.70																			
315.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Hotels.com	Transaction ID: SB21B.4099.55 Date of Disbursement																				
Mailing Address 10440 North Central Epwy Sui	<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>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">152.74</td> </tr> </table>	152.74																			
152.74																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.4099.58 Date of Disbursement																				
Mailing Address 942 South Shady Grove Road	<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>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City Memphis State TN Zip Code 38120	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage & Delivery	<table border="1"> <tr> <td colspan="10">239.98</td> </tr> </table>	239.98																			
239.98																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

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 105 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.4099.61 Date of Disbursement																				
Mailing Address 77 West Wacker Drive	<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>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">243.40</td> </tr> </table>	243.40																			
243.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Hertz Rent-A-Car	Transaction ID: SB21B.4099.62 Date of Disbursement																				
Mailing Address 225 Brae Boulevard	<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>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City Park Ridge State NJ Zip Code 07656	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">848.59</td> </tr> </table>	848.59																			
848.59																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.4099.63 Date of Disbursement																				
Mailing Address 111 W. Rio Salado Parkway	<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>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">699.70</td> </tr> </table>	699.70																			
699.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

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 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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Puritan Backroom Restaurant	Transaction ID: SB21B.4099.64 Date of Disbursement																				
Mailing Address 245 Hooksett Road	<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>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	1												
City Manchester State NH Zip Code 03104	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Meeting Expenses	<table border="1"> <tr> <td colspan="10">226.35</td> </tr> </table>	226.35																			
226.35																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
B. Full Name (Last, First, Middle Initial) American Heritage Federal Credit Union	Transaction ID: SB21B.4204 Date of Disbursement																				
Mailing Address PO Box 52779	<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>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	8		2	0	1	1												
City Philadelphia State PA Zip Code 19115-7779	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Payment	<table border="1"> <tr> <td colspan="10">3186.84</td> </tr> </table>	3186.84																			
3186.84																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.4204.4 Date of Disbursement																				
Mailing Address 942 South Shady Grove Road	<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>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	1	1												
City Memphis State TN Zip Code 38120	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage & Delivery	<table border="1"> <tr> <td colspan="10">41.99</td> </tr> </table>	41.99																			
41.99																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					

SUBTOTAL of Disbursements This Page (optional)

3186.84

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.4204.6 Date of Disbursement
Mailing Address 942 South Shady Grove Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 1 1</div> </div>
City Memphis State TN Zip Code 38120	Amount of Each Disbursement this Period
Purpose of Disbursement Postage & Delivery	<div>52.99</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.4204.7 Date of Disbursement
Mailing Address 942 South Shady Grove Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 1 1</div> </div>
City Memphis State TN Zip Code 38120	Amount of Each Disbursement this Period
Purpose of Disbursement Postage & Delivery	<div>79.99</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.4204.8 Date of Disbursement
Mailing Address 77 West Wacker Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 1 1</div> </div>
City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>385.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

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:
(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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B.4204.10 Date of Disbursement
Mailing Address 4255 Amon Carter Blvd. MD 2400	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 7 / 2 0 1 1</div> </div>
City Fort Worth State TX Zip Code 76155	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>252.70</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B.4204.11 Date of Disbursement
Mailing Address 4255 Amon Carter Blvd. MD 2400	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 7 / 2 0 1 1</div> </div>
City Fort Worth State TX Zip Code 76155	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>252.70</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: SB21B.4204.13 Date of Disbursement
Mailing Address P.O. Box 20706	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 7 / 2 0 1 1</div> </div>
City Atlanta State GA Zip Code 30320	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>311.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

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 109 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Hertz Rent-A-Car	Transaction ID: SB21B.4204.14 Date of Disbursement
Mailing Address 225 Brae Boulevard	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 7 / 2 0 1 1</div> </div>
City Park Ridge State NJ Zip Code 07656	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>224.70</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Hotels.com	Transaction ID: SB21B.4204.15 Date of Disbursement
Mailing Address 10440 North Central Epwy Sui	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 7 / 2 0 1 1</div> </div>
City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>185.37</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.4204.16 Date of Disbursement
Mailing Address 77 West Wacker Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 7 / 2 0 1 1</div> </div>
City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>338.70</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

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 110 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.4204.17 Date of Disbursement																				
Mailing Address 942 South Shady Grove Road	<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>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	8		2	0	1	1												
City Memphis State TN Zip Code 38120	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage & Delivery	<table border="1"> <tr> <td colspan="10">101.75</td> </tr> </table>	101.75																			
101.75																					
Candidate Name	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.4204.18 Date of Disbursement																				
Mailing Address 942 South Shady Grove Road	<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>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	8		2	0	1	1												
City Memphis State TN Zip Code 38120	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage & Delivery	<table border="1"> <tr> <td colspan="10">125.99</td> </tr> </table>	125.99																			
125.99																					
Candidate Name	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.4204.19 Date of Disbursement																				
Mailing Address 942 South Shady Grove Road	<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>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	8		2	0	1	1												
City Memphis State TN Zip Code 38120	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage & Delivery	<table border="1"> <tr> <td colspan="10">288.73</td> </tr> </table>	288.73																			
288.73																					
Candidate Name	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

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 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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Hertz Rent-A-Car	Transaction ID: SB21B.4204.21 Date of Disbursement																				
Mailing Address 225 Brae Boulevard	<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>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	8		2	0	1	1												
City Park Ridge State NJ Zip Code 07656	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">358.60</td> </tr> </table>	358.60																			
358.60																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) American Heritage Federal Credit Union	Transaction ID: SB21B.4235 Date of Disbursement																				
Mailing Address PO Box 52779	<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>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City Philadelphia State PA Zip Code 19115-7779	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Payment	<table border="1"> <tr> <td colspan="10">4450.73</td> </tr> </table>	4450.73																			
4450.73																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.4235.0 Date of Disbursement																				
Mailing Address 77 West Wacker Drive	<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>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	9		2	0	1	1												
City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">39.00</td> </tr> </table>	39.00																			
39.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

[MEMO ITEM]

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

4450.73

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 112 / 276

<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)
AMERICA'S FOUNDATION

<p>A.</p> <p>Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 111 W. Rio Salado Parkway</p> <p>City Tempe State AZ Zip Code 85281</p> <p>Purpose of Disbursement Travel Expenses</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>Transaction ID: SB21B.4235.1</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 9 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>575.50</div> </p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 77 West Wacker Drive</p> <p>City Chicago State IL Zip Code 60601</p> <p>Purpose of Disbursement Travel Expenses</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>Transaction ID: SB21B.4235.2</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 9 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>5.00</div> </p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 77 West Wacker Drive</p> <p>City Chicago State IL Zip Code 60601</p> <p>Purpose of Disbursement Travel Expenses</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>Transaction ID: SB21B.4235.3</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 9 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>5.00</div> </p> <p>[MEMO ITEM]</p>

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 113 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.4235.6 Date of Disbursement																				
Mailing Address 111 W. Rio Salado Parkway	<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>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	9		2	0	1	1												
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">107.49</td> </tr> </table>	107.49																			
107.49																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B.4235.7 Date of Disbursement																				
Mailing Address 4255 Amon Carter Blvd. MD 2400	<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>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City Fort Worth State TX Zip Code 76155	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">184.20</td> </tr> </table>	184.20																			
184.20																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Continental Airlines	Transaction ID: SB21B.4235.8 Date of Disbursement																				
Mailing Address 1600 Smith Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City Houston State TX Zip Code 77002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">918.80</td> </tr> </table>	918.80																			
918.80																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

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 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)
AMERICA'S FOUNDATION

<p>A.</p> <p>Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 111 W. Rio Salado Parkway</p> <p>City Tempe State AZ Zip Code 85281</p> <p>Purpose of Disbursement Travel Expenses</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>Transaction ID: SB21B.4235.9</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 1 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>2.50</div> </p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 111 W. Rio Salado Parkway</p> <p>City Tempe State AZ Zip Code 85281</p> <p>Purpose of Disbursement Travel Expenses</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>Transaction ID: SB21B.4235.10</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 1 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>2.50</div> </p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 111 W. Rio Salado Parkway</p> <p>City Tempe State AZ Zip Code 85281</p> <p>Purpose of Disbursement Travel Expenses</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>Transaction ID: SB21B.4235.11</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 1 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>202.00</div> </p> <p>[MEMO ITEM]</p>

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:
(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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.4235.12 Date of Disbursement
Mailing Address 111 W. Rio Salado Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 1 / 2 0 1 1</div> </div>
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses Candidate Name	<div>139.70</div>
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) ▼	<div>Category/Type</div> <div>[MEMO ITEM]</div>
B. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.4235.13 Date of Disbursement
Mailing Address 111 W. Rio Salado Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 1 / 2 0 1 1</div> </div>
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses Candidate Name	<div>75.00</div>
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) ▼	<div>Category/Type</div> <div>[MEMO ITEM]</div>
C. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.4235.14 Date of Disbursement
Mailing Address 111 W. Rio Salado Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 1 / 2 0 1 1</div> </div>
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses Candidate Name	<div>75.00</div>
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) ▼	<div>Category/Type</div> <div>[MEMO ITEM]</div>

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:
(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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.4235.15 Date of Disbursement																				
Mailing Address 111 W. Rio Salado Parkway	<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>1</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	1		2	0	1	1												
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.4235.16 Date of Disbursement																				
Mailing Address 111 W. Rio Salado Parkway	<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>1</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	1		2	0	1	1												
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: SB21B.4235.18 Date of Disbursement																				
Mailing Address P.O. Box 20706	<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>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	1	1												
City Atlanta State GA Zip Code 30320	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>311.40</td> </tr> </table>	311.40																			
311.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

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 117 / 276

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B.4235.19 Date of Disbursement
Mailing Address 4255 Amon Carter Blvd. MD 2400	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 4 / 2 0 1 1</div> </div>
City State Zip Code Fort Worth TX 76155	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>89.70</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Hotels.com	Transaction ID: SB21B.4235.20 Date of Disbursement
Mailing Address 10440 North Central Epwy Sui	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 4 / 2 0 1 1</div> </div>
City State Zip Code Dallas TX 75231	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>146.44</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.4235.21 Date of Disbursement
Mailing Address 111 W. Rio Salado Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 4 / 2 0 1 1</div> </div>
City State Zip Code Tempe AZ 85281	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>285.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

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 118 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Hertz Rent-A-Car	Transaction ID: SB21B.4235.25 Date of Disbursement
Mailing Address 225 Brae Boulevard	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 5 / 2 0 1 1</div> </div>
City Park Ridge State NJ Zip Code 07656	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>377.76</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: SB21B.4235.27 Date of Disbursement
Mailing Address P.O. Box 20706	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 7 / 2 0 1 1</div> </div>
City Atlanta State GA Zip Code 30320	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>574.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.4235.28 Date of Disbursement
Mailing Address 111 W. Rio Salado Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 7 / 2 0 1 1</div> </div>
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>128.70</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

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 119 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial)
American Heritage Federal Credit Union

Mailing Address PO Box 52779

City Philadelphia State PA Zip Code 19115-7779

Purpose of Disbursement
Credit Card Payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4637

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1342.30

B. Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address 942 South Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Postage & Delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4637.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

56.57

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address 942 South Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Postage & Delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4637.2

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.55

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1342.30

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 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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.4637.6 Date of Disbursement																				
Mailing Address 942 South Shady Grove Road	<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>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	1	1												
<table border="1"> <tr> <td>City Memphis</td> <td>State TN</td> <td>Zip Code 38120</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Postage & Delivery</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Memphis	State TN	Zip Code 38120	Purpose of Disbursement Postage & Delivery		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>21.45</td> </tr> </table>	21.45											
City Memphis	State TN	Zip Code 38120																			
Purpose of Disbursement Postage & Delivery		<input type="text"/> Category/ Type																			
Candidate Name																					
21.45																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.4637.9 Date of Disbursement																				
Mailing Address 942 South Shady Grove Road	<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>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	1	1												
<table border="1"> <tr> <td>City Memphis</td> <td>State TN</td> <td>Zip Code 38120</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Postage & Delivery</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Memphis	State TN	Zip Code 38120	Purpose of Disbursement Postage & Delivery		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>42.40</td> </tr> </table>	42.40											
City Memphis	State TN	Zip Code 38120																			
Purpose of Disbursement Postage & Delivery		<input type="text"/> Category/ Type																			
Candidate Name																					
42.40																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
C. Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.4637.10 Date of Disbursement																				
Mailing Address 942 South Shady Grove Road	<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>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	1	1												
<table border="1"> <tr> <td>City Memphis</td> <td>State TN</td> <td>Zip Code 38120</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Postage & Delivery</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Memphis	State TN	Zip Code 38120	Purpose of Disbursement Postage & Delivery		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>21.45</td> </tr> </table>	21.45											
City Memphis	State TN	Zip Code 38120																			
Purpose of Disbursement Postage & Delivery		<input type="text"/> Category/ Type																			
Candidate Name																					
21.45																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				

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 121 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.4637.13 Date of Disbursement																				
Mailing Address 942 South Shady Grove Road	<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>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	1	1												
<table border="1"> <tr> <td>City Memphis</td> <td>State TN</td> <td>Zip Code 38120</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Postage & Delivery</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Memphis	State TN	Zip Code 38120	Purpose of Disbursement Postage & Delivery		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>21.45</td> </tr> </table>	21.45											
City Memphis	State TN	Zip Code 38120																			
Purpose of Disbursement Postage & Delivery		<input type="text"/> Category/ Type																			
Candidate Name																					
21.45																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.4637.14 Date of Disbursement																				
Mailing Address 942 South Shady Grove Road	<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>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	1	1												
<table border="1"> <tr> <td>City Memphis</td> <td>State TN</td> <td>Zip Code 38120</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Postage & Delivery</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Memphis	State TN	Zip Code 38120	Purpose of Disbursement Postage & Delivery		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>22.45</td> </tr> </table>	22.45											
City Memphis	State TN	Zip Code 38120																			
Purpose of Disbursement Postage & Delivery		<input type="text"/> Category/ Type																			
Candidate Name																					
22.45																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
C. Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.4637.16 Date of Disbursement																				
Mailing Address 942 South Shady Grove Road	<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>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	1	1												
<table border="1"> <tr> <td>City Memphis</td> <td>State TN</td> <td>Zip Code 38120</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Postage & Delivery</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Memphis	State TN	Zip Code 38120	Purpose of Disbursement Postage & Delivery		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>19.46</td> </tr> </table>	19.46											
City Memphis	State TN	Zip Code 38120																			
Purpose of Disbursement Postage & Delivery		<input type="text"/> Category/ Type																			
Candidate Name																					
19.46																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				

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 122 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.4637.17 Date of Disbursement																				
Mailing Address 942 South Shady Grove Road	<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>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	1	1												
<table border="1"> <tr> <td>City Memphis</td> <td>State TN</td> <td>Zip Code 38120</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Postage & Delivery</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Memphis	State TN	Zip Code 38120	Purpose of Disbursement Postage & Delivery		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>22.45</td> </tr> </table>	22.45											
City Memphis	State TN	Zip Code 38120																			
Purpose of Disbursement Postage & Delivery		<input type="text"/> Category/ Type																			
Candidate Name																					
22.45																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.4637.18 Date of Disbursement																				
Mailing Address 942 South Shady Grove Road	<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>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	1	1												
<table border="1"> <tr> <td>City Memphis</td> <td>State TN</td> <td>Zip Code 38120</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Postage & Delivery</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Memphis	State TN	Zip Code 38120	Purpose of Disbursement Postage & Delivery		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>19.89</td> </tr> </table>	19.89											
City Memphis	State TN	Zip Code 38120																			
Purpose of Disbursement Postage & Delivery		<input type="text"/> Category/ Type																			
Candidate Name																					
19.89																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) The UPS Store	Transaction ID: SB21B.4637.19 Date of Disbursement																				
Mailing Address 1220 L Street NW	<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>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	1	1												
<table border="1"> <tr> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20005</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Postage & Delivery</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Washington	State DC	Zip Code 20005	Purpose of Disbursement Postage & Delivery		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>334.32</td> </tr> </table>	334.32											
City Washington	State DC	Zip Code 20005																			
Purpose of Disbursement Postage & Delivery		<input type="text"/> Category/ Type																			
Candidate Name																					
334.32																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

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 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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial)
American Heritage Federal Credit Union

Mailing Address PO Box 52779

City Philadelphia State PA Zip Code 19115-7779

Purpose of Disbursement
Credit Card Payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4269

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2937.84

B. Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 111 W. Rio Salado Parkway

