

**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

Suite 300

☐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 (12S)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

10

14

2010

through

11

22

2010

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

Type or Print Name of Treasurer

ALEX BARNA

Signature of Treasurer

Electronically Filed by ALEX BARNA

Date

12

02

2010

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

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

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name  
AMERICA'S FOUNDATION

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		62487.14
(b) Cash on Hand at Beginning of Reporting Period .....	66107.86	
(c) Total Receipts (from Line 19) .....	170001.17	1369995.98
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	236109.03	1432483.12
7. Total Disbursements (from Line 31) .....	195035.23	1391409.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	41073.80	41073.80
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

AMERICA'S FOUNDATION

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) .....	56961.50	431056.50
(ii) Unitemized .....	105880.84	844364.86
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	162842.34	1275421.36
(b) Political Party Committees .....	0.00	500.00
(c) Other Political Committees (such as PACs) .....	0.00	2100.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	162842.34	1278021.36
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	14680.77
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	7158.83	76293.85
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)) .....	170001.17	1369995.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	170001.17	1369995.98

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	185206.23	1317584.32	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	185206.23	1317584.32	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	61000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	529.00	1525.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	529.00	1525.00	
29. Other Disbursements.....	2300.00	11300.00	
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))..	195035.23	1391409.32	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	195035.23	1391409.32	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	162842.34	1278021.36
34. Total Contribution Refunds (from Line 28(d)) .....	529.00	1525.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	162313.34	1276496.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	185206.23	1317584.32
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	14680.77
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	185206.23	1302903.55

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

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

FOR LINE NUMBER: PAGE 6 / 162

(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 Joanne M Aarseth

Mailing Address 20840 Miranda Falls Sq

City State Zip Code  
 Sterling VA 20165-2482

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Freddie Mac

Occupation  
 Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.49235

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)  
 Ms Helen Ain

Mailing Address 3211 S Ocean Blvd Apt 90

City State Zip Code  
 Highland Beach FL 33487-2525

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 ▼

430.00

Date of Receipt

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

Transaction ID: SA11AI.49131

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mrs. Juanita L. Anderson

Mailing Address 2011 Trippe St

City State Zip Code  
 Richland WA 99354-2726

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: SA11AI.49012

Amount of Each Receipt this Period

40.00

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

215.00

**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 7 / 162

(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 N112

City

**Spearfish**

State

**SD**

Zip Code

**57783-2231**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

**Retired**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**265.00**

Date of Receipt

**11 / 03 / 2010**

**Transaction ID: SA11AI.49149**

Amount of Each Receipt this Period

**25.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr Raymond E Anderson

Mailing Address 6221 S Racine Cir

City

**Englewood**

State

**CO**

Zip Code

**80111-6427**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Seakr Engineering, Inc

Occupation

**C E O**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5000.00**

Date of Receipt

**10 / 14 / 2010**

**Transaction ID: SA11AI.48867**

Amount of Each Receipt this Period

**5000.00**

**C.**

Full Name (Last, First, Middle Initial)

Mrs Virginia M Archer

Mailing Address 1620 Windswept Dr

City

**Saint George**

State

**UT**

Zip Code

**84790-4484**

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

**10 / 25 / 2010**

**Transaction ID: SA11AI.49075**

Amount of Each Receipt this Period

**50.00**

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

**5075.00**

**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 8 / 162

(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 Myra J Asplundh

Mailing Address PO Box 11

City State Zip Code  
 Bryn Athyn PA 19009-0011

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 ▼

2600.00

Date of Receipt

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

Transaction ID: SA11AI.48873

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)  
 Ms. Erika V Asten

Mailing Address PO Box 924

City State Zip Code  
 Kimberton PA 19442-0924

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.49208

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mrs. Marilyn M Axe

Mailing Address 4853 W Mountain View Dr

City State Zip Code  
 San Diego CA 92116-1712

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 ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.49220

Amount of Each Receipt this Period

30.00

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

2045.00

**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 / 162

(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 Bailey

Mailing Address PO Box 456

City State Zip Code  
**Pampa TX 79066-0456**

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 ▼

**372.00**

Date of Receipt

**10 / 21 / 2010**

**Transaction ID: SA11AI.49044**

Amount of Each Receipt this Period

**25.00**

**B.**

Full Name (Last, First, Middle Initial)  
 Mr Haskell H Bass, Jr

Mailing Address 6823 S Florence Ave

City State Zip Code  
**Tulsa OK 74136-4549**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

**10 / 30 / 2010**

**Transaction ID: SA11AI.49125**

Amount of Each Receipt this Period

**250.00**

**C.**

Full Name (Last, First, Middle Initial)  
 Miss Earline H Bates

Mailing Address 415 Ruby Forest Pkwy

City State Zip Code  
**Suwanee GA 30024-3926**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**700.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11AI.48937**

Amount of Each Receipt this Period

**200.00**

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

**475.00**

**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 10 / 162

(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

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.48943

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs Barbara N Baur

Mailing Address 5307 Westminster Pl

City

Pittsburgh

State

PA

Zip Code

15232-2120

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  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.49191

Amount of Each Receipt this Period

250.00

**C.**

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 ▼

460.00

Date of Receipt

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

Transaction ID: SA11AI.48998

Amount of Each Receipt this Period

60.00

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

410.00

**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 11 / 162

(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 Richard Berteau

Mailing Address 173 Shorecliff Rd

City

Corona Del Mar

State

CA

Zip Code

92625-2657

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  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.48969

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

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: SA11AI.48905

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs Pauline M Black

Mailing Address 16071 Fisher Rd

City

East Liverpool

State

OH

Zip Code

43920-9505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Widow

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.00

Date of Receipt

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

Transaction ID: SA11AI.48996

Amount of Each Receipt this Period

10.00

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

660.00

**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 / 162

(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 Pauline M Black

Mailing Address 16071 Fisher Rd

City

East Liverpool

State

OH

Zip Code

43920-9505

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Widow

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.00

Date of Receipt

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

Transaction ID: SA11AI.48997

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Larry Blumberg

Mailing Address PO Box 5566

City

Dothan

State

AL

Zip Code

36302-5566

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Larry Blumberg & Assoc.  
Inc.

Occupation

Cml. Real Estate Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.49043

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Leo P. Bohen

Mailing Address 4602 N 24th St Apt 121

City

Phoenix

State

AZ

Zip Code

85016-5209

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  
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.49006

Amount of Each Receipt this Period

300.00

**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 13 / 162

(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 Gary D Bond

Mailing Address 3126 S Boulevard # 288  
 Box 288

City State Zip Code  
 Edmond OK 73013-5308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kidney Specialists of Cen-  
tral Oklahoma

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.50191

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Ethel G Bonner

Mailing Address 1224 Village Creek Ln Apt P4

City State Zip Code  
 Mount Pleasant SC 29464-3162

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.49051

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Miss Doris M. Boucher

Mailing Address 220 Saint Marys Dr Apt 324

City State Zip Code  
 Cherry Hill NJ 08003-2577

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Ret

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1102.00

Date of Receipt

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

Transaction ID: SA11AI.48902

Amount of Each Receipt this Period

350.00

**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 14 / 162

(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 M Patricia Bowman

Mailing Address 2137 Chestnut St

City State Zip Code  
**Harrisburg PA 17104-1334**

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 Y  
 1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.49232

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
 Bonnie Boyd

Mailing Address 2008 Kynwyd Rd

City State Zip Code  
**Wilmington DE 19810-3844**

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 ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.49241

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 State Zip Code  
**Memphis TN 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 ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.49000

Amount of Each Receipt this Period

100.00

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

275.00

**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 / 162

(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 ▼

425.00

Date of Receipt

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

Transaction ID: SA11AI.49003

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Alan G Burwinkel, MD

Mailing Address 5636 Bridgetown Rd Ste G

City

Cincinnati

State

OH

Zip Code

45248-4359

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.00

Date of Receipt

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

Transaction ID: SA11AI.49058

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Donald R Buxton, Jr

Mailing Address 400 Rupley Rd

City

Camp Hill

State

PA

Zip Code

17011-1838

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 ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.49200

Amount of Each Receipt this Period

250.00

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

475.00

**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 / 162

(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 Bonny J Byrd, Jr

Mailing Address 407 La Vista Rd

City

Pueblo

State

CO

Zip Code

81005-2622

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 Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.48965

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs Bonny J Byrd, Jr

Mailing Address 407 La Vista Rd

City

Pueblo

State

CO

Zip Code

81005-2622

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 Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.48966

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Orlando G Cabrera, Md

Mailing Address 1865 Brickell Ave Apt 2003

City

Miami

State

FL

Zip Code

33129-1621

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.49014

Amount of Each Receipt this Period

35.00

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

260.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 162

(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 Orlando G Cabrera, Md

Mailing Address 1865 Brickell Ave Apt 2003

City

Miami

State

FL

Zip Code

33129-1621

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

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

Transaction ID: SA11AI.49015

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Louis T Camilleri

Mailing Address 1603 Dewey Ave

City

North Bellmore

State

NY

Zip Code

11710-2156

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  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.49114

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Craig G Cantrell

Mailing Address 124 Fair Oaks Cir

City

Gadsden

State

AL

Zip Code

35901-5414

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 ▼

270.00

Date of Receipt

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

Transaction ID: SA11AI.49146

Amount of Each Receipt this Period

50.00

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

185.00

**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 / 162

(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 C Carman

Mailing Address 1223 S Buckeye Ln

City State Zip Code  
 Goshen KY 40026-9701

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  
 1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.49165

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr Joseph M Carson, Jr

Mailing Address 101 Walnut Ave

City State Zip Code  
 Saint Clairsville OH 43950-1702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Ohio Valley Dairy

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.49099

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Charles R Caylor

Mailing Address 1435 E Ireland Rd

City State Zip Code  
 South Bend IN 46614-3453

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  
 1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.48982

Amount of Each Receipt this Period

100.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 162

(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 Dorothy M Clapp

Mailing Address 2225 Devonshire Way

City

Palm Beach Gardens

State

FL

Zip Code

33418-6874

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  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.49178

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs Rosemary A Clarke

Mailing Address PO Box 804

City

Depue

State

IL

Zip Code

61322-0804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

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

Transaction ID: SA11AI.49281

Amount of Each Receipt this Period

77.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs Geraldine L Cleaveland

Mailing Address 12340 Linshan Dr

City

Irwin

State

PA

Zip Code

15642-2806

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.49109

Amount of Each Receipt this Period

50.00

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

177.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 162

(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)

Stephen Cleveland

Mailing Address 13602 Fairway Loop N

City

Goodyear

State

AZ

Zip Code

85395-3200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Town of Buckeye

Occupation

Town Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

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

Transaction ID: SA11AI.49150

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen Cleveland

Mailing Address 13602 Fairway Loop N

City

Goodyear

State

AZ

Zip Code

85395-3200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Town of Buckeye

Occupation

Town Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

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

Transaction ID: SA11AI.49151

Amount of Each Receipt this Period

50.00

**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  
Self Employed

Occupation

Clergy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

904.00

Date of Receipt

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

Transaction ID: SA11AI.48910

Amount of Each Receipt this Period

101.00

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

201.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 162

(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. 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  
Self Employed

Occupation  
Clergy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

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

Transaction ID: SA11AI.48911

Amount of Each Receipt this Period

101.00

**B.**

Full Name (Last, First, Middle Initial)

David John Conway

Mailing Address PO Box 173

City

Georgetown

State

DE

Zip Code

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 ▼

909.00

Date of Receipt

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

Transaction ID: SA11AI.48928

Amount of Each Receipt this Period

101.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Paul M Coombs

Mailing Address PO Box 362

City

Port Byron

State

NY

Zip Code

13140-0362

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 Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.49072

Amount of Each Receipt this Period

100.00

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

302.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 162

(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 Margaret L Coppinger

Mailing Address 1750 W State Highway 46 Apt 504

City

New Braunfels

State

TX

Zip Code

78132-4784

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

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

Transaction ID: SA11AI.48967

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Margaret L Coppinger

Mailing Address 1750 W State Highway 46 Apt 504

City

New Braunfels

State

TX

Zip Code

78132-4784

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: SA11AI.50416

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Ms Zoe E. Coulson

Mailing Address 220 Locust St Apt 18B

City

Philadelphia

State

PA

Zip Code

19106-3931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.49086

Amount of Each Receipt this Period

100.00

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

235.00

**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 / 162

(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 S Davis

Mailing Address 1725 Roosevelt Ave

City

Altadena

State

CA

Zip Code

91001-3618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Los Angeles Covent Health-  
care

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: SA11AI.48903

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs Kaye M Davis

Mailing Address 1505 N Parham Rd

City

Richmond

State

VA

Zip Code

23229-4604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ridge dog shop inc

Occupation  
small business owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.49120

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr William L Davis, Md

Mailing Address 3204 Saint Andrews Dr

City

Chambersburg

State

PA

Zip Code

17202-7001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.48885

Amount of Each Receipt this Period

300.00

**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 24 / 162

(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 Maleva T. DePalma

Mailing Address 937 Mackall Ave

City

Mc Lean

State

VA

Zip Code

22101-1617

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  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.49016