City Tempe State AZ Zip Code 85281

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4269.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

498.90

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Hertz Rent-A-Car

Mailing Address 225 Brae Boulevard

City Park Ridge State NJ Zip Code 07656

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4269.3

Date of Disbursement

/ /

Amount of Each Disbursement this Period

193.91

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

2937.84

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address 77 West Wacker Drive

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4269.6

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-573.70

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
American Airlines

Mailing Address 4255 Amon Carter Blvd. MD 2400

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4269.9

Date of Disbursement

/ /

Amount of Each Disbursement this Period

189.70

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address 77 West Wacker Drive

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4269.10

Date of Disbursement

/ /

Amount of Each Disbursement this Period

894.70

[MEMO ITEM]

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 125 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.4269.14 Date of Disbursement																				
Mailing Address 111 W. Rio Salado Parkway	<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>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>-107.49</td> </tr> </table>	-107.49																			
-107.49																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.4269.15 Date of Disbursement																				
Mailing Address 111 W. Rio Salado Parkway	<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>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>-107.49</td> </tr> </table>	-107.49																			
-107.49																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: SB21B.4269.16 Date of Disbursement																				
Mailing Address P.O. Box 20706	<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>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Atlanta State GA Zip Code 30320	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>-311.40</td> </tr> </table>	-311.40																			
-311.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

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 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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Delta Airlines

Mailing Address P.O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4269.17

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-311.40

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Hotels.com

Mailing Address 10440 North Central Epwy Sui

City Dallas State TX Zip Code 75231

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4269.18

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-213.01

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Hotels.com

Mailing Address 10440 North Central Epwy Sui

City Dallas State TX Zip Code 75231

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4269.19

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-213.01

[MEMO ITEM]

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 127 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.4269.20 Date of Disbursement																				
Mailing Address 60 Massachusetts Ave NE	<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>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>-19.80</td> </tr> </table>	-19.80																			
-19.80																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.4269.21 Date of Disbursement																				
Mailing Address 60 Massachusetts Ave NE	<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>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>-19.80</td> </tr> </table>	-19.80																			
-19.80																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.4269.22 Date of Disbursement																				
Mailing Address 60 Massachusetts Ave NE	<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>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>-428.00</td> </tr> </table>	-428.00																			
-428.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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 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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.4269.23 Date of Disbursement
Mailing Address 60 Massachusetts Ave NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>-428.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.4269.24 Date of Disbursement
Mailing Address 77 West Wacker Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 1 / 2 0 1 1</div> </div>
City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>606.70</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B.4269.25 Date of Disbursement
Mailing Address 4255 Amon Carter Blvd. MD 2400	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 1 / 2 0 1 1</div> </div>
City Fort Worth State TX Zip Code 76155	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>910.65</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

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 129 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Logan's Roadhouse	Transaction ID: SB21B.4269.32 Date of Disbursement
Mailing Address 1136 Oak Forest Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 3 / 2 0 1 1</div> </div>
City Myrtle Beach State SC Zip Code 29577	Amount of Each Disbursement this Period
Purpose of Disbursement PAC Meeting Expenses	<div>588.56</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) IAD Dulles Parking	Transaction ID: SB21B.4269.35 Date of Disbursement
Mailing Address 45020 Aviation Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 5 / 2 0 1 1</div> </div>
City Sterling State VA Zip Code 20166	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>29.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.4269.37 Date of Disbursement
Mailing Address 77 West Wacker Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 7 / 2 0 1 1</div> </div>
City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>441.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

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 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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Ritz Carlton

Mailing Address 100 South Ocean Boulevard

City Manalapan State FL Zip Code 33462

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4269.38

Date of Disbursement

/ /

Amount of Each Disbursement this Period

541.64

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Hertz Rent-A-Car

Mailing Address 225 Brae Boulevard

City Park Ridge State NJ Zip Code 07656

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4269.39

Date of Disbursement

/ /

Amount of Each Disbursement this Period

258.31

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 111 W. Rio Salado Parkway

City Tempe State AZ Zip Code 85281

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4269.42

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-128.70

[MEMO ITEM]

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 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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Hilton Hotels

Mailing Address 7930 Jones Branch Drive
Suite 1100

City Mclean State VA Zip Code 22102

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4269.44

Date of Disbursement

/ /

Amount of Each Disbursement this Period

229.65

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
American Heritage Federal Credit Union

Mailing Address PO Box 52779

City Philadelphia State PA Zip Code 19115-7779

Purpose of Disbursement
Credit Card Payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4328

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6310.34

C.

Full Name (Last, First, Middle Initial)
Amtrak

Mailing Address 60 Massachusetts Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4328.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

139.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

6310.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Hotels.com	Transaction ID: SB21B.4328.2 Date of Disbursement
Mailing Address 10440 North Central Epwy Sui	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 9 / 2 0 1 1</div> </div>
City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>569.68</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) L'Auberge Chez Francois	Transaction ID: SB21B.4328.4 Date of Disbursement
Mailing Address 332 Springvale Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 0 / 2 0 1 1</div> </div>
City Great Falls State VA Zip Code 22066	Amount of Each Disbursement this Period
Purpose of Disbursement PAC Meeting Expenses	<div>335.95</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B.4328.6 Date of Disbursement
Mailing Address 4255 Amon Carter Blvd. MD 2400	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 0 / 2 0 1 1</div> </div>
City Fort Worth State TX Zip Code 76155	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>-910.65</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

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 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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 111 W. Rio Salado Parkway

City State Zip Code
Tempe AZ 85281

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4328.13

Date of Disbursement

/ /

Amount of Each Disbursement this Period

178.90

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Hertz Rent-A-Car

Mailing Address 225 Brae Boulevard

City State Zip Code
Park Ridge NJ 07656

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4328.14

Date of Disbursement

/ /

Amount of Each Disbursement this Period

166.66

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
IAD Dulles Parking

Mailing Address 45020 Aviation Drive

City State Zip Code
Sterling VA 20166

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4328.16

Date of Disbursement

/ /

Amount of Each Disbursement this Period

34.00

[MEMO ITEM]

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)
 AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.4328.21 Date of Disbursement
Mailing Address 77 West Wacker Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 1 1</div> </div>
City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>601.20</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.4328.22 Date of Disbursement
Mailing Address 77 West Wacker Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 1 1</div> </div>
City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>605.70</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.4328.23 Date of Disbursement
Mailing Address 77 West Wacker Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 1 1</div> </div>
City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>605.70</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

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 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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address 77 West Wacker Drive

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4328.24
Date of Disbursement

/ /

Amount of Each Disbursement this Period

599.70

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address 77 West Wacker Drive

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4328.25
Date of Disbursement

/ /

Amount of Each Disbursement this Period

565.40

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address 77 West Wacker Drive

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4328.26
Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

[MEMO ITEM]

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 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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Hertz Rent-A-Car	Transaction ID: SB21B.4328.28 Date of Disbursement
Mailing Address 225 Brae Boulevard	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 9 / 2 0 1 1</div> </div>
City Park Ridge State NJ Zip Code 07656	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>232.99</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) IAD Dulles Parking	Transaction ID: SB21B.4328.31 Date of Disbursement
Mailing Address 45020 Aviation Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 1 / 2 0 1 1</div> </div>
City Sterling State VA Zip Code 20166	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>51.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Marriot Hotels	Transaction ID: SB21B.4328.32 Date of Disbursement
Mailing Address 10400 Fernwood Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 1 / 2 0 1 1</div> </div>
City Bethesda State MD Zip Code 20817	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>291.33</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

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 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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Johnny's Italian Steakhouse

Mailing Address 6800 Fleur Dr

City Des Moines State IA Zip Code 50321

Purpose of Disbursement
PAC Meeting Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4328.36

Date of Disbursement

/ /

Amount of Each Disbursement this Period

164.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Johnny's Italian Steakhouse

Mailing Address 6800 Fleur Dr

City Des Moines State IA Zip Code 50321

Purpose of Disbursement
PAC Meeting Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4328.37

Date of Disbursement

/ /

Amount of Each Disbursement this Period

13.66

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
IAD Dulles Parking

Mailing Address 45020 Aviation Drive

City Sterling State VA Zip Code 20166

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4328.38

Date of Disbursement

/ /

Amount of Each Disbursement this Period

34.00

[MEMO ITEM]

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 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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Westin Poinsett Hotel	Transaction ID: SB21B.4328.40 Date of Disbursement
Mailing Address 120 South Main Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 4 / 2 0 1 1</div> </div>
City Greenville State SC Zip Code 29601	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>175.90</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Hotels.com	Transaction ID: SB21B.4328.41 Date of Disbursement
Mailing Address 10440 North Central Epwy Sui	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 4 / 2 0 1 1</div> </div>
City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>132.69</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: SB21B.4328.42 Date of Disbursement
Mailing Address P.O. Box 20706	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 1 1</div> </div>
City Atlanta State GA Zip Code 30320	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>179.70</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

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

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(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)
 AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address P.O. Box 20706	Transaction ID: SB21B.4328.48 Date of Disbursement <div> <div>02</div> <div>26</div> <div>2011</div> </div>
City Atlanta State GA Zip Code 30320 Purpose of Disbursement Travel Expenses 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) ▼	Amount of Each Disbursement this Period <div>194.70</div> [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) US Airways Mailing Address 111 W. Rio Salado Parkway City Tempe State AZ Zip Code 85281 Purpose of Disbursement Travel Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4328.49 Date of Disbursement <div> <div>02</div> <div>26</div> <div>2011</div> </div> Amount of Each Disbursement this Period <div>120.70</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) US Airways Mailing Address 111 W. Rio Salado Parkway City Tempe State AZ Zip Code 85281 Purpose of Disbursement Travel Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4328.50 Date of Disbursement <div> <div>02</div> <div>28</div> <div>2011</div> </div> Amount of Each Disbursement this Period <div>393.20</div> [MEMO ITEM]

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 140 / 276

<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)
AMERICA'S FOUNDATION

<p>A. Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 111 W. Rio Salado Parkway</p> <p>City Tempe State AZ Zip Code 85281</p> <p>Purpose of Disbursement Travel Expenses</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>Transaction ID: SB21B.4328.51 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 8 / 2 0 1 1</div> </p> <p>Amount of Each Disbursement this Period <div>14.00</div> </p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) IAD Dulles Parking</p> <p>Mailing Address 45020 Aviation Drive</p> <p>City Sterling State VA Zip Code 20166</p> <p>Purpose of Disbursement Travel Expenses</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>Transaction ID: SB21B.4328.52 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 8 / 2 0 1 1</div> </p> <p>Amount of Each Disbursement this Period <div>34.00</div> </p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) American Heritage Federal Credit Union</p> <p>Mailing Address PO Box 52779</p> <p>City Philadelphia State PA Zip Code 19115-7779</p> <p>Purpose of Disbursement Credit Card Payment</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>Transaction ID: SB21B.4395 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 5 / 2 0 1 1</div> </p> <p>Amount of Each Disbursement this Period <div>5656.23</div> </p>

SUBTOTAL of Disbursements This Page (optional)

5656.23

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 141 / 276

<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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address 77 West Wacker Drive

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4395.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

209.70

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address P.O. Box 41556

City Philadelphia State PA Zip Code 19101-1464

Purpose of Disbursement
Communication Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4395.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

696.89

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address 942 South Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Postage & Delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4395.2

Date of Disbursement

/ /

Amount of Each Disbursement this Period

103.49

[MEMO ITEM]

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 142 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Hotels.com	Transaction ID: SB21B.4395.3 Date of Disbursement																				
Mailing Address 10440 North Central Epwy Sui	<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>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	1	1												
City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">104.88</td> </tr> </table>	104.88																			
104.88																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Hotels.com	Transaction ID: SB21B.4395.4 Date of Disbursement																				
Mailing Address 10440 North Central Epwy Sui	<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>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	1	1												
City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">327.48</td> </tr> </table>	327.48																			
327.48																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B.4395.5 Date of Disbursement																				
Mailing Address 4255 Amon Carter Blvd. MD 2400	<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>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	1	1												
City Fort Worth State TX Zip Code 76155	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">327.40</td> </tr> </table>	327.40																			
327.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

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 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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address 77 West Wacker Drive

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4395.7

Date of Disbursement

/ /

Amount of Each Disbursement this Period

140.70

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address 77 West Wacker Drive

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4395.9

Date of Disbursement

/ /

Amount of Each Disbursement this Period

110.70

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 111 W. Rio Salado Parkway

City Tempe State AZ Zip Code 85281

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4395.10

Date of Disbursement

/ /

Amount of Each Disbursement this Period

105.70

[MEMO ITEM]

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 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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.4395.12 Date of Disbursement																				
Mailing Address 111 W. Rio Salado Parkway	<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>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	1	1												
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses Candidate Name	<table border="1"> <tr> <td>203.40</td> </tr> </table>	203.40																			
203.40																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) Hertz Rent-A-Car	Transaction ID: SB21B.4395.14 Date of Disbursement																				
Mailing Address 225 Brae Boulevard	<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>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	1	1												
City Park Ridge State NJ Zip Code 07656	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses Candidate Name	<table border="1"> <tr> <td>81.47</td> </tr> </table>	81.47																			
81.47																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) Hotels.com	Transaction ID: SB21B.4395.16 Date of Disbursement																				
Mailing Address 10440 North Central Epwy Sui	<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>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	1	1												
City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses Candidate Name	<table border="1"> <tr> <td>419.18</td> </tr> </table>	419.18																			
419.18																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

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)
 AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Hertz Rent-A-Car	Transaction ID: SB21B.4395.17 Date of Disbursement
Mailing Address 225 Brae Boulevard	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 1 1</div> </div>
City Park Ridge State NJ Zip Code 07656	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>82.17</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) IAD Dulles Parking	Transaction ID: SB21B.4395.18 Date of Disbursement
Mailing Address 45020 Aviation Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 7 / 2 0 1 1</div> </div>
City Sterling State VA Zip Code 20166	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>34.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B.4395.21 Date of Disbursement
Mailing Address 4255 Amon Carter Blvd. MD 2400	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 8 / 2 0 1 1</div> </div>
City Fort Worth State TX Zip Code 76155	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>445.10</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

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 146 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Hotels.com	Transaction ID: SB21B.4395.22 Date of Disbursement																				
Mailing Address 10440 North Central Epwy Sui	<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>3</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	8		2	0	1	1												
City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">109.24</td> </tr> </table>	109.24																			
109.24																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: SB21B.4395.26 Date of Disbursement																				
Mailing Address P.O. Box 36647-1CR	<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>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	0		2	0	1	1												
City Dallas State TX Zip Code 75235	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">315.70</td> </tr> </table>	315.70																			
315.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.4395.27 Date of Disbursement																				
Mailing Address 111 W. Rio Salado Parkway	<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>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	0		2	0	1	1												
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">232.40</td> </tr> </table>	232.40																			
232.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

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 147 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Renaissance Savery Hotel	Transaction ID: SB21B.4395.29 Date of Disbursement																				
Mailing Address 401 Locust Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	0		2	0	1	1												
City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">211.68</td> </tr> </table>	211.68																			
211.68																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Intercollegiate Studies Intsitute	Transaction ID: SB21B.4395.30 Date of Disbursement																				
Mailing Address 3901 Centerville Rd	<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>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	1	1												
City Wilmington State DE Zip Code 19807	Amount of Each Disbursement this Period																				
Purpose of Disbursement Donor Appreciation Expenses	<table border="1"> <tr> <td colspan="10">275.00</td> </tr> </table>	275.00																			
275.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Hilton Hotels	Transaction ID: SB21B.4395.31 Date of Disbursement																				
Mailing Address 7930 Jones Branch Drive Suite 1100	<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>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	1	1												
City Mclean State VA Zip Code 22102	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">12.58</td> </tr> </table>	12.58																			
12.58																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

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 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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: SB21B.4395.33 Date of Disbursement																				
Mailing Address P.O. Box 36647-1CR	<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>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	1	1												
City Dallas State TX Zip Code 75235	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">315.70</td> </tr> </table>	315.70																			
315.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) IAD Dulles Parking	Transaction ID: SB21B.4395.34 Date of Disbursement																				
Mailing Address 45020 Aviation Drive	<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>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	1	1												
City Sterling State VA Zip Code 20166	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">51.00</td> </tr> </table>	51.00																			
51.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Hotels.com	Transaction ID: SB21B.4395.40 Date of Disbursement																				
Mailing Address 10440 North Central Epwy Sui	<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>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	4		2	0	1	1												
City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">113.62</td> </tr> </table>	113.62																			
113.62																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

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 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)
AMERICA'S FOUNDATION