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs Maleva T. DePalma

Mailing Address 937 Mackall Ave

City

Mc Lean

State

VA

Zip Code

22101-1617

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

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

Transaction ID: SA11AI.49017

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Marita Deraney

Mailing Address 187 Paterson Ave

City

Midland Park

State

NJ

Zip Code

07432-1855

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  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.49112

Amount of Each Receipt this Period

100.00

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

185.00

**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 / 162

(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 B. 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 ▼

1115.00

Date of Receipt

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

Transaction ID: SA11AI.48901

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Jeanne Marie Donley

Mailing Address 518 W Frederick St

City

Lancaster

State

PA

Zip Code

17603-2807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

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  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.49127

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Priscilla T Douglas

Mailing Address 301 Cluster St

City

Foley

State

AL

Zip Code

36535-2341

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  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.49095

Amount of Each Receipt this Period

150.00

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

440.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 162

(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 Cyril D Duffy

Mailing Address 1252 Shipman Blvd

City

Birmingham

State

MI

Zip Code

48009-4139

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 ▼

1350.00

Date of Receipt

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

Transaction ID: SA11AI.48886

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph M. Dwyer

Mailing Address 496 Pennsylvania Ave

City

Williston Park

State

NY

Zip Code

11596-2331

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

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

Transaction ID: SA11AI.49154

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Donald R Engle

Mailing Address 6714 Gouthier Rd

City

Falls Church

State

VA

Zip Code

22042-2707

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.00

Date of Receipt

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

Transaction ID: SA11AI.49252

Amount of Each Receipt this Period

37.00

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

487.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 162

(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 Marjorie Ermland

Mailing Address 2100 NE 140th St Apt 203D

City State Zip Code  
Edmond OK 73013-5527

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: SA11AI.49007

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms Joan H Facey

Mailing Address 174 Earhart Ln

City State Zip Code  
Clayton GA 30525-2789

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UPS

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  
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.49117

Amount of Each Receipt this Period

200.00

**C.**

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 ▼

352.00

Date of Receipt

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

Transaction ID: SA11AI.49045

Amount of Each Receipt this Period

70.00

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

370.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 162

(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 Gerald E Feldman

Mailing Address 42 Saint George Pl

City

Palm Beach Gardens

State

FL

Zip Code

33418-4025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation

Investment Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.48984

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Frank G. Fielder

Mailing Address 2384 County Road 10

City

Alpine

State

NY

Zip Code

14805-9710

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Retired Veterinarian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.49110

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Janet L Figg

Mailing Address 122 Palmers Hill Rd Unit 2312

City

Stamford

State

CT

Zip Code

06902-2138

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.49174

Amount of Each Receipt this Period

50.00

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

600.00

**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 29 / 162

(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 Carlene Fitterer

Mailing Address 1423 N 20th St Apt 14

City State Zip Code  
**Bismarck ND 58501-2918**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
**Retired**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**273.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11AI.49142**

Amount of Each Receipt this Period

**39.00**

**B.**

Full Name (Last, First, Middle Initial)

Mr George A Flemming

Mailing Address 33672 Pineview

City State Zip Code  
**Fraser MI 48026-5045**

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 ▼

**223.00**

Date of Receipt

**10 / 18 / 2010**

**Transaction ID: SA11AI.49250**

Amount of Each Receipt this Period

**38.00**

**C.**

Full Name (Last, First, Middle Initial)

Mr Daniel C Follis

Mailing Address 133 W Market St Apt 205

City State Zip Code  
**Indianapolis IN 46204-2801**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
**Property Management**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**10 / 14 / 2010**

**Transaction ID: SA11AI.48971**

Amount of Each Receipt this Period

**500.00**

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

**577.00**

**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 / 162

(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. Antoinette Forand

Mailing Address 14 Old Mill Dr

City State Zip Code  
Denville NJ 07834-9511

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

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

Transaction ID: SA11AI.48922

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Vera Forcey

Mailing Address 1931 Shiloh Rd

City State Zip Code  
Woodland PA 16881-8120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Ret

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.49244

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr Ernest V Fortin

Mailing Address 4574 Highland Oaks Cir  
The Meadows

City State Zip Code  
Sarasota FL 34235-5177

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

953.00

Date of Receipt

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

Transaction ID: SA11AI.48887

Amount of Each Receipt this Period

198.00

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

398.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 162

(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 Ernest V Fortin

Mailing Address 4574 Highland Oaks Cir  
 The Meadows

City State Zip Code  
 Sarasota FL 34235-5177

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1303.00

Date of Receipt

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

Transaction ID: SA11AI.48888

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr Frank V Fragoment, Jr

Mailing Address 4853 Proctor Rd

City State Zip Code  
 Castro Valley CA 94546-1449

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

Occupation  
 Ret

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.48953

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Patrick Franje

Mailing Address 424 College Hill Ave

City State Zip Code  
 Oskaloosa IA 52577-1721

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Regional Care

Occupation  
 Social Work

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: SA11AI.48889

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 162

(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 Franje

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  
Regional Care

Occupation  
Social Work

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: SA11AI.48890

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Foster Friess

Mailing Address PO Box 1845

City

Jackson

State

WY

Zip Code

83001-1845

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 ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.48882

Amount of Each Receipt this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Elaine M Gadway

Mailing Address 215 Elm St Apt 7H

City

Malone

State

NY

Zip Code

12953-1529

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: SA11AI.49128

Amount of Each Receipt this Period

50.00

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

1750.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 162

(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. Kay M. Garrard

Mailing Address 334 Tex St

City State Zip Code  
**Mesquite NV 89027-4104**

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  
 1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.49267

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)  
 Ms Helen W Garrett

Mailing Address 306 Old Oak Rd

City State Zip Code  
**Henrico VA 23229-7536**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

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

Transaction ID: SA11AI.48899

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
 Ms Helen W Garrett

Mailing Address 306 Old Oak Rd

City State Zip Code  
**Henrico VA 23229-7536**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

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

Transaction ID: SA11AI.48900

Amount of Each Receipt this Period

250.00

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

540.00

**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 / 162

(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. Betty Lee Garver

Mailing Address 154 N Bellefield Ave Apt 95

City State Zip Code  
**Pittsburgh PA 15213-2691**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
**Retired**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1200.00**

Date of Receipt

**11 / 05 / 2010**

**Transaction ID: SA11AI.48896**

Amount of Each Receipt this Period

**300.00**

**B.**

Full Name (Last, First, Middle Initial)