<p>A.</p> <p>Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 77 West Wacker Drive</p> <p>City Chicago State IL Zip Code 60601</p> <p>Purpose of Disbursement Travel Expenses</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>Transaction ID: SB21B.4395.43</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="367.40"/></p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) American Heritage Federal Credit Union</p> <p>Mailing Address PO Box 52779</p> <p>City Philadelphia State PA Zip Code 19115-7779</p> <p>Purpose of Disbursement Credit Card Payment</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>Transaction ID: SB21B.4452</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6127.67"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Blue Plate Kitchen</p> <p>Mailing Address 6130 Luther Lane</p> <p>City Dallas State TX Zip Code 75225</p> <p>Purpose of Disbursement PAC Meeting Expenses</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>Transaction ID: SB21B.4452.3</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="243.74"/></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

6127.67

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Hertz Rent-A-Car	Transaction ID: SB21B.4452.5 Date of Disbursement																				
Mailing Address 225 Brae Boulevard	<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>3</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	7		2	0	1	1												
City Park Ridge State NJ Zip Code 07656	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>84.53</td> </tr> </table>	84.53																			
84.53																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Hertz Rent-A-Car	Transaction ID: SB21B.4452.7 Date of Disbursement																				
Mailing Address 225 Brae Boulevard	<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>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	1	1												
City Park Ridge State NJ Zip Code 07656	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>963.14</td> </tr> </table>	963.14																			
963.14																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Hertz Rent-A-Car	Transaction ID: SB21B.4452.8 Date of Disbursement																				
Mailing Address 225 Brae Boulevard	<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>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	1	1												
City Park Ridge State NJ Zip Code 07656	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>132.14</td> </tr> </table>	132.14																			
132.14																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

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 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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) IAD Dulles Parking	Transaction ID: SB21B.4452.9 Date of Disbursement
Mailing Address 45020 Aviation Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 1 1</div> </div>
City State Zip Code Sterling VA 20166	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>17.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.4452.11 Date of Disbursement
Mailing Address 77 West Wacker Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 3 / 2 0 1 1</div> </div>
City State Zip Code Chicago IL 60601	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>30.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.4452.12 Date of Disbursement
Mailing Address 60 Massachusetts Ave NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 3 / 2 0 1 1</div> </div>
City State Zip Code Washington DC 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>224.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

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)
 AMERICA'S FOUNDATION

A.	<p>Full Name (Last, First, Middle Initial) Hotels.com</p> <p>Mailing Address 10440 North Central Epwy Sui</p> <p>City Dallas State TX Zip Code 75231</p> <p>Purpose of Disbursement Travel Expenses</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>Transaction ID: SB21B.4452.15 Date of Disbursement <div> <div>03</div> <div>24</div> <div>2011</div> </div> </p> <p>Amount of Each Disbursement this Period <div>218.10</div></p> <p>[MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) Amtrak</p> <p>Mailing Address 60 Massachusetts Ave NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel Expenses</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>Transaction ID: SB21B.4452.16 Date of Disbursement <div> <div>03</div> <div>24</div> <div>2011</div> </div> </p> <p>Amount of Each Disbursement this Period <div>102.00</div></p> <p>[MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 111 W. Rio Salado Parkway</p> <p>City Tempe State AZ Zip Code 85281</p> <p>Purpose of Disbursement Travel Expenses</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>Transaction ID: SB21B.4452.17 Date of Disbursement <div> <div>03</div> <div>24</div> <div>2011</div> </div> </p> <p>Amount of Each Disbursement this Period <div>462.90</div></p> <p>[MEMO ITEM]</p>

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 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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 111 W. Rio Salado Parkway

City State Zip Code
Tempe AZ 85281

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4452.18

Date of Disbursement

/ /

Amount of Each Disbursement this Period

9.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 111 W. Rio Salado Parkway

City State Zip Code
Tempe AZ 85281

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4452.19

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address 77 West Wacker Drive

City State Zip Code
Chicago IL 60601

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4452.20

Date of Disbursement

/ /

Amount of Each Disbursement this Period

139.70

[MEMO ITEM]

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 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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Amazon.com

Mailing Address 1200 12th Ave

City State Zip Code
Seattle WA 98144

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4452.21
Date of Disbursement

/ /

Amount of Each Disbursement this Period

349.98

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
The Old Brogue

Mailing Address 760C Walker Road

City State Zip Code
Great Falls VA 22066

Purpose of Disbursement
PAC Meeting Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4452.23
Date of Disbursement

/ /

Amount of Each Disbursement this Period

85.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Hotels.com

Mailing Address 10440 North Central Epwy Sui

City State Zip Code
Dallas TX 75231

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4452.26
Date of Disbursement

/ /

Amount of Each Disbursement this Period

124.55

[MEMO ITEM]

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 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: SB21B.4452.27 Date of Disbursement																				
Mailing Address P.O. Box 36647-1CR	<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>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	1	1												
City Dallas State TX Zip Code 75235	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">493.40</td> </tr> </table>	493.40																			
493.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Hotels.com	Transaction ID: SB21B.4452.28 Date of Disbursement																				
Mailing Address 10440 North Central Epwy Sui	<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>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	1	1												
City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">-109.05</td> </tr> </table>	-109.05																			
-109.05																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) IAD Dulles Parking	Transaction ID: SB21B.4452.29 Date of Disbursement																				
Mailing Address 45020 Aviation Drive	<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>3</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	8		2	0	1	1												
City Sterling State VA Zip Code 20166	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">17.00</td> </tr> </table>	17.00																			
17.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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 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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Hotels.com	Transaction ID: SB21B.4452.33 Date of Disbursement
Mailing Address 10440 North Central Epwy Sui	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 9 / 2 0 1 1</div> </div>
City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>176.20</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Hotels.com	Transaction ID: SB21B.4452.34 Date of Disbursement
Mailing Address 10440 North Central Epwy Sui	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 9 / 2 0 1 1</div> </div>
City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>365.02</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.4452.36 Date of Disbursement
Mailing Address 111 W. Rio Salado Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 1 1</div> </div>
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>493.70</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

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 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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.4452.37 Date of Disbursement																				
Mailing Address 111 W. Rio Salado Parkway	<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>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	1	1												
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">7.00</td> </tr> </table>	7.00																			
7.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.4452.38 Date of Disbursement																				
Mailing Address 111 W. Rio Salado Parkway	<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>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	1	1												
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">94.70</td> </tr> </table>	94.70																			
94.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM]																				
C. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.4452.39 Date of Disbursement																				
Mailing Address 111 W. Rio Salado Parkway	<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>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	1	1												
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">12.00</td> </tr> </table>	12.00																			
12.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM]																				

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 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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.4452.41 Date of Disbursement
Mailing Address 111 W. Rio Salado Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 1 1</div> </div>
City State Zip Code Tempe AZ 85281	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>-203.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Hotels.com	Transaction ID: SB21B.4452.46 Date of Disbursement
Mailing Address 10440 North Central Epwy Sui	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 1 1</div> </div>
City State Zip Code Dallas TX 75231	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>564.27</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) JetBlue Airways	Transaction ID: SB21B.4452.47 Date of Disbursement
Mailing Address 118-29 Queens Blvd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 1 1</div> </div>
City State Zip Code Forest Hills NY 11375	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>20.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

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 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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial)
American Heritage Federal Credit Union

Mailing Address PO Box 52779

City Philadelphia State PA Zip Code 19115-7779

Purpose of Disbursement
Credit Card Payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4668

Date of Disbursement

03 / 31 / 2011

Amount of Each Disbursement this Period

472.53

B. Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address 942 South Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Postage & Delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4668.0

Date of Disbursement

01 / 31 / 2011

Amount of Each Disbursement this Period

22.45

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address 942 South Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Postage & Delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4668.1

Date of Disbursement

01 / 31 / 2011

Amount of Each Disbursement this Period

19.46

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

472.53

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 / 276

<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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Federal Express

Mailing Address 942 South Shady Grove Road

City State Zip Code
Memphis TN 38120

Purpose of Disbursement
Postage & Delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4668.2

Date of Disbursement

/ /

Amount of Each Disbursement this Period

22.66

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Federal Express

Mailing Address 942 South Shady Grove Road

City State Zip Code
Memphis TN 38120

Purpose of Disbursement
Postage & Delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4668.3

Date of Disbursement

/ /

Amount of Each Disbursement this Period

26.95

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Federal Express

Mailing Address 942 South Shady Grove Road

City State Zip Code
Memphis TN 38120

Purpose of Disbursement
Postage & Delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4668.5

Date of Disbursement

/ /

Amount of Each Disbursement this Period

17.05

[MEMO ITEM]

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 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.4668.6 Date of Disbursement																				
Mailing Address 942 South Shady Grove Road	<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>3</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	7		2	0	1	1												
City Memphis State TN Zip Code 38120	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage & Delivery	<table border="1"> <tr> <td colspan="10">39.78</td> </tr> </table>	39.78																			
39.78																					
Candidate Name	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.4668.7 Date of Disbursement																				
Mailing Address 942 South Shady Grove Road	<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>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	0		2	0	1	1												
City Memphis State TN Zip Code 38120	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage & Delivery	<table border="1"> <tr> <td colspan="10">23.64</td> </tr> </table>	23.64																			
23.64																					
Candidate Name	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.4668.8 Date of Disbursement																				
Mailing Address 942 South Shady Grove Road	<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>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	0		2	0	1	1												
City Memphis State TN Zip Code 38120	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage & Delivery	<table border="1"> <tr> <td colspan="10">17.21</td> </tr> </table>	17.21																			
17.21																					
Candidate Name	[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

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 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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address 942 South Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Postage & Delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4668.9

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2011

Amount of Each Disbursement this Period

24.25

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address 942 South Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Postage & Delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4668.10

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2011

Amount of Each Disbursement this Period

30.30

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address 942 South Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Postage & Delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4668.11

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2011

Amount of Each Disbursement this Period

30.30

[MEMO ITEM]

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 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.4668.12 Date of Disbursement																				
Mailing Address 942 South Shady Grove Road	<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>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	4		2	0	1	1												
City Memphis State TN Zip Code 38120	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage & Delivery	<table border="1"> <tr> <td colspan="10">22.64</td> </tr> </table>	22.64																			
22.64																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) American Heritage Federal Credit Union	Transaction ID: SB21B.4516 Date of Disbursement																				
Mailing Address PO Box 52779	<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>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	0		2	0	1	1												
City Philadelphia State PA Zip Code 19115-7779	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Payment	<table border="1"> <tr> <td colspan="10">7618.00</td> </tr> </table>	7618.00																			
7618.00																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Hertz Rent-A-Car	Transaction ID: SB21B.4516.0 Date of Disbursement																				
Mailing Address 225 Brae Boulevard	<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>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	1	1												
City Park Ridge State NJ Zip Code 07656	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">936.29</td> </tr> </table>	936.29																			
936.29																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7618.00

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 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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

American Airlines

Mailing Address 4255 Amon Carter Blvd. MD 2400

City State Zip Code
Fort Worth TX 76155

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4516.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

IAD Dulles Parking

Mailing Address 45020 Aviation Drive

City State Zip Code
Sterling VA 20166

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4516.4

Date of Disbursement

/ /

Amount of Each Disbursement this Period

51.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Hyatt Hotels

Mailing Address 71 S. Wacker Dr., 12th Fl

City State Zip Code
Chicago IL 60606

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4516.5

Date of Disbursement

/ /

Amount of Each Disbursement this Period

171.35

[MEMO ITEM]

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 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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Hyatt Hotels

Mailing Address 71 S. Wacker Dr., 12th Fl

City Chicago State IL Zip Code 60606

Purpose of Disbursement

Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4516.7

Date of Disbursement

04 / 04 / 2011

Amount of Each Disbursement this Period

171.35

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Hampton Inns

Mailing Address 7930 Jones Branch Drive

City Mclean State VA Zip Code 22102

Purpose of Disbursement

Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4516.8

Date of Disbursement

04 / 05 / 2011

Amount of Each Disbursement this Period

133.28

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Hampton Inns

Mailing Address 7930 Jones Branch Drive

City Mclean State VA Zip Code 22102

Purpose of Disbursement

Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4516.9

Date of Disbursement

04 / 05 / 2011

Amount of Each Disbursement this Period

133.28

[MEMO ITEM]

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)
 AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Hampton Inns

Mailing Address 7930 Jones Branch Drive

City State Zip Code
 Mclean VA 22102

Purpose of Disbursement

Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4516.11

Date of Disbursement

/ /

Amount of Each Disbursement this Period

133.28

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Delta Airlines

Mailing Address P.O. Box 20706

City State Zip Code
 Atlanta GA 30320

Purpose of Disbursement

Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4516.12

Date of Disbursement

/ /

Amount of Each Disbursement this Period

552.40

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

JetBlue Airways

Mailing Address 118-29 Queens Blvd

City State Zip Code
 Forest Hills NY 11375

Purpose of Disbursement

Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4516.13

Date of Disbursement

/ /

Amount of Each Disbursement this Period

185.70

[MEMO ITEM]

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 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Hertz Rent-A-Car	Transaction ID: SB21B.4516.16 Date of Disbursement																				
Mailing Address 225 Brae Boulevard	<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>4</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	8		2	0	1	1												
City Park Ridge State NJ Zip Code 07656	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">96.72</td> </tr> </table>	96.72																			
96.72																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.4516.20 Date of Disbursement																				
Mailing Address 111 W. Rio Salado Parkway	<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>4</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	1		2	0	1	1												
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">249.70</td> </tr> </table>	249.70																			
249.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.4516.21 Date of Disbursement																				
Mailing Address 111 W. Rio Salado Parkway	<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>4</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	1		2	0	1	1												
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>	15.00																			
15.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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 168 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Hertz Rent-A-Car	Transaction ID: SB21B.4516.23 Date of Disbursement																				
Mailing Address 225 Brae Boulevard	<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>4</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	1		2	0	1	1												
City Park Ridge State NJ Zip Code 07656	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">402.22</td> </tr> </table>	402.22																			
402.22																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Hampton Inns	Transaction ID: SB21B.4516.24 Date of Disbursement																				
Mailing Address 7930 Jones Branch Drive	<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>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	2		2	0	1	1												
City Mclean State VA Zip Code 22102	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">8.00</td> </tr> </table>	8.00																			
8.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Hotels.com	Transaction ID: SB21B.4516.25 Date of Disbursement																				
Mailing Address 10440 North Central Epwy Sui	<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>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	2		2	0	1	1												
City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">109.24</td> </tr> </table>	109.24																			
109.24																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

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 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Hampton Inns	Transaction ID: SB21B.4516.26 Date of Disbursement																				
Mailing Address 7930 Jones Branch Drive	<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>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	2		2	0	1	1												
City Mclean State VA Zip Code 22102	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">6.00</td> </tr> </table>	6.00																			
6.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B.4516.27 Date of Disbursement																				
Mailing Address 4255 Amon Carter Blvd. MD 2400	<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>4</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	3		2	0	1	1												
City Fort Worth State TX Zip Code 76155	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">193.70</td> </tr> </table>	193.70																			
193.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Hotels.com	Transaction ID: SB21B.4516.28 Date of Disbursement																				
Mailing Address 10440 North Central Epwy Sui	<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>4</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	3		2	0	1	1												
City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">205.47</td> </tr> </table>	205.47																			
205.47																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

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 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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address 942 South Shady Grove Road

City State Zip Code
Memphis TN 38120

Purpose of Disbursement
Postage & Delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4516.30
Date of Disbursement

/ /

Amount of Each Disbursement this Period

7.02

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
American Airlines

Mailing Address 4255 Amon Carter Blvd. MD 2400

City State Zip Code
Fort Worth TX 76155

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4516.31
Date of Disbursement

/ /

Amount of Each Disbursement this Period

1093.70

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address 942 South Shady Grove Road

City State Zip Code
Memphis TN 38120

Purpose of Disbursement
Postage & Delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4516.33
Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.76

[MEMO ITEM]

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 / 276

<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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address 942 South Shady Grove Road

City State Zip Code
Memphis TN 38120

Purpose of Disbursement
Postage & Delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4516.34
Date of Disbursement

/ /

Amount of Each Disbursement this Period

85.03

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Hertz Rent-A-Car

Mailing Address 225 Brae Boulevard

City State Zip Code
Park Ridge NJ 07656

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4516.39
Date of Disbursement

/ /

Amount of Each Disbursement this Period

267.08

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
American Airlines

Mailing Address 4255 Amon Carter Blvd. MD 2400

City State Zip Code
Fort Worth TX 76155

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4516.40
Date of Disbursement

/ /

Amount of Each Disbursement this Period

92.00

[MEMO ITEM]

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 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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.4516.41 Date of Disbursement																				
Mailing Address 942 South Shady Grove Road	<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>4</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	6		2	0	1	1												
City Memphis State TN Zip Code 38120	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage & Delivery	<table border="1"> <tr> <td colspan="10">12.11</td> </tr> </table>	12.11																			
12.11																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Hotels.com	Transaction ID: SB21B.4516.46 Date of Disbursement																				
Mailing Address 10440 North Central Epwy Sui	<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>4</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	8		2	0	1	1												
City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">456.92</td> </tr> </table>	456.92																			
456.92																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) IAD Dulles Parking	Transaction ID: SB21B.4516.47 Date of Disbursement																				
Mailing Address 45020 Aviation Drive	<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>4</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	8		2	0	1	1												
City Sterling State VA Zip Code 20166	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">51.00</td> </tr> </table>	51.00																			
51.00																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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 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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Hertz Rent-A-Car	Transaction ID: SB21B.4516.48 Date of Disbursement																				
Mailing Address 225 Brae Boulevard	<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>4</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	8		2	0	1	1												
City Park Ridge State NJ Zip Code 07656	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>701.93</td> </tr> </table>	701.93																			
701.93																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
B. Full Name (Last, First, Middle Initial) Texas Rangers	Transaction ID: SB21B.4516.50 Date of Disbursement																				
Mailing Address 1000 Ballpark 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>4</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	9		2	0	1	1												
City Arlington State TX Zip Code 76011	Amount of Each Disbursement this Period																				
Purpose of Disbursement Donor Appreciation Expenses	<table border="1"> <tr> <td>268.00</td> </tr> </table>	268.00																			
268.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
C. Full Name (Last, First, Middle Initial) American Heritage Federal Credit Union	Transaction ID: SB21B.4685 Date of Disbursement																				
Mailing Address PO Box 52779	<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>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	0		2	0	1	1												
City Philadelphia State PA Zip Code 19115-7779	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Payment	<table border="1"> <tr> <td>434.06</td> </tr> </table>	434.06																			
434.06																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

434.06

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Best Western Executive	Transaction ID: SB21B.4685.0 Date of Disbursement																				
Mailing Address 13500 S Willow Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	0		2	0	1	1												
City Manchester State NH Zip Code 03103	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Meeting Expenses	<table border="1"> <tr> <td colspan="10">394.89</td> </tr> </table>	394.89																			
394.89																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) American Heritage Federal Credit Union	Transaction ID: SB21B.4685.1 Date of Disbursement																				
Mailing Address PO Box 52779	<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>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	0		2	0	1	1												
City Philadelphia State PA Zip Code 19115-7779	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Service Charges	<table border="1"> <tr> <td colspan="10">39.17</td> </tr> </table>	39.17																			
39.17																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) American Heritage Federal Credit Union	Transaction ID: SB21B.4582 Date of Disbursement																				
Mailing Address PO Box 52779	<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>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	1	1												
City Philadelphia State PA Zip Code 19115-7779	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Payment	<table border="1"> <tr> <td colspan="10">4419.19</td> </tr> </table>	4419.19																			
4419.19																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4419.19

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 175 / 276

<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)
AMERICA'S FOUNDATION**A.**Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address 77 West Wacker Drive

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4582.2

Date of Disbursement

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

Amount of Each Disbursement this Period

561.40

[MEMO ITEM]**B.**Full Name (Last, First, Middle Initial)
Hertz Rent-A-Car

Mailing Address 225 Brae Boulevard

City Park Ridge State NJ Zip Code 07656

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4582.3

Date of Disbursement

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

Amount of Each Disbursement this Period

117.48

[MEMO ITEM]**C.**Full Name (Last, First, Middle Initial)
Hilton HotelsMailing Address 7930 Jones Branch Drive
Suite 1100

City Mclean State VA Zip Code 22102

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4582.4

Date of Disbursement

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

Amount of Each Disbursement this Period

42.64

[MEMO ITEM]

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 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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) IAD Dulles Parking	Transaction ID: SB21B.4582.6 Date of Disbursement
Mailing Address 45020 Aviation Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 2 / 2 0 1 1</div> </div>
City Sterling State VA Zip Code 20166	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>51.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.4582.10 Date of Disbursement
Mailing Address 77 West Wacker Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 6 / 2 0 1 1</div> </div>
City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>1216.90</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.4582.11 Date of Disbursement
Mailing Address 77 West Wacker Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 6 / 2 0 1 1</div> </div>
City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>1216.90</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

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 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.4582.19 Date of Disbursement
Mailing Address 77 West Wacker Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 8 / 2 0 1 1</div> </div>
City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>160.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Hotels.com	Transaction ID: SB21B.4582.21 Date of Disbursement
Mailing Address 10440 North Central Epwy Sui	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 8 / 2 0 1 1</div> </div>
City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>109.24</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B.4582.23 Date of Disbursement
Mailing Address 77 West Wacker Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 1 1</div> </div>
City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>75.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

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 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.4582.25 Date of Disbursement
Mailing Address 111 W. Rio Salado Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 1 1</div> </div>
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>210.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) The UPS Store	Transaction ID: SB21B.4582.27 Date of Disbursement
Mailing Address 1220 L Street NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
Purpose of Disbursement Postage & Delivery	<div>66.60</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) IAD Dulles Parking	Transaction ID: SB21B.4582.29 Date of Disbursement
Mailing Address 45020 Aviation Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 1 1</div> </div>
City Sterling State VA Zip Code 20166	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>51.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

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 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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) JetBlue Airways	Transaction ID: SB21B.4582.31 Date of Disbursement																				
Mailing Address 118-29 Queens Blvd	<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>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	8		2	0	1	1												
City Forest Hills State NY Zip Code 11375	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">145.70</td> </tr> </table>	145.70																			
145.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					
B. Full Name (Last, First, Middle Initial) American Heritage Federal Credit Union	Transaction ID: SB21B.4629 Date of Disbursement																				
Mailing Address PO Box 52779	<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>5</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	6		2	0	1	1												
City Philadelphia State PA Zip Code 19115-7779	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Payment	<table border="1"> <tr> <td colspan="10">300.61</td> </tr> </table>	300.61																			
300.61																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) IAD Dulles Parking	Transaction ID: SB21B.4629.1 Date of Disbursement																				
Mailing Address 45020 Aviation Drive	<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>5</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	2		2	0	1	1												
City Sterling State VA Zip Code 20166	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">34.00</td> </tr> </table>	34.00																			
34.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM]																					

SUBTOTAL of Disbursements This Page (optional)

300.61

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Hertz Rent-A-Car

Mailing Address 225 Brae Boulevard

City Park Ridge State NJ Zip Code 07656

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4629.4

Date of Disbursement

/ /

Amount of Each Disbursement this Period

226.66

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Arnold's Factory Supplies, Inc.

Mailing Address 3101 Washington Blvd

City Baltimore State MD Zip Code 21230

Purpose of Disbursement
Direct Mail Costs - Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26912

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4182.36

C.

Full Name (Last, First, Middle Initial)
Barna Advisory Services, PC

Mailing Address 270 S. Woodmont Drive

City Downingtown State PA Zip Code 19335

Purpose of Disbursement
Accounting Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26792

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6682.36

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 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Barna Advisory Services, PC	Transaction ID: SB21B.26793 Date of Disbursement																				
Mailing Address 270 S. Woodmont Drive	<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>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City Downingtown State PA Zip Code 19335	Amount of Each Disbursement this Period																				
Purpose of Disbursement Accounting Fees Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Barna Advisory Services, PC	Transaction ID: SB21B.26794 Date of Disbursement																				
Mailing Address 270 S. Woodmont Drive	<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>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	1	1												
City Downingtown State PA Zip Code 19335	Amount of Each Disbursement this Period																				
Purpose of Disbursement Accounting Fees Candidate Name	<table border="1"> <tr> <td colspan="10">3500.00</td> </tr> </table>	3500.00																			
3500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Barna Advisory Services, PC	Transaction ID: SB21B.26795 Date of Disbursement																				
Mailing Address 270 S. Woodmont Drive	<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>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	1	1												
City Downingtown State PA Zip Code 19335	Amount of Each Disbursement this Period																				
Purpose of Disbursement Accounting Fees Candidate Name	<table border="1"> <tr> <td colspan="10">3500.00</td> </tr> </table>	3500.00																			
3500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

8000.00

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 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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Barna Advisory Services, PC

Mailing Address 270 S. Woodmont Drive

City State Zip Code
Downingtown PA 19335

Purpose of Disbursement
Accounting Fees
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26796
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
Barna Advisory Services, PC

Mailing Address 270 S. Woodmont Drive

City State Zip Code
Downingtown PA 19335

Purpose of Disbursement
Accounting Fees
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26797
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
Barna Advisory Services, PC

Mailing Address 270 S. Woodmont Drive

City State Zip Code
Downingtown PA 19335

Purpose of Disbursement
Accounting Fees
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26798
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)

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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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21B.27052 Date of Disbursement																				
Mailing Address PO Box 200	<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>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	1	1												
City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Service Charges Candidate Name	<table border="1"> <tr> <td colspan="10">214.95</td> </tr> </table>	214.95																			
214.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21B.27053 Date of Disbursement																				
Mailing Address PO Box 200	<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>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	1	1												
City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Service Charges Candidate Name	<table border="1"> <tr> <td colspan="10">268.09</td> </tr> </table>	268.09																			
268.09																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21B.27054 Date of Disbursement																				
Mailing Address PO Box 200	<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>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	1	1												
City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Service Charges Candidate Name	<table border="1"> <tr> <td colspan="10">231.97</td> </tr> </table>	231.97																			
231.97																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

715.01

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 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)
AMERICA'S FOUNDATION**A.**Full Name (Last, First, Middle Initial)
BB&T

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0020

Purpose of Disbursement
Bank Service Charges
Candidate NameCategory/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
State: District: Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.27055

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	1

Amount of Each Disbursement this Period

204.28

B.Full Name (Last, First, Middle Initial)
BB&T

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0020

Purpose of Disbursement
Bank Service Charges
Candidate NameCategory/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
State: District: Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.27056

Date of Disbursement

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

Amount of Each Disbursement this Period

123.24

C.Full Name (Last, First, Middle Initial)
Matt BeynonMailing Address 1747 Pennsylvania Ave, NW
Suite 1200

City Washington State DC Zip Code 20006

Purpose of Disbursement
PAC Staff Fees & Expense Reimb
Candidate NameCategory/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
State: District: Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26839

Date of Disbursement

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

Amount of Each Disbursement this Period

6986.09

SUBTOTAL of Disbursements This Page (optional)

7313.61

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)
 AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Doubletree Metropolitan	Transaction ID: SB21B.26839.0 Date of Disbursement
Mailing Address 569 Lexington Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 5 / 2 0 1 1</div> </div>
City State Zip Code New York NY 10022	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>541.67</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) FedExKinkos	Transaction ID: SB21B.26839.5 Date of Disbursement
Mailing Address 1601 Crystal Square	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 5 / 2 0 1 1</div> </div>
City State Zip Code Arlington VA 22202	Amount of Each Disbursement this Period
Purpose of Disbursement Postage & Delivery	<div>68.45</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Matt Beynon	Transaction ID: SB21B.26840 Date of Disbursement
Mailing Address 1747 Pennsylvania Ave, NW Suite 1200	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 1 1</div> </div>
City State Zip Code Washington DC 20006	Amount of Each Disbursement this Period
Purpose of Disbursement PAC Staff Fees & Expense Reimb	<div>3207.46</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

SUBTOTAL of Disbursements This Page (optional)

3207.46

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
FedExKinkos

Mailing Address 1601 Crystal Square

City Arlington State VA Zip Code 22202

Purpose of Disbursement
Postage & Delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26840.3

Date of Disbursement

/ /

Amount of Each Disbursement this Period

37.99

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Matt Beynon

Mailing Address 1747 Pennsylvania Ave, NW
Suite 1200

City Washington State DC Zip Code 20006

Purpose of Disbursement
PAC Staff Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26841

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)
Matt Beynon

Mailing Address 1747 Pennsylvania Ave, NW
Suite 1200

City Washington State DC Zip Code 20006

Purpose of Disbursement
Expense Reimb - Delivery, Printing, and Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26842

Date of Disbursement

/ /

Amount of Each Disbursement this Period

455.55

SUBTOTAL of Disbursements This Page (optional)

3455.55

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) FedExKinkos	Transaction ID: SB21B.26842.2 Date of Disbursement																				
Mailing Address 1601 Crystal Square	<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>3</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	8		2	0	1	1												
City Arlington State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Printing & Reproduction	<table border="1"> <tr> <td colspan="10">146.99</td> </tr> </table>	146.99																			
146.99																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) FedExKinkos	Transaction ID: SB21B.26842.3 Date of Disbursement																				
Mailing Address 1601 Crystal Square	<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>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	1	1												
City Arlington State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office Supplies	<table border="1"> <tr> <td colspan="10">7.34</td> </tr> </table>	7.34																			
7.34																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) FedExKinkos	Transaction ID: SB21B.26842.4 Date of Disbursement																				
Mailing Address 1601 Crystal Square	<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>3</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	8		2	0	1	1												
City Arlington State VA Zip Code 22202	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage & Delivery	<table border="1"> <tr> <td colspan="10">13.07</td> </tr> </table>	13.07																			
13.07																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

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)
 AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) FedExKinkos	Transaction ID: SB21B.26842.5 Date of Disbursement
Mailing Address 1601 Crystal Square	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 8 / 2 0 1 1</div> </div>
City Arlington State VA Zip Code 22202	Amount of Each Disbursement this Period
Purpose of Disbursement Packing Supplies	<div> <div></div> <div>4.49</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) FedExKinkos	Transaction ID: SB21B.26842.6 Date of Disbursement
Mailing Address 1601 Crystal Square	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 4 / 2 0 1 1</div> </div>
City Arlington State VA Zip Code 22202	Amount of Each Disbursement this Period
Purpose of Disbursement PAC Printing & Reproduction	<div> <div></div> <div>78.23</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) FedExKinkos	Transaction ID: SB21B.26842.7 Date of Disbursement
Mailing Address 1601 Crystal Square	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 4 / 2 0 1 1</div> </div>
City Arlington State VA Zip Code 22202	Amount of Each Disbursement this Period
Purpose of Disbursement Postage & Delivery	<div> <div></div> <div>31.31</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

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 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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

FedExKinkos

Mailing Address 1601 Crystal Square

City State Zip Code
Arlington VA 22202

Purpose of Disbursement
Postage & Delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26842.8

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2011

Amount of Each Disbursement this Period

90.52

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

BigEye Direct, Inc.

Mailing Address 13860 Redskin Drive

City State Zip Code
Herndon VA 20171

Purpose of Disbursement
Direct Mail Costs - Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26874

Date of Disbursement

MM / DD / YYYY
01 / 26 / 2011

Amount of Each Disbursement this Period

3523.97

C.

Full Name (Last, First, Middle Initial)

BigEye Direct, Inc.

Mailing Address 13860 Redskin Drive

City State Zip Code
Herndon VA 20171

Purpose of Disbursement
Direct Mail Costs - Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26875

Date of Disbursement

MM / DD / YYYY
01 / 26 / 2011

Amount of Each Disbursement this Period

3524.05

SUBTOTAL of Disbursements This Page (optional)

7048.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

BigEye Direct, Inc.

Mailing Address 13860 Redskin Drive

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Direct Mail Costs - Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26879

Date of Disbursement

02 / 03 / 2011

Amount of Each Disbursement this Period

944.91

B.

Full Name (Last, First, Middle Initial)

BigEye Direct, Inc.

Mailing Address 13860 Redskin Drive

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Direct Mail Costs - Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26880

Date of Disbursement

02 / 03 / 2011

Amount of Each Disbursement this Period

944.64

C.

Full Name (Last, First, Middle Initial)

BigEye Direct, Inc.