Mrs Kenneth L Garver

Mailing Address 154 N Bellefield Ave Apt 95

City State Zip Code  
**Pittsburgh PA 15213-2691**

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

**10 / 18 / 2010**

**Transaction ID: SA11AI.49093**

Amount of Each Receipt this Period

**300.00**

**C.**

Full Name (Last, First, Middle Initial)

Ms. Ruth Gealy

Mailing Address 1978 690th Rd

City State Zip Code  
**Gordon NE 69343-4809**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
**Retired**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**333.00**

Date of Receipt

**10 / 20 / 2010**

**Transaction ID: SA11AI.49065**

Amount of Each Receipt this Period

**52.00**

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

**652.00**

**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 / 162

(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 Jim Gentry

Mailing Address PO Box 2703

City

Temple

State

TX

Zip Code

76503-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Templ Tx Ctv Hcs

Occupation

Civil Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.62

Date of Receipt

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

Transaction ID: SA11AI.49280

Amount of Each Receipt this Period

26.50

**B.**

Full Name (Last, First, Middle Initial)

Ms. Teresa L 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 ▼

335.00

Date of Receipt

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

Transaction ID: SA11AI.49064

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Mr James J Gibbons

Mailing Address 50 Schley Ave

City

Pittsburgh

State

PA

Zip Code

15205-2118

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 ▼

226.00

Date of Receipt

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

Transaction ID: SA11AI.49225

Amount of Each Receipt this Period

50.00

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

111.50

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 / 162

(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 Mary A Giorgi

Mailing Address 103 Cloran St

City

Springfield

State

MA

Zip Code

01109-2205

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 ▼

215.00

Date of Receipt

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

Transaction ID: SA11AI.49471

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Paul P Goodman

Mailing Address 99 S Service Rd Apt 402

City

New Hyde Park

State

NY

Zip Code

11040-1071

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.10

Date of Receipt

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

Transaction ID: SA11AI.49253

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles F. Gorder, Sr

Mailing Address 5526 Toyon Rd

City

San Diego

State

CA

Zip Code

92115-1020

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  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.49028

Amount of Each Receipt this Period

100.00

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

160.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 162

(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 Mary Ann Graf

Mailing Address 607 Lockhart St  
 The Frater House

City State Zip Code  
 Pittsburgh PA 15212-5605

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

Occupation  
 Ret

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.48951

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mrs Paris E Gravitt

Mailing Address 1701 Wilkerson St

City State Zip Code  
 South Boston VA 24592-2733

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 ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.48972

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mrs Paris E Gravitt

Mailing Address 1701 Wilkerson St

City State Zip Code  
 South Boston VA 24592-2733

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 ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.48981

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 162

(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 Margaret T Gray

Mailing Address 43 Summer Dr

City State Zip Code  
Dillsburg PA 17019-9545

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  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.49108

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Gertrude F. Grden

Mailing Address 240 S Washington St

City State Zip Code  
Baltimore MD 21231-2619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.00

Date of Receipt

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

Transaction ID: SA11AI.49047

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Gertrude F. Grden

Mailing Address 240 S Washington St

City State Zip Code  
Baltimore MD 21231-2619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

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

Transaction ID: SA11AI.49048

Amount of Each Receipt this Period

5.00

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

110.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 162

(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 William C Greer

Mailing Address 118 N Peters Rd # 294

City

Knoxville

State

TN

Zip Code

37923-4927

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

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

Transaction ID: SA11AI.48906

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr William C Greer

Mailing Address 118 N Peters Rd # 294

City

Knoxville

State

TN

Zip Code

37923-4927

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

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

Transaction ID: SA11AI.48907

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard S. Griffith

Mailing Address 3417 Milam St  
PO Box 91610

City

Lafayette

State

LA

Zip Code

70509-0509

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 ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.48980

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 40 / 162

(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. Richard S. GriffithMailing Address 3417 Milam St  
PO Box 91610City State Zip Code  
Lafayette LA 70509-0509FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

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

Transaction ID: SA11AI.49005

Amount of Each Receipt this Period

200.00

**B.**Full Name (Last, First, Middle Initial)  
Ms Mary J Yep Gulino

Mailing Address 4200 Old Columbia Pike

City State Zip Code  
Annandale VA 22003-2122FEC 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
1	0	/	2	7	/	2	0	1	0

Transaction ID: SA11AI.48904

Amount of Each Receipt this Period

200.00

**C.**Full Name (Last, First, Middle Initial)  
Mr. Robert Haber

Mailing Address 1998 Rustic Timbers Ln

City State Zip Code  
Prescott AZ 86303-4936FEC 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
1	0	/	3	1	/	2	0	1	0

Transaction ID: SA11AI.48954

Amount of Each Receipt this Period

100.00

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

500.00

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



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

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

FOR LINE NUMBER: PAGE 41 / 162

(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 Clifford N. Hall

Mailing Address 9047 Dickenson Rd

City

Winnebago

State

IL

Zip Code

61088-8933

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United Technologies

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

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

Transaction ID: SA11AI.49063

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Betty H Hankins

Mailing Address 1003 Bayside Cv

City

Newport Beach

State

CA

Zip Code

92660-7422

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.49193

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Margaret L Hanson

Mailing Address 240 Walnut St

City

Bristol

State

PA

Zip Code

19007-4929

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: SA11AI.49046

Amount of Each Receipt this Period

40.00

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

215.00

**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 / 162

(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. Beverly J. Harden

Mailing Address 625 Sherwood Dr

City

Norman

State

OK

Zip Code

73071-4957

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 ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.49454

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William M Harlan, III

Mailing Address 118 W Maryland Ave Apt 114

City

Phoenix

State

AZ

Zip Code

85013-1243

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 ▼

863.00

Date of Receipt

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

Transaction ID: SA11AI.48891

Amount of Each Receipt this Period

201.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William M Harlan, III

Mailing Address 118 W Maryland Ave Apt 114

City

Phoenix

State

AZ

Zip Code

85013-1243

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 ▼

1164.00

Date of Receipt

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

Transaction ID: SA11AI.48892

Amount of Each Receipt this Period

301.00

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

552.00

**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 / 162

(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. William M Harlan, III

Mailing Address 118 W Maryland Ave Apt 114

City

Phoenix

State

AZ

Zip Code

85013-1243

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 ▼

1265.00

Date of Receipt

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

Transaction ID: SA11AI.48893

Amount of Each Receipt this Period

101.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Frances 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 ▼

712.00

Date of Receipt

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

Transaction ID: SA11AI.48936

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Harold Hart

Mailing Address 1369 Budd St

City

Birdsboro

State

PA

Zip Code

19508-8809

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 ▼

205.00

Date of Receipt

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

Transaction ID: SA11AI.49276

Amount of Each Receipt this Period

35.00

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

436.00

**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 / 162

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**AMERICA'S FOUNDATION**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Grove S Hatch