Mailing Address 13860 Redskin Drive

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Direct Mail Costs - Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26883

Date of Disbursement

02 / 23 / 2011

Amount of Each Disbursement this Period

600.93

SUBTOTAL of Disbursements This Page (optional)

2490.48

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.26884 Date of Disbursement
Mailing Address 13860 Redskin Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 3 / 2 0 1 1</div> </div>
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Postage	<div>601.26</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.26892 Date of Disbursement
Mailing Address 13860 Redskin Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 1 1</div> </div>
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Postage	<div>7767.17</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.26896 Date of Disbursement
Mailing Address 13860 Redskin Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 8 / 2 0 1 1</div> </div>
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Printing	<div>470.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

8838.43

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 192 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.26898 Date of Disbursement																				
Mailing Address 13860 Redskin Drive	<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>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	1												
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Postage Candidate Name	<table border="1"> <tr> <td colspan="10">470.00</td> </tr> </table>	470.00																			
470.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.26903 Date of Disbursement																				
Mailing Address 13860 Redskin Drive	<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>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	9		2	0	1	1												
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing Candidate Name	<table border="1"> <tr> <td colspan="10">751.61</td> </tr> </table>	751.61																			
751.61																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.26904 Date of Disbursement																				
Mailing Address 13860 Redskin Drive	<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>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	1												
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing Candidate Name	<table border="1"> <tr> <td colspan="10">720.43</td> </tr> </table>	720.43																			
720.43																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1942.04

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 193 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Michael Biundo	Transaction ID: SB21B.26732 Date of Disbursement																				
Mailing Address 33 Country Walk Dr.	<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>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City Manchester State NH Zip Code 03109	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Staff Fees	<table border="1"> <tr> <td colspan="10">5500.00</td> </tr> </table>	5500.00																			
5500.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Michael Biundo	Transaction ID: SB21B.26733 Date of Disbursement																				
Mailing Address 33 Country Walk Dr.	<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>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	1	1												
City Manchester State NH Zip Code 03109	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Staff Fees	<table border="1"> <tr> <td colspan="10">5500.00</td> </tr> </table>	5500.00																			
5500.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Michael Biundo	Transaction ID: SB21B.26734 Date of Disbursement																				
Mailing Address 33 Country Walk Dr.	<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>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	0		2	0	1	1												
City Manchester State NH Zip Code 03109	Amount of Each Disbursement this Period																				
Purpose of Disbursement Expense Reimb - Travel & Meals	<table border="1"> <tr> <td colspan="10">339.68</td> </tr> </table>	339.68																			
339.68																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

11339.68

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Hertz Rent-A-Car

Mailing Address 225 Brae Boulevard

City State Zip Code
Park Ridge NJ 07656

Purpose of Disbursement

Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26734.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

261.76

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Michael Biundo

Mailing Address 33 Country Walk Dr.

City State Zip Code
Manchester NH 03109

Purpose of Disbursement

PAC Staff Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26735

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6000.00

C.

Full Name (Last, First, Middle Initial)

Michael Biundo

Mailing Address 33 Country Walk Dr.

City State Zip Code
Manchester NH 03109

Purpose of Disbursement

PAC Staff Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26736

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6000.00

SUBTOTAL of Disbursements This Page (optional)

12000.00

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 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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Brabender Cox Mailing Address 1218 Grandview Ave.	Transaction ID: SB21B.26758 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>
City Pittsburgh State PA Zip Code 15211 Purpose of Disbursement PAC Staff 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) ▼	Amount of Each Disbursement this Period <div>2825.00</div>
B. Full Name (Last, First, Middle Initial) Brabender Cox Mailing Address 1218 Grandview Ave.	Transaction ID: SB21B.26759 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 5 / 2 0 1 1</div> </div>
City Pittsburgh State PA Zip Code 15211 Purpose of Disbursement PAC Staff 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) ▼	Amount of Each Disbursement this Period <div>2500.00</div>
C. Full Name (Last, First, Middle Initial) Brabender Cox Mailing Address 1218 Grandview Ave.	Transaction ID: SB21B.26760 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 1 1</div> </div>
City Pittsburgh State PA Zip Code 15211 Purpose of Disbursement PAC Staff 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) ▼	Amount of Each Disbursement this Period <div>2500.00</div>

SUBTOTAL of Disbursements This Page (optional)

7825.00

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 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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Brabender Cox	Transaction ID: SB21B.26761 Date of Disbursement
Mailing Address 1218 Grandview Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 1 1</div> </div>
City Pittsburgh State PA Zip Code 15211	Amount of Each Disbursement this Period
Purpose of Disbursement PAC Staff Fees	<div>2500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company	Transaction ID: SB21B.26775 Date of Disbursement
Mailing Address 801 Lancaster Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 1 1</div> </div>
City Bryn Mawr State PA Zip Code 19010	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Service Charges	<div>64.44</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company	Transaction ID: SB21B.26776 Date of Disbursement
Mailing Address 801 Lancaster Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 8 / 2 0 1 1</div> </div>
City Bryn Mawr State PA Zip Code 19010	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Service Charges	<div>75.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2639.44

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 197 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company Mailing Address 801 Lancaster Avenue	Transaction ID: SB21B.26777 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 4 / 2 0 1 1</div> </div>
City State Zip Code Bryn Mawr PA 19010 Purpose of Disbursement Bank Service Charges 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) ▼	Amount of Each Disbursement this Period <div>70.04</div>
B. Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company Mailing Address 801 Lancaster Avenue City State Zip Code Bryn Mawr PA 19010 Purpose of Disbursement Bank Service Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.26778 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>75.00</div>
C. Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company Mailing Address 801 Lancaster Avenue City State Zip Code Bryn Mawr PA 19010 Purpose of Disbursement Bank Service Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.26779 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 5 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>68.10</div>

SUBTOTAL of Disbursements This Page (optional) ►

213.14

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 198 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company	Transaction ID: SB21B.26780 Date of Disbursement																				
Mailing Address 801 Lancaster Avenue	<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>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	1	1												
City State Zip Code Bryn Mawr PA 19010	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Service Charges Candidate Name	<table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	75.00																			
75.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company	Transaction ID: SB21B.26781 Date of Disbursement																				
Mailing Address 801 Lancaster Avenue	<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>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	1												
City State Zip Code Bryn Mawr PA 19010	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Service Charges Candidate Name	<table border="1"> <tr> <td colspan="10">66.32</td> </tr> </table>	66.32																			
66.32																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company	Transaction ID: SB21B.26782 Date of Disbursement																				
Mailing Address 801 Lancaster Avenue	<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>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		3	1		2	0	1	1												
City State Zip Code Bryn Mawr PA 19010	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Service Charges Candidate Name	<table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	75.00																			
75.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

216.32

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company	Transaction ID: SB21B.26783 Date of Disbursement
Mailing Address 801 Lancaster Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 1 1</div> </div>
City State Zip Code Bryn Mawr PA 19010 Purpose of Disbursement Bank Service Charges Candidate Name	Amount of Each Disbursement this Period <div>76.89</div>
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) ▼	<div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company	Transaction ID: SB21B.26784 Date of Disbursement
Mailing Address 801 Lancaster Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 1</div> </div>
City State Zip Code Bryn Mawr PA 19010 Purpose of Disbursement Bank Service Charges Candidate Name	Amount of Each Disbursement this Period <div>75.00</div>
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) ▼	<div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) Capitol Resource Group, Inc.	Transaction ID: SB21B.26800 Date of Disbursement
Mailing Address One Tower Bridge, Suite 1440 One Hundred Front Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 7 / 2 0 1 1</div> </div>
City State Zip Code West Conshohocken PA 19428 Purpose of Disbursement PAC Staff Fees Candidate Name	Amount of Each Disbursement this Period <div>5000.00</div>
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) ▼	<div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

5151.89

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Capitol Resource Group, Inc.

Transaction ID: SB21B.26801

Date of Disbursement

/ /

Mailing Address One Tower Bridge, Suite 1440
One Hundred Front Street

Amount of Each Disbursement this Period

City State Zip Code
West Conshohocken PA 19428

Purpose of Disbursement
PAC Staff Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Capitol Resource Group, Inc.

Transaction ID: SB21B.26802

Date of Disbursement

/ /

Mailing Address One Tower Bridge, Suite 1440
One Hundred Front Street

Amount of Each Disbursement this Period

City State Zip Code
West Conshohocken PA 19428

Purpose of Disbursement
PAC Staff Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Capitol Resource Group, Inc.

Transaction ID: SB21B.26803

Date of Disbursement

/ /

Mailing Address One Tower Bridge, Suite 1440
One Hundred Front Street

Amount of Each Disbursement this Period

City State Zip Code
West Conshohocken PA 19428

Purpose of Disbursement
PAC Staff Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Conrad Direct, Inc.

Mailing Address 300 Knickerbocker Road

City Cresskill State NJ Zip Code 07626-7626

Purpose of Disbursement
List Rental Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26744

Date of Disbursement

01 / 07 / 2011

Amount of Each Disbursement this Period

2026.71

B.

Full Name (Last, First, Middle Initial)
Conrad Direct, Inc.

Mailing Address 300 Knickerbocker Road

City Cresskill State NJ Zip Code 07626-7626

Purpose of Disbursement
List Rental Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26745

Date of Disbursement

03 / 03 / 2011

Amount of Each Disbursement this Period

4202.65

C.

Full Name (Last, First, Middle Initial)
Conrad Direct, Inc.

Mailing Address 300 Knickerbocker Road

City Cresskill State NJ Zip Code 07626-7626

Purpose of Disbursement
List Rental Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26746

Date of Disbursement

03 / 11 / 2011

Amount of Each Disbursement this Period

949.22

SUBTOTAL of Disbursements This Page (optional)

7178.58

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 202 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Conrad Direct, Inc.	Transaction ID: SB21B.26747 Date of Disbursement																				
Mailing Address 300 Knickerbocker Road	<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>3</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	7		2	0	1	1												
City Cresskill State NJ Zip Code 07626-7626	Amount of Each Disbursement this Period																				
Purpose of Disbursement List Rental Fees Candidate Name	<table border="1"> <tr> <td colspan="10">3792.02</td> </tr> </table>	3792.02																			
3792.02																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Conrad Direct, Inc.	Transaction ID: SB21B.26748 Date of Disbursement																				
Mailing Address 300 Knickerbocker Road	<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>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	1												
City Cresskill State NJ Zip Code 07626-7626	Amount of Each Disbursement this Period																				
Purpose of Disbursement List Rental Fees Candidate Name	<table border="1"> <tr> <td colspan="10">1448.80</td> </tr> </table>	1448.80																			
1448.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Direct Impressions, Inc.	Transaction ID: SB21B.26930 Date of Disbursement																				
Mailing Address 2100 Tomlynn Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	7		2	0	1	1												
City Richmond State VA Zip Code 23230	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing Candidate Name	<table border="1"> <tr> <td colspan="10">1270.00</td> </tr> </table>	1270.00																			
1270.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6510.82

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Direct Impressions, Inc.	Transaction ID: SB21B.26931 Date of Disbursement																				
Mailing Address 2100 Tomlynn Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	3		2	0	1	1												
City Richmond State VA Zip Code 23230	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing Candidate Name	<table border="1"> <tr> <td colspan="10">3213.00</td> </tr> </table>	3213.00																			
3213.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Direct Impressions, Inc.	Transaction ID: SB21B.26932 Date of Disbursement																				
Mailing Address 2100 Tomlynn Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	7		2	0	1	1												
City Richmond State VA Zip Code 23230	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing Candidate Name	<table border="1"> <tr> <td colspan="10">2040.00</td> </tr> </table>	2040.00																			
2040.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Direct Impressions, Inc.	Transaction ID: SB21B.26933 Date of Disbursement																				
Mailing Address 2100 Tomlynn Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	1	1												
City Richmond State VA Zip Code 23230	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing Candidate Name	<table border="1"> <tr> <td colspan="10">1449.00</td> </tr> </table>	1449.00																			
1449.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6702.00

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 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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Direct Impressions, Inc.

Mailing Address 2100 Tomlynn Street

City Richmond State VA Zip Code 23230

Purpose of Disbursement
Direct Mail Costs - Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26934

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4126.50

B.

Full Name (Last, First, Middle Initial)
Direct Impressions, Inc.

Mailing Address 2100 Tomlynn Street

City Richmond State VA Zip Code 23230

Purpose of Disbursement
Direct Mail Costs - Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26935

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1735.00

C.

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address 942 South Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Postage & Delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.27061

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.56

SUBTOTAL of Disbursements This Page (optional)

5912.06

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 205 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.27062 Date of Disbursement																				
Mailing Address 942 South Shady Grove Road	<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>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	6		2	0	1	1												
City Memphis State TN Zip Code 38120	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage & Delivery	<table border="1"> <tr> <td>23.28</td> </tr> </table>	23.28																			
23.28																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.27063 Date of Disbursement																				
Mailing Address 942 South Shady Grove Road	<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>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	1	1												
City Memphis State TN Zip Code 38120	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage & Delivery	<table border="1"> <tr> <td>107.69</td> </tr> </table>	107.69																			
107.69																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.27064 Date of Disbursement																				
Mailing Address 942 South Shady Grove Road	<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>5</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	6		2	0	1	1												
City Memphis State TN Zip Code 38120	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage & Delivery	<table border="1"> <tr> <td>141.08</td> </tr> </table>	141.08																			
141.08																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

272.05

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 206 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.27065 Date of Disbursement																				
Mailing Address 942 South Shady Grove Road	<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>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	8		2	0	1	1												
City Memphis State TN Zip Code 38120	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage & Delivery	<table border="1"> <tr> <td>22.06</td> </tr> </table>	22.06																			
22.06																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: SB21B.26994 Date of Disbursement																				
Mailing Address 7300 Hudson Blvd. Suite 270	<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>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City St. Paul State MN Zip Code 55128	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telemarketing Expenses	<table border="1"> <tr> <td>3779.58</td> </tr> </table>	3779.58																			
3779.58																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: SB21B.26995 Date of Disbursement																				
Mailing Address 7300 Hudson Blvd. Suite 270	<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>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	1	1												
City St. Paul State MN Zip Code 55128	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telemarketing Expenses	<table border="1"> <tr> <td>3265.08</td> </tr> </table>	3265.08																			
3265.08																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7066.72

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 207 / 276

<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

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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) FORmost Graphic Communications	Transaction ID: SB21B.27040 Date of Disbursement																				
Mailing Address 7564 Standish Place, Ste 115	<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>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	9		2	0	1	1												
City Rockville State MD Zip Code 20855-2745	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Postage	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) FORmost Graphic Communications	Transaction ID: SB21B.27041 Date of Disbursement																				
Mailing Address 7564 Standish Place, Ste 115	<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>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	1	1												
City Rockville State MD Zip Code 20855-2745	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing/Mailshop	<table border="1"> <tr> <td colspan="10">87.62</td> </tr> </table>	87.62																			
87.62																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) FORmost Graphic Communications	Transaction ID: SB21B.27042 Date of Disbursement																				
Mailing Address 7564 Standish Place, Ste 115	<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>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	3		2	0	1	1												
City Rockville State MD Zip Code 20855-2745	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing/Mailshop	<table border="1"> <tr> <td colspan="10">95.40</td> </tr> </table>	95.40																			
95.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1183.02

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 208 / 276

<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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
FORmost Graphic Communications

Mailing Address 7564 Standish Place, Ste 115

City State Zip Code
Rockville MD 20855-2745

Purpose of Disbursement
Direct Mail Costs - Printing/Mailshop
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.27043
Date of Disbursement

/ /

Amount of Each Disbursement this Period

137.18

B.

Full Name (Last, First, Middle Initial)
FORmost Graphic Communications

Mailing Address 7564 Standish Place, Ste 115

City State Zip Code
Rockville MD 20855-2745

Purpose of Disbursement
Direct Mail Costs - Postage
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.27044
Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
FORmost Graphic Communications

Mailing Address 7564 Standish Place, Ste 115

City State Zip Code
Rockville MD 20855-2745

Purpose of Disbursement
Direct Mail Costs - Printing/Mailshop
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.27045
Date of Disbursement

/ /

Amount of Each Disbursement this Period

116.11

SUBTOTAL of Disbursements This Page (optional)

1253.29

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 / 276

<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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
FORmost Graphic Communications

Mailing Address 7564 Standish Place, Ste 115

City State Zip Code
Rockville MD 20855-2745

Purpose of Disbursement
Direct Mail Costs - Printing/Mailshop

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.27046

Date of Disbursement

MM / DD / YYYY
05 / 05 / 2011

Amount of Each Disbursement this Period

80.00

B.

Full Name (Last, First, Middle Initial)
FORmost Graphic Communications

Mailing Address 7564 Standish Place, Ste 115

City State Zip Code
Rockville MD 20855-2745

Purpose of Disbursement
Direct Mail Costs - Printing/Mailshop

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.27047

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2011

Amount of Each Disbursement this Period

209.39

C.