Mailing Address 14901 Freeland St

City

Detroit

State

MI

Zip Code

48227-2976

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  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.49069

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Grove S Hatch

Mailing Address 14901 Freeland St

City

Detroit

State

MI

Zip Code

48227-2976

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

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

Transaction ID: SA11AI.49070

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Eleanore M. Hausner

Mailing Address 3173 Lehman St

City

Hamtramck

State

MI

Zip Code

48212-3525

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

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  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.49254

Amount of Each Receipt this Period

100.00

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

250.00

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

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

FOR LINE NUMBER: PAGE 45 / 162

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
AMERICA'S FOUNDATION**A.**

Full Name (Last, First, Middle Initial)

Mr Leroy W Hayden

Mailing Address 739 W Oak Estates Dr

City

San Antonio

State

TX

Zip Code

78260-6806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.49055

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul H Healey

Mailing Address 6650 Royal Palm Blvd Apt 314C

City

Margate

State

FL

Zip Code

33063-2185

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
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11AI.49130

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs Maria De Los A Hernandez-Pistorino

Mailing Address 6535 SW 123rd St

City

Pinecrest

State

FL

Zip Code

33156-5554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not EmployedOccupation  
Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.48920

Amount of Each Receipt this Period

500.00

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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 162

(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 Maria De Los A Hernandez-Pistorino

Mailing Address 6535 SW 123rd St

City State Zip Code  
 Pinecrest FL 33156-5554

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Not Employed

Occupation  
 Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.48921

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mrs Margaret Darby Hoegger

Mailing Address 1098B Argyll Cir

City State Zip Code  
 Lakewood NJ 08701-6948

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  
 1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.49001

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mrs Margaret Darby Hoegger

Mailing Address 1098B Argyll Cir

City State Zip Code  
 Lakewood NJ 08701-6948

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
 Ret

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.49004

Amount of Each Receipt this Period

200.00

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

900.00

**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 / 162

(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. Reynard H. H Hoffmann

Mailing Address 5146 Belden Ave Apt C2

City State Zip Code  
 Downers Grove IL 60515-4766

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  
 1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.48950

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)  
 Ms. Helen M. Hoover

Mailing Address 30 Hafer Rd

City State Zip Code  
 Oley PA 19547-8502

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 ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.49264

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr James R Houston

Mailing Address 345 N Via Las Palmas

City State Zip Code  
 Palm Springs CA 92262-4292

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired Businessman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.48974

Amount of Each Receipt this Period

500.00

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

720.00

**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 / 162

(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. Nina V. Hulpieu

Mailing Address PO Box 8996

City

Fayetteville

State

AR

Zip Code

72703-0017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U. S. Civil Services

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.49242

Amount of Each Receipt this Period

70.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Ronald J Hunter

Mailing Address PO Box 102

City

Palm

State

PA

Zip Code

18070-0102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Ret

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.49104

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Brian T Jackson

Mailing Address 7014 Shay Ct

City

Highland

State

CA

Zip Code

92346-7700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

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

Transaction ID: SA11AI.49216

Amount of Each Receipt this Period

25.00

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

195.00

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



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

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

FOR LINE NUMBER: PAGE 49 / 162

(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 E. Jackson

Mailing Address 917 Marina Dr

City State Zip Code  
**Panama City Beach FL 32407-5523**

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  
 1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.48944

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mrs Frances Johnson

Mailing Address 3345 Valencia Ave

City State Zip Code  
**San Bernardino CA 92404-2419**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

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

Transaction ID: SA11AI.48932

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr Michael J Kapp

Mailing Address 3118 Ravenhill Dr

City State Zip Code  
**Fayetteville NC 28303-5349**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Certified Registered Nurse Aid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: SA11AI.49079

Amount of Each Receipt this Period

25.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 162

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**AMERICA'S FOUNDATION**

**A.**

Full Name (Last, First, Middle Initial)

Mr Michael J Kapp

Mailing Address 3118 Ravenhill Dr

City

Fayetteville

State

NC

Zip Code

28303-5349

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Certified Registered Nurse Aid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

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

Transaction ID: SA11AI.53003

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Noel H Kasper

Mailing Address 10921 W Camelot Cir

City

Sun City

State

AZ

Zip Code

85351-2117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
retired

Occupation

dir of finan admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.49124

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William Kendall

Mailing Address 255 Amour Cir

City

Blue Bell

State

PA

Zip Code

19422-1441

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
William R Kendall Attorney

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.49103

Amount of Each Receipt this Period

200.00

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

325.00

**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 / 162

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**AMERICA'S FOUNDATION**

**A.**

Full Name (Last, First, Middle Initial)

Mr Robert E Kidd

Mailing Address 1811 Uhland Rd

City

San Marcos

State

TX

Zip Code

78666-8227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
System Controls

Occupation

Operations Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.49118

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Kookkan Kim

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 ▼

1128.00

Date of Receipt

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

Transaction ID: SA11AI.48898

Amount of Each Receipt this Period

376.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Charles P. Koehler

Mailing Address 5511 Chestnut Ln

City

Mc Farland

State

WI

Zip Code

53558-8902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Brady Corp

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

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

Transaction ID: SA11AI.48894

Amount of Each Receipt this Period

125.00

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

601.00

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

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

FOR LINE NUMBER: PAGE 52 / 162

(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. Elaine H. Kohl

Mailing Address 21776 472nd Ave

City

Brookings

State

SD

Zip Code

57006-7095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.49245

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr John J Kolano

Mailing Address 201 Grant St Apt 201

City

Sewickley

State

PA

Zip Code

15143-1337

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
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11AI.49107

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Agnes S Kossler

Mailing Address 3328 Crestview Dr

City

Bethel Park

State

PA

Zip Code

15102-1102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.00

Date of Receipt

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

Transaction ID: SA11AI.49209

Amount of Each Receipt this Period

26.00

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

176.00

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 / 162

(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. Agnes S Kossler

Mailing Address 3328 Crestview Dr

City

Bethel Park

State

PA

Zip Code

15102-1102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

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

Transaction ID: SA11AI.49210

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Miss Ann Krebes

Mailing Address 1921 James Ave

City

Saint Paul

State

MN

Zip Code

55105-1716

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  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.48916

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Vincetta M Krizmanich

Mailing Address 10236 Thurston Groves Blvd

City

Seminole

State

FL

Zip Code

33778-3822

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  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.49030

Amount of Each Receipt this Period

100.00

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

1110.00

**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 / 162

(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. Richard L. Krzyzanowski

Mailing Address 1 Crown Way

City

Philadelphia

State

PA

Zip Code

19154-4501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Crown Cork & Seal

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.49113

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr & Mrs James Lain

Mailing Address 16116 Bonaire Cir

City

Huntington Beach

State

CA

Zip Code

92649-2066

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 ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.49050

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Victor J. Lancelotta

Mailing Address 9339 Baltimore National Pike

City

Ellicott City

State

MD

Zip Code

21042-2822

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  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.48948

Amount of Each Receipt this Period

100.00

**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 55 / 162

(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 Lloyd R Larner

Mailing Address 121 23rd St N

City

Battle Creek

State

MI

Zip Code

49015-1710

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  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.49206

Amount of Each Receipt this Period

70.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Robert E. Lee

Mailing Address PO Box 40035

City

Tucson

State

AZ

Zip Code

85717-0035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

687.00

Date of Receipt

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

Transaction ID: SA11AI.49071

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Earl R Lehman

Mailing Address 396 W Spruce St

City

Palmyra

State

PA

Zip Code

17078-1013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

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

Transaction ID: SA11AI.49215

Amount of Each Receipt this Period

30.00

**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 56 / 162

(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 Earl R Lehman

Mailing Address 396 W Spruce St

City

Palmyra

State

PA

Zip Code

17078-1013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

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

Transaction ID: SA11AI.49217

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs Dorothy B Lewis

Mailing Address 4919 Rich Valley Rd

City

Emporium

State

PA

Zip Code

15834-5029

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  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.49180

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs Dorothy B Lewis

Mailing Address 4919 Rich Valley Rd

City

Emporium

State

PA

Zip Code

15834-5029

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  
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.49194

Amount of Each Receipt this Period

25.00

**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 57 / 162

(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 Jose E Lima

Mailing Address 220 S Collier Blvd Unit 701

City

Marco Island

State

FL

Zip Code

34145-4800

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
IPS Consultants

Occupation

Consultant Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.49167

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Marjorie Lindsey

Mailing Address 10202 Dutch Iris Dr

City

Bakersfield

State

CA

Zip Code

93311-3770

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.49236

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard M. Loomis

Mailing Address 25 Wyndwood Dr

City

Wilkes Barre

State

PA

Zip Code

18705-3823

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 ▼

453.00

Date of Receipt

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

Transaction ID: SA11AI.48999

Amount of Each Receipt this Period

204.00

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

354.00

**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 / 162

(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. Alonah Lorenz

Mailing Address 160 40th Ave SE

City State Zip Code  
**Benson MN 56215-1358**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
 Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.49256

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mrs Kathleen M Lund

Mailing Address 1285 Club House Dr

City State Zip Code  
**Pasadena CA 91105-2728**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Allen Lund Co. Inc.

Occupation  
 Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: SA11AI.48897

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mrs Marilyn A Lynch

Mailing Address 7256 S Grant St

City State Zip Code  
**Centennial CO 80122-1138**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

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  
 1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.49145

Amount of Each Receipt this Period

45.00

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

205.00

**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 / 162

(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. Richard F Madden

Mailing Address 6703 Diann St NE

City State Zip Code  
 Olympia WA 98516-9323

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Ret

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.49029

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Victor Maestri

Mailing Address 702 S Main St

City State Zip Code  
 Old Forge PA 18518-1410

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pride Mobility

Occupation  
Worker Production

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

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

Transaction ID: SA11AI.49155

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mrs Margaret Ann Magovern

Mailing Address 251 Old Mill Rd

City State Zip Code  
 Pittsburgh PA 15238-1939

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  
 1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.48986

Amount of Each Receipt this Period

500.00

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

620.00

**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 / 162

(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 Janice M. Mahone

Mailing Address 220 Shadywood Dr

City

Newport News

State

VA

Zip Code

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 ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.49269

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs Beth C Manor

Mailing Address 640 Dunblane Dr

City

Winter Park

State

FL

Zip Code

32792-4621

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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.48918

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Elsie Matthews

Mailing Address PO Box 639

City

McArthur

State

CA

Zip Code

96056-0639

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  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.48913

Amount of Each Receipt this Period

400.00

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

1435.00

**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 / 162

(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 Margaret McCarrin

Mailing Address 1110 Beatrice Ln

City

Lemont

State

IL

Zip Code

60439-2726

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 ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.49222

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs Steve McDonough

Mailing Address 1604 Via Tropico

City

Santa Maria

State

CA

Zip Code

93454-2634

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  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.48976

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs Patricia McNamara

Mailing Address 6140 71st St

City

Middle Village

State

NY

Zip Code

11379-1232

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  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.49102

Amount of Each Receipt this Period

300.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 162

(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. Willard C Meloy

Mailing Address 323 Meadowbrook Ave

City

Youngstown

State

OH

Zip Code

44512-3007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

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

Transaction ID: SA11AI.49153

Amount of Each Receipt this Period

37.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Judith A Mershon

Mailing Address 2821 Colorado Ave Apt 6

City

Santa Monica

State

CA

Zip Code

90404-3657

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 ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.49002

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Lorraine V Miller

Mailing Address 8 Bonel Ct

City

Pittsburgh

State

PA

Zip Code

15227-4504

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
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11AI.49111

Amount of Each Receipt this Period

50.00

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

237.00

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 / 162

(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 Carlyle N Montanye, Jr

Mailing Address PO Box 14

City

Glyndon

State

MD

Zip Code

21071-0014

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  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.49116

Amount of Each Receipt this Period

300.00

**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

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  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.48939

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Ruth Morford

Mailing Address 301 Hartnell Ave Apt 131

City

Redding

State

CA

Zip Code

96002-1852

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

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

Transaction ID: SA11AI.49018

Amount of Each Receipt this Period

50.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 162

(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. Ruth Morford

Mailing Address 301 Hartnell Ave Apt 131

City

Redding

State

CA

Zip Code

96002-1852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.00

Date of Receipt

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

Transaction ID: SA11AI.49019

Amount of Each Receipt this Period

58.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Ruth Morford

Mailing Address 301 Hartnell Ave Apt 131

City

Redding

State

CA

Zip Code

96002-1852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.00

Date of Receipt

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

Transaction ID: SA11AI.49020

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David H Morris

Mailing Address 13 Creekside Ct

City

Gordonville

State

PA

Zip Code

17529-9203

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 ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.49166

Amount of Each Receipt this Period

25.00

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

133.00

**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 / 162

(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. David H Morris

Mailing Address 13 Creekside Ct

City

Gordonville

State

PA

Zip Code

17529-9203

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
1	0		2	8		2	0	1	0

Transaction ID: SA11AI.49182

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Robert A Morrison, Jr

Mailing Address 402 N Palisades Dr

City

Signal Mountain

State

TN

Zip Code

37377-3139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MSA Inc.