Full Name (Last, First, Middle Initial)
FORmost Graphic Communications

Mailing Address 7564 Standish Place, Ste 115

City State Zip Code
Rockville MD 20855-2745

Purpose of Disbursement
Direct Mail Costs - Printing/Mailshop

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.27048

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2011

Amount of Each Disbursement this Period

88.68

SUBTOTAL of Disbursements This Page (optional)

378.07

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 210 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) FORmost Graphic Communications	Transaction ID: SB21B.27049 Date of Disbursement
Mailing Address 7564 Standish Place, Ste 115	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 1</div> </div>
City State Zip Code Rockville MD 20855-2745	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Printing/Mailshop Candidate Name	<div> <div>306.56</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Fulfillment House	Transaction ID: SB21B.26902 Date of Disbursement
Mailing Address 13860 Redskin Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 8 / 2 0 1 1</div> </div>
City State Zip Code Herndon VA 20171	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Postage Candidate Name	<div> <div>8161.11</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Fulfillment House	Transaction ID: SB21B.26905 Date of Disbursement
Mailing Address 13860 Redskin Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 1</div> </div>
City State Zip Code Herndon VA 20171	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Printing Candidate Name	<div> <div>3360.01</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

11827.68

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 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Fundraising by Net LLC	Transaction ID: SB21B.26824 Date of Disbursement																				
Mailing Address 1101 Pennsylvania Ave, NW FI 6	<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>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	1		2	0	1	1												
City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period																				
Purpose of Disbursement Compensation for PAC Fundraising Candidate Name	<table border="1"> <tr> <td colspan="10">407.68</td> </tr> </table>	407.68																			
407.68																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Fundraising by Net LLC	Transaction ID: SB21B.26825 Date of Disbursement																				
Mailing Address 1101 Pennsylvania Ave, NW FI 6	<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>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	1	1												
City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period																				
Purpose of Disbursement Compensation for PAC Fundraising Candidate Name	<table border="1"> <tr> <td colspan="10">6.76</td> </tr> </table>	6.76																			
6.76																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Fundraising by Net LLC	Transaction ID: SB21B.26826 Date of Disbursement																				
Mailing Address 1101 Pennsylvania Ave, NW FI 6	<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>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	1	1												
City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period																				
Purpose of Disbursement Compensation for PAC Fundraising Candidate Name	<table border="1"> <tr> <td colspan="10">13.68</td> </tr> </table>	13.68																			
13.68																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

428.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Fundraising by Net LLC	Transaction ID: SB21B.26827 Date of Disbursement																				
Mailing Address 1101 Pennsylvania Ave, NW FI 6	<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>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	4		2	0	1	1												
City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period																				
Purpose of Disbursement Compensation for PAC Fundraising Candidate Name	<table border="1"> <tr> <td colspan="10">42.80</td> </tr> </table>	42.80																			
42.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Fundraising by Net LLC	Transaction ID: SB21B.26828 Date of Disbursement																				
Mailing Address 1101 Pennsylvania Ave, NW FI 6	<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>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	1	1												
City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period																				
Purpose of Disbursement Compensation for PAC Fundraising Candidate Name	<table border="1"> <tr> <td colspan="10">106.04</td> </tr> </table>	106.04																			
106.04																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Fundraising by Net LLC	Transaction ID: SB21B.26829 Date of Disbursement																				
Mailing Address 1101 Pennsylvania Ave, NW FI 6	<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>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	3		2	0	1	1												
City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period																				
Purpose of Disbursement Compensation for PAC Fundraising Candidate Name	<table border="1"> <tr> <td colspan="10">14.50</td> </tr> </table>	14.50																			
14.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

163.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Fundraising by Net LLC

Mailing Address 1101 Pennsylvania Ave, NW FI 6

City Washington State DC Zip Code 20004

Purpose of Disbursement
Compensation for PAC Fundraising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26830

Date of Disbursement

/ /

Amount of Each Disbursement this Period

26.50

B.

Full Name (Last, First, Middle Initial)
Fundraising by Net LLC

Mailing Address 1101 Pennsylvania Ave, NW FI 6

City Washington State DC Zip Code 20004

Purpose of Disbursement
Compensation for PAC Fundraising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26831

Date of Disbursement

/ /

Amount of Each Disbursement this Period

13.88

C.

Full Name (Last, First, Middle Initial)
Fundraising by Net LLC

Mailing Address 1101 Pennsylvania Ave, NW FI 6

City Washington State DC Zip Code 20004

Purpose of Disbursement
Compensation for PAC Fundraising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26832

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3.76

SUBTOTAL of Disbursements This Page (optional)

44.14

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 214 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Fundraising by Net LLC	Transaction ID: SB21B.26833 Date of Disbursement																				
Mailing Address 1101 Pennsylvania Ave, NW FI 6	<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>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	1	1												
City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period																				
Purpose of Disbursement Compensation for PAC Fundraising Candidate Name	<table border="1"> <tr> <td colspan="10">50.02</td> </tr> </table>	50.02																			
50.02																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Fundraising by Net LLC	Transaction ID: SB21B.26834 Date of Disbursement																				
Mailing Address 1101 Pennsylvania Ave, NW FI 6	<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>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	1	1												
City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period																				
Purpose of Disbursement Compensation for PAC Fundraising Candidate Name	<table border="1"> <tr> <td colspan="10">119.24</td> </tr> </table>	119.24																			
119.24																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Fundraising by Net LLC	Transaction ID: SB21B.26835 Date of Disbursement																				
Mailing Address 1101 Pennsylvania Ave, NW FI 6	<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>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	1	1												
City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period																				
Purpose of Disbursement Compensation for PAC Fundraising Candidate Name	<table border="1"> <tr> <td colspan="10">9.26</td> </tr> </table>	9.26																			
9.26																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

178.52

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Fundraising by Net LLC	Transaction ID: SB21B.26836 Date of Disbursement																				
Mailing Address 1101 Pennsylvania Ave, NW FI 6	<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>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	1												
City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period																				
Purpose of Disbursement Compensation for Fundraising Services Candidate Name	<table border="1"> <tr> <td colspan="10">5.16</td> </tr> </table>	5.16																			
5.16																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Fundraising by Net LLC	Transaction ID: SB21B.26837 Date of Disbursement																				
Mailing Address 1101 Pennsylvania Ave, NW FI 6	<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>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	9		2	0	1	1												
City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period																				
Purpose of Disbursement Compensation for Fundraising Services Candidate Name	<table border="1"> <tr> <td colspan="10">9.54</td> </tr> </table>	9.54																			
9.54																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Vince Gallo	Transaction ID: SB21B.26763 Date of Disbursement																				
Mailing Address 5 Carousel Circle	<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>5</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	6		2	0	1	1												
City Hershey State PA Zip Code 17033	Amount of Each Disbursement this Period																				
Purpose of Disbursement Expense Reimb - Travel, Meals Candidate Name	<table border="1"> <tr> <td colspan="10">509.27</td> </tr> </table>	509.27																			
509.27																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

523.97

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Amtrak

Mailing Address 60 Massachusetts Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26763.0

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2011

Amount of Each Disbursement this Period

94.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Amtrak

Mailing Address 60 Massachusetts Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26763.3

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2011

Amount of Each Disbursement this Period

158.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Amtrak

Mailing Address 60 Massachusetts Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26763.6

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2011

Amount of Each Disbursement this Period

134.00

[MEMO ITEM]

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 217 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Galko Enterprises LLC	Transaction ID: SB21B.26770 Date of Disbursement																				
Mailing Address 427 St. Mary's Villa Rd	<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>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	4		2	0	1	1												
City Roaring Brook State PA Zip Code 18444	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Staff Fees	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Matt Garver	Transaction ID: SB21B.26753 Date of Disbursement																				
Mailing Address 101 Stephens Lane	<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>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	1	1												
City Verona State PA Zip Code 15147	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Staff Fees	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Matt Garver	Transaction ID: SB21B.26755 Date of Disbursement																				
Mailing Address 101 Stephens Lane	<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>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	1		2	0	1	1												
City Verona State PA Zip Code 15147	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Staff Fees	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

9000.00

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 218 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Nancy Garver	Transaction ID: SB21B.26750 Date of Disbursement																				
Mailing Address 101 Stephens Lane	<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>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City Verona State PA Zip Code 15147	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Staff Fees Candidate Name	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Nancy Garver	Transaction ID: SB21B.26751 Date of Disbursement																				
Mailing Address 101 Stephens Lane	<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>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	1	1												
City Verona State PA Zip Code 15147	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Staff Fees Candidate Name	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Nancy Garver	Transaction ID: SB21B.26754 Date of Disbursement																				
Mailing Address 101 Stephens Lane	<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>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	1	1												
City Verona State PA Zip Code 15147	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Staff Fees Candidate Name	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7500.00

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 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

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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Nancy Garver	Transaction ID: SB21B.26756 Date of Disbursement																				
Mailing Address 101 Stephens Lane	<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>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	1		2	0	1	1												
City Verona State PA Zip Code 15147	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Staff Fees Candidate Name	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Global Payments Inc.	Transaction ID: SB21B.26961 Date of Disbursement																				
Mailing Address 10 Glenlake Pkwy NE North Tower	<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>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Credit Card Fees Candidate Name	<table border="1"> <tr> <td colspan="10">549.36</td> </tr> </table>	549.36																			
549.36																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Global Payments Inc.	Transaction ID: SB21B.26971 Date of Disbursement																				
Mailing Address 10 Glenlake Pkwy NE North Tower	<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>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Credit Card Fees Candidate Name	<table border="1"> <tr> <td colspan="10">16.52</td> </tr> </table>	16.52																			
16.52																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3065.88

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Global Payments Inc.	Transaction ID: SB21B.26962 Date of Disbursement																				
Mailing Address 10 Glenlake Pkwy NE North Tower	<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>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	2		2	0	1	1												
City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Credit Card Fees Candidate Name	<table border="1"> <tr> <td colspan="10">108.75</td> </tr> </table>	108.75																			
108.75																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Global Payments Inc.	Transaction ID: SB21B.26972 Date of Disbursement																				
Mailing Address 10 Glenlake Pkwy NE North Tower	<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>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	1	1												
City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Credit Card Fees Candidate Name	<table border="1"> <tr> <td colspan="10">8.33</td> </tr> </table>	8.33																			
8.33																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Global Payments Inc.	Transaction ID: SB21B.26973 Date of Disbursement																				
Mailing Address 10 Glenlake Pkwy NE North Tower	<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>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	1		2	0	1	1												
City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Credit Card Fees Candidate Name	<table border="1"> <tr> <td colspan="10">241.79</td> </tr> </table>	241.79																			
241.79																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

358.87

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Global Payments Inc.	Transaction ID: SB21B.26974 Date of Disbursement
Mailing Address 10 Glenlake Pkwy NE North Tower	<input type="text" value="0"/> <input type="text" value="2"/> / <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="1"/>
City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Credit Card Fees Candidate Name	<input type="text" value="3.86"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Global Payments Inc.	Transaction ID: SB21B.26975 Date of Disbursement
Mailing Address 10 Glenlake Pkwy NE North Tower	<input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/>
City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Credit Card Fees Candidate Name	<input type="text" value="7.85"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Global Payments Inc.	Transaction ID: SB21B.26976 Date of Disbursement
Mailing Address 10 Glenlake Pkwy NE North Tower	<input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/>
City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Credit Card Fees Candidate Name	<input type="text" value="24.57"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

36.28

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Global Payments Inc.	Transaction ID: SB21B.26977 Date of Disbursement
Mailing Address 10 Glenlake Pkwy NE North Tower	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 8 / 2 0 1 1</div> </div>
City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Credit Card Fees Candidate Name	<div> <div>57.57</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Global Payments Inc.	Transaction ID: SB21B.26978 Date of Disbursement
Mailing Address 10 Glenlake Pkwy NE North Tower	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 3 / 2 0 1 1</div> </div>
City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Credit Card Fees Candidate Name	<div> <div>7.65</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Global Payments Inc.	Transaction ID: SB21B.26979 Date of Disbursement
Mailing Address 10 Glenlake Pkwy NE North Tower	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 0 / 2 0 1 1</div> </div>
City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Credit Card Fees Candidate Name	<div> <div>14.93</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

80.15

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 223 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Global Payments Inc.	Transaction ID: SB21B.26980 Date of Disbursement
Mailing Address 10 Glenlake Pkwy NE North Tower	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 7 / 2 0 1 1</div> </div>
City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Credit Card Fees	<div> <div></div> <div>7.20</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Global Payments Inc.	Transaction ID: SB21B.26981 Date of Disbursement
Mailing Address 10 Glenlake Pkwy NE North Tower	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 4 / 2 0 1 1</div> </div>
City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Credit Card Fees	<div> <div></div> <div>1.93</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Global Payments Inc.	Transaction ID: SB21B.26963 Date of Disbursement
Mailing Address 10 Glenlake Pkwy NE North Tower	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 1 1</div> </div>
City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Credit Card Fees	<div> <div></div> <div>199.06</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

208.19

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Global Payments Inc.	Transaction ID: SB21B.26982 Date of Disbursement
Mailing Address 10 Glenlake Pkwy NE North Tower	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 1 1</div> </div>
City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Credit Card Fees Candidate Name	<div> <div>26.38</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Global Payments Inc.	Transaction ID: SB21B.26983 Date of Disbursement
Mailing Address 10 Glenlake Pkwy NE North Tower	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 3 / 2 0 1 1</div> </div>
City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Credit Card Fees Candidate Name	<div> <div>83.25</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Global Payments Inc.	Transaction ID: SB21B.26984 Date of Disbursement
Mailing Address 10 Glenlake Pkwy NE North Tower	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 0 / 2 0 1 1</div> </div>
City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Credit Card Fees Candidate Name	<div> <div>4.44</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

114.07

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Global Payments Inc.</p> <p>Mailing Address 10 Glenlake Pkwy NE North Tower</p> <p>City Atlanta State GA Zip Code 30328</p> <p>Purpose of Disbursement Merchant Credit Card 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>Transaction ID: SB21B.26964</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>351.67</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Global Payments Inc.</p> <p>Mailing Address 10 Glenlake Pkwy NE North Tower</p> <p>City Atlanta State GA Zip Code 30328</p> <p>Purpose of Disbursement Merchant Credit Card 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>Transaction ID: SB21B.26985</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 5 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>2.17</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Global Payments Inc.</p> <p>Mailing Address 10 Glenlake Pkwy NE North Tower</p> <p>City Atlanta State GA Zip Code 30328</p> <p>Purpose of Disbursement Merchant Credit Card 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>Transaction ID: SB21B.26965</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 1 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>315.53</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional)

669.37

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Global Payments Inc.</p> <p>Mailing Address 10 Glenlake Pkwy NE North Tower</p> <p>City Atlanta State GA Zip Code 30328</p> <p>Purpose of Disbursement Merchant Credit Card 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>Transaction ID: SB21B.26986</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 4.55</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Global Payments Inc.</p> <p>Mailing Address 10 Glenlake Pkwy NE North Tower</p> <p>City Atlanta State GA Zip Code 30328</p> <p>Purpose of Disbursement Returned Deposit</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>Transaction ID: SB21B.26966</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 223.37</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Costs - Postage</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>Transaction ID: SB21B.26877</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)

1227.92

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

<p>A.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Costs - Postage</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>Transaction ID: SB21B.26881</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 2916.25</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Costs - Postage</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>Transaction ID: SB21B.26882</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 8000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Expenses and Creative Design 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>Transaction ID: SB21B.26885</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 158.40</p>

SUBTOTAL of Disbursements This Page (optional)

11074.65

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

<p>A.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Costs - Postage</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>Transaction ID: SB21B.26886</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 7130.79</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Expenses and Creative Design 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>Transaction ID: SB21B.26887</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 9402.66</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Expenses and Creative Design 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>Transaction ID: SB21B.26889</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 2470.95</p>

SUBTOTAL of Disbursements This Page (optional)

19004.40

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

<p>A.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Expenses and Creative Design 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>Transaction ID: SB21B.26891</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 991.98</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Costs - Postage</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>Transaction ID: SB21B.26893</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 10397.16</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Costs - Postage</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>Transaction ID: SB21B.26895</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 8927.84</p>

SUBTOTAL of Disbursements This Page (optional)

20316.98

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

<p>A.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Costs - Postage</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>Transaction ID: SB21B.26897</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 16163.46</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Expenses and Creative Design 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>Transaction ID: SB21B.26899</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 6429.33</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Expenses and Creative Design 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>Transaction ID: SB21B.26906</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 134.73</p>

SUBTOTAL of Disbursements This Page (optional)

22727.52

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Integram

Mailing Address 8421 Hilltop Rd.