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.48979

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Ruth Ann Mueller

Mailing Address 17244 Sunset Trl SW

City

Prior Lake

State

MN

Zip Code

55372-2757

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
1	0		2	8		2	0	1	0

Transaction ID: SA11AI.49183

Amount of Each Receipt this Period

50.00

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 66 / 162

(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 E Mummert

Mailing Address 145 Adam Dr

City

New Oxford

State

PA

Zip Code

17350-9224

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 ▼

221.00

Date of Receipt

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

Transaction ID: SA11AI.49159

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Paul E Mummert

Mailing Address 145 Adam Dr

City

New Oxford

State

PA

Zip Code

17350-9224

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 ▼

251.00

Date of Receipt

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

Transaction ID: SA11AI.49160

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John A Myers

Mailing Address 827 Garden Ave

City

Lebanon

State

PA

Zip Code

17046-8234

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

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

Transaction ID: SA11AI.49080

Amount of Each Receipt this Period

50.00

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

180.00

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

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

FOR LINE NUMBER: PAGE 67 / 162

(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. William J Myhre

Mailing Address 865 2nd Ave

City

Sweet Home

State

OR

Zip Code

97386-1915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼☐ General

Aggregate Year-to-Date ▼

610.00

Date of Receipt

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

Transaction ID: SA11AI.48947

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Irene Neale

Mailing Address 8325 SW Mohawk St Apt 1

City

Tualatin

State

OR

Zip Code

97062-9124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Nurse

Receipt For:

☐ Primary  
☐ Other (specify) ▼☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.49094

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Arpad Nemeth

Mailing Address 5155 Mead St

City

Dearborn

State

MI

Zip Code

48126-3017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼☐ General

Aggregate Year-to-Date ▼

285.00

Date of Receipt

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

Transaction ID: SA11AI.49129

Amount of Each Receipt this Period

150.00

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 162

(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. Reade B Nimick

Mailing Address 1101 Lincoln Dr

City

West Chester

State

PA

Zip Code

19380-5721

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  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.49024

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Sundra M Noel

Mailing Address 927 Wayne Ave

City

York

State

PA

Zip Code

17403-1130

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  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.49049

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Ms Sundra M Noel

Mailing Address 927 Wayne Ave

City

York

State

PA

Zip Code

17403-1130

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 Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.49053

Amount of Each Receipt this Period

50.00

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

185.00

**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 / 162

(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 Nellie M Noggles

Mailing Address 2609 Sunnybrook Dr

City

Nampa

State

ID

Zip Code

83686-6332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

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

Transaction ID: SA11AI.48955

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs Nellie M Noggles

Mailing Address 2609 Sunnybrook Dr

City

Nampa

State

ID

Zip Code

83686-6332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID: SA11AI.48956

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs Nellie M Noggles

Mailing Address 2609 Sunnybrook Dr

City

Nampa

State

ID

Zip Code

83686-6332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

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

Transaction ID: SA11AI.48957

Amount of Each Receipt this Period

25.00

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 70 / 162

(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 Nellie M Noggles

Mailing Address 2609 Sunnybrook Dr

City

Nampa

State

ID

Zip Code

83686-6332

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

570.00

Date of Receipt

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

Transaction ID: SA11AI.48958

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Elizabeth A. Normandia

Mailing Address 41 School Rd W

City

Marlboro

State

NJ

Zip Code

07746-1543

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation

Physical Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.49100

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Helen J Nowakowski

Mailing Address 95 Whitehall Ave

City

Aliquippa

State

PA

Zip Code

15001-1446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Housewife

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.49268

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 162

(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 M Nowicki

Mailing Address 20 Dewey St

City State Zip Code  
 Saint Paul MN 55104-5950

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  
 1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.49213

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mrs Edith M Nowicki

Mailing Address 20 Dewey St

City State Zip Code  
 Saint Paul MN 55104-5950

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

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  
 1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.49214

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mrs. Aime L Nuar

Mailing Address 9213 Stonewall Rd

City State Zip Code  
 Manassas VA 20110-2544

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.49162

Amount of Each Receipt this Period

50.00

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

110.00

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

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

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

FOR LINE NUMBER: PAGE 72 / 162

(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 Mercedes G. O'Malley

Mailing Address 7123 Colony Pointe Dr

City

Riverview

State

FL

Zip Code

33578-8372

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 ▼

265.00

Date of Receipt

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

Transaction ID: SA11AI.49148

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Margaret M. Partsch

Mailing Address 14881 River Rd NE

City

Gervais

State

OR

Zip Code

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 ▼

425.00

Date of Receipt

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

Transaction ID: SA11AI.49010

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Jane Pastelak

Mailing Address 1192 Laurelwood Rd

City

Pottstown

State

PA

Zip Code

19465-7422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Ret

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.48995

Amount of Each Receipt this Period

50.00

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

325.00

**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 / 162

(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 Charlotte J Peterson

Mailing Address 11193 NE 8th Ct

City

Biscayne Park

State

FL

Zip Code

33161-7205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
H.D. Of Miami

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: SA11AI.49011

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Greg Picinich

Mailing Address 15 Oak Neck Ln

City

West Islip

State

NY

Zip Code

11795-5117

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 ▼

399.00

Date of Receipt

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

Transaction ID: SA11AI.49035

Amount of Each Receipt this Period

199.00

**C.**

Full Name (Last, First, Middle Initial)

Ms Carolyn A. Porter

Mailing Address 112 W Drewry Ln

City

Raleigh

State

NC

Zip Code

27609-7714

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.48914

Amount of Each Receipt this Period

500.00

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

899.00

**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 / 162

(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)

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  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.49195

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs Lois K Potter

Mailing Address 111 N Fillmore St

City

Arlington

State

VA

Zip Code

22201-1019

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  
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.49249

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Miss Rita M Price

Mailing Address PO Box 8675

City

Utica

State

NY

Zip Code

13505-8675

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

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

Transaction ID: SA11AI.48940

Amount of Each Receipt this Period

100.00

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

235.00

**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 / 162

(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 Rita M Price

Mailing Address PO Box 8675

City State Zip Code  
Utica NY 13505-8675

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

11 / 03 / 2010

Transaction ID: SA11AI.48941

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Warren Puelston

Mailing Address 5537 Chantrey Rd

City State Zip Code  
Minneapolis MN 55436-2028

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

10 / 21 / 2010

Transaction ID: SA11AI.49096

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mrs Lois M. Pugh

Mailing Address 4906 Barley Ct

City State Zip Code  
Bakersfield CA 93313-5284

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 ▼

220.00

Date of Receipt

11 / 02 / 2010

Transaction ID: SA11AI.49780

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 76 / 162

(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 Theresa M Pye

Mailing Address 8725 NW 9th Pl

City

Gainesville

State

FL

Zip Code

32606-7158

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  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.49170