City State Zip Code
Fairfax VA 22031

Purpose of Disbursement
Direct Mail Costs - Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26922

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4470.36

B.

Full Name (Last, First, Middle Initial)
Integram

Mailing Address 8421 Hilltop Rd.

City State Zip Code
Fairfax VA 22031

Purpose of Disbursement
Direct Mail Costs - Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26923

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1506.78

C.

Full Name (Last, First, Middle Initial)
Integram

Mailing Address 8421 Hilltop Rd.

City State Zip Code
Fairfax VA 22031

Purpose of Disbursement
Direct Mail Costs - Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26924

Date of Disbursement

/ /

Amount of Each Disbursement this Period

953.89

SUBTOTAL of Disbursements This Page (optional)

6931.03

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Ingram	Transaction ID: SB21B.26925 Date of Disbursement																				
Mailing Address 8421 Hilltop Rd.	<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>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	1	1												
City Fairfax State VA Zip Code 22031	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing	<table border="1"> <tr> <td colspan="10">9474.10</td> </tr> </table>	9474.10																			
9474.10																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Ingram	Transaction ID: SB21B.26926 Date of Disbursement																				
Mailing Address 8421 Hilltop Rd.	<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>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	1												
City Fairfax State VA Zip Code 22031	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing	<table border="1"> <tr> <td colspan="10">275.60</td> </tr> </table>	275.60																			
275.60																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Intermarkets, Inc.	Transaction ID: SB21B.26908 Date of Disbursement																				
Mailing Address 11911 Freedom Drive Suite 1140	<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>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	8		2	0	1	1												
City Reston State VA Zip Code 20190	Amount of Each Disbursement this Period																				
Purpose of Disbursement Email List Rental Fees	<table border="1"> <tr> <td colspan="10">4000.00</td> </tr> </table>	4000.00																			
4000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

13749.70

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Irides, LLC

Mailing Address 1000 Wilson Blve, Suite 601

City State Zip Code
Arlington VA 22209

Purpose of Disbursement
Web Design & Maintenance Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26928

Date of Disbursement

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

Amount of Each Disbursement this Period

302.25

B.

Full Name (Last, First, Middle Initial)
Iron Mountain

Mailing Address PO Box 27128

City State Zip Code
New York NY 10087-7128

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.27005

Date of Disbursement

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

Amount of Each Disbursement this Period

813.95

C.

Full Name (Last, First, Middle Initial)
Iron Mountain

Mailing Address PO Box 27128

City State Zip Code
New York NY 10087-7128

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.27006

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 1 1

Amount of Each Disbursement this Period

1722.72

SUBTOTAL of Disbursements This Page (optional)

2838.92

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 234 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Iron Mountain Mailing Address PO Box 27128	Transaction ID: SB21B.27007 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 6 / 2 0 1 1</div> </div>
City New York State NY Zip Code 10087-7128 Purpose of Disbursement Rent 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) ▼	Amount of Each Disbursement this Period <div>2593.16</div>
B. Full Name (Last, First, Middle Initial) Iron Mountain Mailing Address PO Box 27128 City New York State NY Zip Code 10087-7128 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.27008 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 8 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>869.97</div>
C. Full Name (Last, First, Middle Initial) Lamborn Typography Mailing Address 97 North Main Street City Spring City State PA Zip Code 19475 Purpose of Disbursement PAC Printing & Reproduction Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.26808 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 4 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>1186.14</div>

SUBTOTAL of Disbursements This Page (optional)

4649.27

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Leibsohn & Associates

Mailing Address 7517 N. 22nd Street

City Phoenix State AZ Zip Code 85020

Purpose of Disbursement
PAC Staff Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26997

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4000.00

B.

Full Name (Last, First, Middle Initial)

Leibsohn & Associates

Mailing Address 7517 N. 22nd Street

City Phoenix State AZ Zip Code 85020

Purpose of Disbursement
PAC Staff Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26998

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4000.00

C.

Full Name (Last, First, Middle Initial)

Nadine Maenza

Mailing Address 315 Foxtail Lane

City Spring city State PA Zip Code 19475

Purpose of Disbursement
PAC Staff Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26805

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

11000.00

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 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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Nadine Maenza	Transaction ID: SB21B.26806 Date of Disbursement																				
Mailing Address 315 Foxtail Lane	<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>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	1	1												
City Spring city State PA Zip Code 19475	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Staff Fees	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Nadine Maenza	Transaction ID: SB21B.26809 Date of Disbursement																				
Mailing Address 315 Foxtail Lane	<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>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	1	1												
City Spring city State PA Zip Code 19475	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Staff Fees	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Nadine Maenza	Transaction ID: SB21B.26810 Date of Disbursement																				
Mailing Address 315 Foxtail Lane	<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>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	3		2	0	1	1												
City Spring city State PA Zip Code 19475	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Staff Fees	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

9000.00

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 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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Nadine Maenza

Mailing Address 315 Foxtail Lane

City
Spring city

State
PA

Zip Code
19475

Purpose of Disbursement
Expense Reimb - Travel, Office Supplies, Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.26812

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2669.57

B.

Full Name (Last, First, Middle Initial)

Amtrak

Mailing Address 60 Massachusetts Ave NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.26812.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

109.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Amtrak

Mailing Address 60 Massachusetts Ave NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.26812.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

2669.57

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.26812.2 Date of Disbursement
Mailing Address 60 Massachusetts Ave NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>135.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.26812.3 Date of Disbursement
Mailing Address 60 Massachusetts Ave NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>25.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.26812.4 Date of Disbursement
Mailing Address 789 E Lancaster Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 1 1</div> </div>
City Villanova State PA Zip Code 19085	Amount of Each Disbursement this Period
Purpose of Disbursement Office Supplies	<div>78.05</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

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 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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.26812.5 Date of Disbursement
Mailing Address 60 Massachusetts Ave NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>104.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Expedia	Transaction ID: SB21B.26812.6 Date of Disbursement
Mailing Address 333 108th Ave NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 1 1</div> </div>
City Bellevue State WA Zip Code 98004	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>396.30</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.26812.8 Date of Disbursement
Mailing Address 60 Massachusetts Ave NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses	<div>219.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

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 240 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.26812.11 Date of Disbursement																				
Mailing Address 60 Massachusetts Ave NE	<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>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	1	1												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>122.00</td> </tr> </table>	122.00																			
122.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.26812.12 Date of Disbursement																				
Mailing Address 60 Massachusetts Ave NE	<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>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	1	1												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>262.00</td> </tr> </table>	262.00																			
262.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.26812.13 Date of Disbursement																				
Mailing Address 60 Massachusetts Ave NE	<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>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	1	1												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>184.00</td> </tr> </table>	184.00																			
184.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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 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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.26812.14 Date of Disbursement																				
Mailing Address 789 E Lancaster Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	1	1												
City Villanova State PA Zip Code 19085	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office Supplies	<table border="1"> <tr> <td colspan="10">236.96</td> </tr> </table>	236.96																			
236.96																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.26812.18 Date of Disbursement																				
Mailing Address 789 E Lancaster Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	1	1												
City Villanova State PA Zip Code 19085	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office Supplies	<table border="1"> <tr> <td colspan="10">32.85</td> </tr> </table>	32.85																			
32.85																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM]																				
C. Full Name (Last, First, Middle Initial) USPS	Transaction ID: SB21B.26812.19 Date of Disbursement																				
Mailing Address 900 Brentwood Rd, NE #118	<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>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	1	1												
City Washington State DC Zip Code 20066-9612	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage & Delivery	<table border="1"> <tr> <td colspan="10">220.00</td> </tr> </table>	220.00																			
220.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM]																				

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 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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) The UPS Store	Transaction ID: SB21B.26812.20 Date of Disbursement																				
Mailing Address 1220 L Street NW	<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>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	1	1												
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage & Delivery	<table border="1"> <tr> <td colspan="10">32.87</td> </tr> </table>	32.87																			
32.87																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.26812.21 Date of Disbursement																				
Mailing Address 789 E Lancaster Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	1	1												
City Villanova State PA Zip Code 19085	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office Supplies	<table border="1"> <tr> <td colspan="10">124.29</td> </tr> </table>	124.29																			
124.29																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.26812.22 Date of Disbursement																				
Mailing Address 60 Massachusetts Ave NE	<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>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	1	1												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">233.00</td> </tr> </table>	233.00																			
233.00																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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)
 AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.26812.24 Date of Disbursement
Mailing Address 60 Massachusetts Ave NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Expenses Candidate Name	<div> <div></div> <div>31.25</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Nadine Maenza	Transaction ID: SB21B.26811 Date of Disbursement
Mailing Address 315 Foxtail Lane	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 6 / 2 0 1 1</div> </div>
City Spring city State PA Zip Code 19475	Amount of Each Disbursement this Period
Purpose of Disbursement PAC Staff Fees Candidate Name	<div> <div></div> <div>2500.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Nadine Maenza	Transaction ID: SB21B.26813 Date of Disbursement
Mailing Address 315 Foxtail Lane	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 7 / 2 0 1 1</div> </div>
City Spring city State PA Zip Code 19475	Amount of Each Disbursement this Period
Purpose of Disbursement PAC Staff Fees Candidate Name	<div> <div></div> <div>2500.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) MDI Mail & Imaging	Transaction ID: SB21B.26845 Date of Disbursement
Mailing Address 21721-A Filigree Court	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 9 / 2 0 1 1</div> </div>
City Adhburn State VA Zip Code 20147	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Postage Candidate Name	<div> <div>1202.94</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MDI Mail & Imaging	Transaction ID: SB21B.26846 Date of Disbursement
Mailing Address 21721-A Filigree Court	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 1 1</div> </div>
City Adhburn State VA Zip Code 20147	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Postage Candidate Name	<div> <div>355.68</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) MDI Mail & Imaging	Transaction ID: SB21B.26847 Date of Disbursement
Mailing Address 21721-A Filigree Court	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 3 / 2 0 1 1</div> </div>
City Adhburn State VA Zip Code 20147	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Postage Candidate Name	<div> <div>227.43</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1786.05

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

MDI Mail & Imaging

Mailing Address 21721-A Filigree Court

City Adhburn State VA Zip Code 20147

Purpose of Disbursement
Direct Mail Costs - Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26848

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12299.67

B.

Full Name (Last, First, Middle Initial)

MDI Mail & Imaging

Mailing Address 21721-A Filigree Court

City Adhburn State VA Zip Code 20147

Purpose of Disbursement
Direct Mail Costs - Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26849

Date of Disbursement

/ /

Amount of Each Disbursement this Period

488.45

C.

Full Name (Last, First, Middle Initial)

MDI Mail & Imaging

Mailing Address 21721-A Filigree Court

City Adhburn State VA Zip Code 20147

Purpose of Disbursement
Direct Mail Costs - Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26850

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8197.72

SUBTOTAL of Disbursements This Page (optional)

20985.84

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) MDI Mail & Imaging	Transaction ID: SB21B.26851 Date of Disbursement
Mailing Address 21721-A Filigree Court	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 1 1</div> </div>
City Adhburn State VA Zip Code 20147	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Printing Candidate Name	<div> <div>458.79</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MDI Mail & Imaging	Transaction ID: SB21B.26852 Date of Disbursement
Mailing Address 21721-A Filigree Court	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 5 / 2 0 1 1</div> </div>
City Adhburn State VA Zip Code 20147	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Postage Candidate Name	<div> <div>1890.10</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) MDI Mail & Imaging	Transaction ID: SB21B.26853 Date of Disbursement
Mailing Address 21721-A Filigree Court	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 0 / 2 0 1 1</div> </div>
City Adhburn State VA Zip Code 20147	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Postage Candidate Name	<div> <div>188.82</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2537.71

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) MDI Mail & Imaging	Transaction ID: SB21B.26854 Date of Disbursement
Mailing Address 21721-A Filigree Court	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 8 / 2 0 1 1</div> </div>
City Adhburn State VA Zip Code 20147	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Printing Candidate Name	<div> <div>49.86</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MDI Mail & Imaging	Transaction ID: SB21B.26855 Date of Disbursement
Mailing Address 21721-A Filigree Court	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 5 / 2 0 1 1</div> </div>
City Adhburn State VA Zip Code 20147	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Printing Candidate Name	<div> <div>5006.49</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) MDI Mail & Imaging	Transaction ID: SB21B.26856 Date of Disbursement
Mailing Address 21721-A Filigree Court	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 3 / 2 0 1 1</div> </div>
City Adhburn State VA Zip Code 20147	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Printing Candidate Name	<div> <div>1047.55</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

6103.90

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) MDI Mail & Imaging	Transaction ID: SB21B.26857 Date of Disbursement																				
Mailing Address 21721-A Filigree Court	<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>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	1												
City Adhburn State VA Zip Code 20147	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing Candidate Name	<table border="1"> <tr> <td colspan="10">214.99</td> </tr> </table>	214.99																			
214.99																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Mercury Public Affairs, LLC	Transaction ID: SB21B.26988 Date of Disbursement																				
Mailing Address 14502 N. Dale Mabry Hwy. #104	<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>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	1	1												
City Tampa State FL Zip Code 33618	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Staff Fees Candidate Name	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Mercury Public Affairs, LLC	Transaction ID: SB21B.26989 Date of Disbursement																				
Mailing Address 14502 N. Dale Mabry Hwy. #104	<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>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	3		2	0	1	1												
City Tampa State FL Zip Code 33618	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Staff Fees Candidate Name	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5214.99

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 250 / 276

<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

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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mpower Media LLC

Mailing Address 325 Wilshire Blvd, Suite 203

City Santa Monica State CA Zip Code 90401

Purpose of Disbursement
Computer Consulting Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.27000

Date of Disbursement

/ /

Amount of Each Disbursement this Period

900.00

B.

Full Name (Last, First, Middle Initial)

Steven Munoz

Mailing Address The Citadel
171 Moultrie Street

City Charleston State SC Zip Code 29409

Purpose of Disbursement
PAC Staffing Fees & Travel & Meals Reimb

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26955

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1227.74

C.

Full Name (Last, First, Middle Initial)

Dunkin Donuts

Mailing Address 1779 Woodruff Rd.

City Greenville State SC Zip Code 29607

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26955.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

301.86

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

2127.74

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 251 / 276

<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)
AMERICA'S FOUNDATION**A.**

Full Name (Last, First, Middle Initial)

NJi New Media

Transaction ID: SB21B.26991

Date of Disbursement

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

Mailing Address Summit of Richfield II
3046 Brecksville Road

City Richfield State OH Zip Code 44286

Amount of Each Disbursement this Period

Purpose of Disbursement
Internet Consulting Fees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

942.40

B.

Full Name (Last, First, Middle Initial)

Omniprint Inc

Transaction ID: SB21B.27038

Date of Disbursement

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

Mailing Address 9700 Philadelphia Court

City Lanham State MD Zip Code 20706-4405

Amount of Each Disbursement this Period

Purpose of Disbursement
Direct Mail Costs - Printing

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

894.91

C.

Full Name (Last, First, Middle Initial)

Pitney Bowes

Transaction ID: SB21B.27067

Date of Disbursement

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

Mailing Address PO Box 856390

City Louisville State KY Zip Code 40285-6390

Amount of Each Disbursement this Period

Purpose of Disbursement
Rent

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

258.00

SUBTOTAL of Disbursements This Page (optional)

2095.31

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

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)

PAGE 253 / 276

<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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
RaiseDigital

Mailing Address 13755 Sunrise Valley Drive
Suite 450

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Web Design & Maintenance Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26868

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7130.88

B.

Full Name (Last, First, Middle Initial)
RaiseDigital

Mailing Address 13755 Sunrise Valley Drive
Suite 450

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Web Design & Maintenance Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26869

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6287.01

C.

Full Name (Last, First, Middle Initial)
RST Marketing Associates, Inc.

Mailing Address P.O. Box 228

City Forest State VA Zip Code 24551

Purpose of Disbursement
Direct Mail Costs - Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26937

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2436.64

SUBTOTAL of Disbursements This Page (optional)

15854.53

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 254 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial)
RST Marketing Associates, Inc.

Mailing Address P.O. Box 228

City Forest State VA Zip Code 24551

Purpose of Disbursement
Direct Mail Costs - Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26938

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8739.29

B. Full Name (Last, First, Middle Initial)
RST Marketing Associates, Inc.

Mailing Address P.O. Box 228

City Forest State VA Zip Code 24551

Purpose of Disbursement
Direct Mail Costs - Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26939

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5533.26

C. Full Name (Last, First, Middle Initial)
RST Marketing Associates, Inc.

Mailing Address P.O. Box 228

City Forest State VA Zip Code 24551

Purpose of Disbursement
Direct Mail Costs - Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26940

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5533.26

SUBTOTAL of Disbursements This Page (optional)

19805.81

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 255 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial)
RST Marketing Associates, Inc.

Mailing Address P.O. Box 228

City Forest State VA Zip Code 24551

Purpose of Disbursement
Direct Mail Costs - Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26941

Date of Disbursement

03 / 11 / 2011

Amount of Each Disbursement this Period

8328.67

B. Full Name (Last, First, Middle Initial)
RST Marketing Associates, Inc.

Mailing Address P.O. Box 228

City Forest State VA Zip Code 24551

Purpose of Disbursement
Direct Mail Costs - Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26942

Date of Disbursement

05 / 12 / 2011

Amount of Each Disbursement this Period

7932.82

C. Full Name (Last, First, Middle Initial)
RST Marketing Associates, Inc.

Mailing Address P.O. Box 228

City Forest State VA Zip Code 24551

Purpose of Disbursement
Direct Mail Costs - Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26943

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

5413.18

SUBTOTAL of Disbursements This Page (optional)

21674.67

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Eric Sanderlin

Mailing Address The Citadel
171 Moultrie Street

City Charleston State SC Zip Code 29409

Purpose of Disbursement
PAC Staffing Fees & Mileage Reimb

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.26953

Date of Disbursement

05 / 16 / 2011

Amount of Each Disbursement this Period

239.27

B.

Full Name (Last, First, Middle Initial)
Sisk Mailing Service, Inc.

Mailing Address 203 Log Canoe Circle

City Stevensville State MD Zip Code 21666

Purpose of Disbursement
Direct Mail Costs - Printing/Mailshop

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.26913

Date of Disbursement

01 / 07 / 2011

Amount of Each Disbursement this Period

1365.51

C.

Full Name (Last, First, Middle Initial)
Sisk Mailing Service, Inc.

Mailing Address 203 Log Canoe Circle

City Stevensville State MD Zip Code 21666

Purpose of Disbursement
Direct Mail Costs - Printing/Mailshop

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.26914

Date of Disbursement

01 / 20 / 2011

Amount of Each Disbursement this Period

1365.51

SUBTOTAL of Disbursements This Page (optional)

2970.29

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 257 / 276

<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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Sisk Mailing Service, Inc.

Mailing Address 203 Log Canoe Circle

City State Zip Code
Stevensville MD 21666

Purpose of Disbursement
Direct Mail Costs - Printing/Mailshop

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.26915

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1141.74

B.

Full Name (Last, First, Middle Initial)
Southwest Publishing & Mailing Corp.

Mailing Address 2600 NW Topeka Boulevard

City State Zip Code
Topeka KS 66617-1131

Purpose of Disbursement
Direct Mail Costs - Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.27076

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12179.34

C.

Full Name (Last, First, Middle Initial)
Southwest Publishing & Mailing Corp.

Mailing Address 2600 NW Topeka Boulevard

City State Zip Code
Topeka KS 66617-1131

Purpose of Disbursement
Direct Mail Costs - Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.27077

Date of Disbursement

/ /

Amount of Each Disbursement this Period

31.35

SUBTOTAL of Disbursements This Page (optional)

13352.43

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 258 / 276

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Southwest Publishing & Mailing Corp.	Transaction ID: SB21B.27078 Date of Disbursement																				
Mailing Address 2600 NW Topeka Boulevard	<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>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	1		2	0	1	1												
City Topeka State KS Zip Code 66617-1131	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing Candidate Name	<table border="1"> <tr> <td colspan="10">4779.51</td> </tr> </table>	4779.51																			
4779.51																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Spectrum Marketing Companies	Transaction ID: SB21B.26728 Date of Disbursement																				
Mailing Address 95 Eddy Road, Suite 101	<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>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	4		2	0	1	1												
City Manchester State NH Zip Code 03102	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Printing & Reproduction Candidate Name	<table border="1"> <tr> <td colspan="10">1526.50</td> </tr> </table>	1526.50																			
1526.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Sunrise Data Services	Transaction ID: SB21B.26871 Date of Disbursement																				
Mailing Address 13755 Sunrise Valley Drive Suite 450	<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>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	7		2	0	1	1												
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period																				
Purpose of Disbursement Database Maintenance Fees Candidate Name	<table border="1"> <tr> <td colspan="10">753.59</td> </tr> </table>	753.59																			
753.59																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7059.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sunrise Data Services</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Database Maintenance 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>Transaction ID: SB21B.26872</p> <p>Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 160.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sunrise Data Services</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Database Maintenance 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>Transaction ID: SB21B.26888</p> <p>Date of Disbursement 03 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1270.66</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sunrise Data Services</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Database Maintenance 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>Transaction ID: SB21B.26890</p> <p>Date of Disbursement 03 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 275.00</p>

SUBTOTAL of Disbursements This Page (optional)

1705.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sunrise Data Services</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Database Maintenance 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>Transaction ID: SB21B.26894</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 230.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sunrise Data Services</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Database Maintenance 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>Transaction ID: SB21B.26900</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 2382.03</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) The Clapham Group</p> <p>Mailing Address 5272 Lyngate Ct. Suite 200</p> <p>City Burke State VA Zip Code 22015</p> <p>Purpose of Disbursement PAC Staff 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>Transaction ID: SB21B.26917</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)

3612.03

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) The Clapham Group	Transaction ID: SB21B.26918 Date of Disbursement
Mailing Address 5272 Lyngate Ct. Suite 200	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 5 / 2 0 1 1</div> </div>
City State Zip Code Burke VA 22015	Amount of Each Disbursement this Period
Purpose of Disbursement PAC Staff Fees Candidate Name	<div> <div>1000.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) The Clapham Group	Transaction ID: SB21B.26919 Date of Disbursement
Mailing Address 5272 Lyngate Ct. Suite 200	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 1 1</div> </div>
City State Zip Code Burke VA 22015	Amount of Each Disbursement this Period
Purpose of Disbursement PAC Staff Fees Candidate Name	<div> <div>1000.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) The Clapham Group	Transaction ID: SB21B.26920 Date of Disbursement
Mailing Address 5272 Lyngate Ct. Suite 200	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 1 1</div> </div>
City State Zip Code Burke VA 22015	Amount of Each Disbursement this Period
Purpose of Disbursement PAC Staff Fees Candidate Name	<div> <div>1000.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3000.00

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 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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) The Macsata-Kornegay Group, Inc	Transaction ID: SB21B.26815 Date of Disbursement																				
Mailing Address PO Box 15275	<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>5</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	6		2	0	1	1												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Staff Fees	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) The Macsata-Kornegay Group, Inc	Transaction ID: SB21B.26816 Date of Disbursement																				
Mailing Address PO Box 15275	<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>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	1	1												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Staff Fees	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Tri-state Envelope Corporation	Transaction ID: SB21B.26765 Date of Disbursement																				
Mailing Address 1 Orgler Place	<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>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	1	1												
City Ashland State PA Zip Code 17921	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing	<table border="1"> <tr> <td colspan="10">2066.53</td> </tr> </table>	2066.53																			
2066.53																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

8066.53

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Tri-state Envelope Corporation

Mailing Address 1 Orgler Place

City Ashland State PA Zip Code 17921

Purpose of Disbursement
Direct Mail Costs - Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26766

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2840.35

B.

Full Name (Last, First, Middle Initial)
Tri-state Envelope Corporation

Mailing Address 1 Orgler Place

City Ashland State PA Zip Code 17921

Purpose of Disbursement
Direct Mail Costs - Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26767

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2947.04

C.

Full Name (Last, First, Middle Initial)
Tri-state Envelope Corporation

Mailing Address 1 Orgler Place

City Ashland State PA Zip Code 17921

Purpose of Disbursement
Direct Mail Costs - Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26768

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2337.42

SUBTOTAL of Disbursements This Page (optional)

8124.81

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Union League of Philadelphia	Transaction ID: SB21B.27020 Date of Disbursement
Mailing Address 140 South Broad Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 1 1</div> </div>
City Philadelphia State PA Zip Code 19102-3083	Amount of Each Disbursement this Period
Purpose of Disbursement PAC Meeting Expenses	<div>755.49</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) United States Treasury	Transaction ID: SB21B.26910 Date of Disbursement
Mailing Address 1500 Pennsylvania Ave, NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 5 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20220	Amount of Each Disbursement this Period
Purpose of Disbursement PAC Income Taxes	<div>10000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) USPS	Transaction ID: SB21B.27036 Date of Disbursement
Mailing Address 900 Brentwood Rd, NE #118	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 4 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20066-9612	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Postage	<div>520.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

11275.49

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 41556	Transaction ID: SB21B.27014 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 5 / 2 0 1 1</div> </div>
City Philadelphia State PA Zip Code 19101-1464 Purpose of Disbursement Telecommunications Expenses 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) ▼	Amount of Each Disbursement this Period <div>107.18</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 41556	Transaction ID: SB21B.27015 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 8 / 2 0 1 1</div> </div>
City Philadelphia State PA Zip Code 19101-1464 Purpose of Disbursement Telecommunications Expenses 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) ▼	Amount of Each Disbursement this Period <div>102.18</div> <div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 41556	Transaction ID: SB21B.27016 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 1 1</div> </div>
City Philadelphia State PA Zip Code 19101-1464 Purpose of Disbursement Telecommunications Expenses 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) ▼	Amount of Each Disbursement this Period <div>102.18</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

311.54

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 41556	Transaction ID: SB21B.27017 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 6 / 2 0 1 1</div> </div>
City Philadelphia State PA Zip Code 19101-1464 Purpose of Disbursement Telecommunications Expenses 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) ▼	Amount of Each Disbursement this Period <div>101.18</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 41556 City Philadelphia State PA Zip Code 19101-1464 Purpose of Disbursement Telecommunications Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.27018 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 8 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>6.00</div> <div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) Virginia Davis Partners, LLC Mailing Address 834 Beechwood Dr. City Havertown State PA Zip Code 19083 Purpose of Disbursement Media & Press Management Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.26786 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>2000.00</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

2107.18

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Virginia Davis Partners, LLC

Mailing Address 834 Beechwood Dr.

City
Havertown

State
PA

Zip Code
19083

Purpose of Disbursement
Media & Press Management Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26787

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Virginia Davis Partners, LLC

Mailing Address 834 Beechwood Dr.

City
Havertown

State
PA

Zip Code
19083

Purpose of Disbursement
Media & Press Management Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26788

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Virginia Davis Partners, LLC

Mailing Address 834 Beechwood Dr.

City
Havertown

State
PA

Zip Code
19083

Purpose of Disbursement
PAC Staff Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26789

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

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)

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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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Virginia Davis Partners, LLC

Mailing Address 834 Beechwood Dr.

City State Zip Code
Havertown PA 19083

Purpose of Disbursement
Expense Reimb - Travel Expenses, and Email Services
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26790
Date of Disbursement

/ /

Amount of Each Disbursement this Period

807.00

B.

Full Name (Last, First, Middle Initial)
Amtrak

Mailing Address 60 Massachusetts Ave NE

City State Zip Code
Washington DC 20002

Purpose of Disbursement
Travel Expenses
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26790.1
Date of Disbursement

/ /

Amount of Each Disbursement this Period

132.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Amtrak

Mailing Address 60 Massachusetts Ave NE

City State Zip Code
Washington DC 20002

Purpose of Disbursement
Travel Expenses
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26790.2
Date of Disbursement

/ /

Amount of Each Disbursement this Period

170.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

807.00

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 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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.26790.3 Date of Disbursement																				
Mailing Address 60 Massachusetts Ave NE	<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>1</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	4		2	0	1	1												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>67.00</td> </tr> </table>	67.00																			
67.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.26790.8 Date of Disbursement																				
Mailing Address 60 Massachusetts Ave NE	<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>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	0		2	0	1	1												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>47.00</td> </tr> </table>	47.00																			
47.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.26790.9 Date of Disbursement																				
Mailing Address 60 Massachusetts Ave NE	<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>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	0		2	0	1	1												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>67.00</td> </tr> </table>	67.00																			
67.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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 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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Washington Intelligence Bureau

Mailing Address 4128 Pepsi Place

City Chantilly State VA Zip Code 20151

Purpose of Disbursement
Direct Mail Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26859

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3304.09

B.

Full Name (Last, First, Middle Initial)
Washington Intelligence Bureau

Mailing Address 4128 Pepsi Place

City Chantilly State VA Zip Code 20151

Purpose of Disbursement
Direct Mail Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26860

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3366.92

C.

Full Name (Last, First, Middle Initial)
Washington Intelligence Bureau

Mailing Address 4128 Pepsi Place

City Chantilly State VA Zip Code 20151

Purpose of Disbursement
Direct Mail Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26861

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2834.95

SUBTOTAL of Disbursements This Page (optional)

9505.96

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Washington Intelligence Bureau

Mailing Address 4128 Pepsi Place

City Chantilly State VA Zip Code 20151

Purpose of Disbursement
Direct Mail Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.26862

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3200.72

B.

Full Name (Last, First, Middle Initial)
Washington Intelligence Bureau

Mailing Address 4128 Pepsi Place

City Chantilly State VA Zip Code 20151

Purpose of Disbursement
Direct Mail Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.26863

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6471.48

C.

Full Name (Last, First, Middle Initial)
Sergei Zavialov

Mailing Address 46704 Manchester Terr.

City Sterling State VA Zip Code 20165

Purpose of Disbursement
Computer Consulting Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.26865

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1560.00

SUBTOTAL of Disbursements This Page (optional)

11232.20

TOTAL This Period (last page this line number only)

566931.91

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)
 AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Grafton County Republican Party

Mailing Address 855 Quincy Rd.

City Rumney State NH Zip Code 03266

Purpose of Disbursement
 Contribution

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.26738

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
 New Hampshire Republican Party

Mailing Address 10 Water Street

City Concord State NH Zip Code 03301

Purpose of Disbursement
 Contribution

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.26740

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
 OVIDE FOR SENATE 2010

Mailing Address 172 YOUNG STREET

City MANCHESTER State NH Zip Code 03103

Purpose of Disbursement
 Contribution - Primary Debt Retirement

Candidate Name
 OVIDE FOR SENATE 2010

Category/
 Type

Office Sought: ☐ House
☒ Senate
☐ President

State: NH District: 00

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

Transaction ID: SB23.26730

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

7500.00

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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial)
South Carolina Federation of Rep. Women

Mailing Address 137 Marcie Rush Lane

City Spartanburg State SC Zip Code 29651

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.26959

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
Strafford County Republican Committee

Mailing Address 120 Mahala Way

City Barrington State NH Zip Code 03825

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4691

Date of Disbursement

/ /

Amount of Each Disbursement this Period

107.49

SUBTOTAL of Disbursements This Page (optional)

5107.49

TOTAL This Period (last page this line number only)

12607.49

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)
 AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr Edwin C Sandham

Mailing Address 1964 SW Saint Andrews Dr
 Rive

City State Zip Code
 Palm City FL 34990-2210

Purpose of Disbursement
 Refund Excess Contribution

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.27059

Date of Disbursement

/ /

Amount of Each Disbursement this Period

125.00

B.

Full Name (Last, First, Middle Initial)
 Mrs Nell T Steele

Mailing Address 1034 Arkansas

City State Zip Code
 Helena AR 72342-3609

Purpose of Disbursement
 Returned Deposit

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.27079

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)
 Mrs Elizabeth A Wygant

Mailing Address 2297 N Seville Cir

City State Zip Code
 Grand Junction CO 81506-8490

Purpose of Disbursement
 Refund Contribution

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.27081

Date of Disbursement

/ /

Amount of Each Disbursement this Period

870.53

SUBTOTAL of Disbursements This Page (optional)

1245.53

TOTAL This Period (last page this line number only)

1245.53

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)
 AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial)
 Americans for Prosperity Foundation

Mailing Address P.O. Box 464

City Windham State NH Zip Code 03087

Purpose of Disbursement
 Charitable Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.26726

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
 City of Charleston

Mailing Address 423 King Street

City Charleston State SC Zip Code 29403

Purpose of Disbursement
 Political Reception

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.26945

Date of Disbursement

/ /

Amount of Each Disbursement this Period

850.00

C. Full Name (Last, First, Middle Initial)
 New Hampshire House Republican Victory PAC

Mailing Address 83 Grant Street

City Manchester State NH Zip Code 03104

Purpose of Disbursement
 Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.27175

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

1600.00

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 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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

PA Future Fund

Mailing Address 80 Wambold Road

City
Souderton

State
PA

Zip Code
18964

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.26772

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

2600.00