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

255.00

Date of Receipt

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

Transaction ID: SA11AI.49157

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Lon D Rademacher

Mailing Address 1276 Garrett Bay Rd

City

Ellison Bay

State

WI

Zip Code

54210-9754

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  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.51383

Amount of Each Receipt this Period

50.00

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

185.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 162

(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 Stuart S Reader

Mailing Address 676 E 152nd St

City

Cleveland

State

OH

Zip Code

44110-2358

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
dhrealty

Occupation  
manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: SA11AI.48961

Amount of Each Receipt this Period

180.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Stuart S Reader

Mailing Address 676 E 152nd St

City

Cleveland

State

OH

Zip Code

44110-2358

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
dhrealty

Occupation  
manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

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

Transaction ID: SA11AI.48962

Amount of Each Receipt this Period

180.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Don S Redd

Mailing Address 236 S 75 W

City

Farmington

State

UT

Zip Code

84025-2305

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

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

Transaction ID: SA11AI.49098

Amount of Each Receipt this Period

300.00

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

660.00

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

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

FOR LINE NUMBER: PAGE 78 / 162

(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. Jerry G Reynolds

Mailing Address N56W12546 Silver Spring Rd

City	State	Zip Code
Menomonee Falls	WI	53051-6114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BritchesOccupation  
Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.49189

Amount of Each Receipt this Period

50.00

**B.**Full Name (Last, First, Middle Initial)  
Mr Richard G Robertson

Mailing Address 10510 Clipper Dr

City	State	Zip Code
Fairfax Station	VA	22039-1918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Computer Sciences CorpOccupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.48949

Amount of Each Receipt this Period

200.00

**C.**Full Name (Last, First, Middle Initial)  
Mr & Mrs Kenneth W. Rogers

Mailing Address 4840 Carole Ct

City	State	Zip Code
Bartlesville	OK	74006-2811

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

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

Transaction ID: SA11AI.49152

Amount of Each Receipt this Period

50.00

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 79 / 162

(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 Roberto Rojas

Mailing Address PO Box 141113

City

Arecibo

State

PR

Zip Code

00614-1113

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 ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.49246

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Ricardo J Roman

Mailing Address 1310 NE 101st St

City

Miami Shores

State

FL

Zip Code

33138-2611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.49089

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth L Rose

Mailing Address 39773 N 107th Way

City

Scottsdale

State

AZ

Zip Code

85262-4952

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  
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.49023

Amount of Each Receipt this Period

200.00

**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 80 / 162

(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. Frances A A. Rosen

Mailing Address 2405 SW Falcon Cir

City

Port Saint Lucie

State

FL

Zip Code

34953-2923

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  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.49185

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David L Rossing

Mailing Address PO Box 267

101 N Lafayette St

City

Argyle

State

WI

Zip Code

53504-0267

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 ▼

215.00

Date of Receipt

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

Transaction ID: SA11AI.49262

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Steven Rothman

Mailing Address 5019 Kestral Park Dr

City

Sarasota

State

FL

Zip Code

34231-3257

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Zavanna LLC

Occupation

systems analyst

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.48876

Amount of Each Receipt this Period

2000.00

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

2075.00

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



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

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

FOR LINE NUMBER: PAGE 81 / 162

(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 Burton W Rounds

Mailing Address 122 96th Ave W

City

Duluth

State

MN

Zip Code

55808-2105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

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

Transaction ID: SA11AI.48933

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs Margaret H Samuel

Mailing Address 3120 Batter Sea Ln

City

Alexandria

State

VA

Zip Code

22309-2104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BAE Systems

Occupation

Computer Engr.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

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

Transaction ID: SA11AI.49282

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Edwin C Sandham

Mailing Address 1964 SW Saint Andrews Dr

City

Palm City

State

FL

Zip Code

34990-4990

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5111.00

Date of Receipt

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

Transaction ID: SA11AI.48862

Amount of Each Receipt this Period

250.00

See Refunds \$424 on 11/2-  
2/10 and \$137 on 12/2/10

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

500.00

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

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

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

FOR LINE NUMBER: PAGE 82 / 162

(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

City State Zip Code  
 Palm City FL 34990-4990

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5311.00

Date of Receipt

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

Transaction ID: SA11AI.48863

Amount of Each Receipt this Period

200.00

See Refunds \$424 on 11/2-  
2/10 and \$137 on 12/2/10

**B.**

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

Mailing Address 1964 SW Saint Andrews Dr

City State Zip Code  
 Palm City FL 34990-4990

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5436.00

Date of Receipt

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

Transaction ID: SA11AI.48864

Amount of Each Receipt this Period

125.00

See Refunds \$424 on 11/2-  
2/10 and \$137 on 12/2/10

**C.**

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

Mailing Address 1964 SW Saint Andrews Dr

City State Zip Code  
 Palm City FL 34990-4990

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5561.00

Date of Receipt

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

Transaction ID: SA11AI.48865

Amount of Each Receipt this Period

125.00

See Refunds \$424 on 11/2-  
2/10 and \$137 on 12/2/10

**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 83 / 162

(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 Sasso

Mailing Address PO Box 577

City State Zip Code  
Gwynedd Valley PA 19437-0577

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

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  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.48931

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr Gerald E Schmidt

Mailing Address 1715 Oswego St NW

City State Zip Code  
Grand Rapids MI 49504-4957

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

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

Transaction ID: SA11AI.49156

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
 Ms. Marguerite M Schmidt

Mailing Address 617 Pershing Ave

City State Zip Code  
Red Lion PA 17356-9132

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  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.49175

Amount of Each Receipt this Period

100.00

**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 84 / 162

(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. Martha K. Schrader

Mailing Address 2838 Encore Ln

City

West Lafayette

State

IN

Zip Code

47906-1416

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  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.49054

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jack M Segal

Mailing Address 5027 S Convent Ln Apt H

City

Philadelphia

State

PA

Zip Code

19114-3150

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.49133

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Ned R. Shanaman

Mailing Address PO Box 163

City

Richland

State

PA

Zip Code

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 ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.48929

Amount of Each Receipt this Period

300.00

**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 85 / 162

(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. Diana M Sharbaugh

Mailing Address 521 W Crawford St

City

**Ebensburg**

State

**PA**

Zip Code

**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 ▼

**810.00**

Date of Receipt

**11 / 04 / 2010**

**Transaction ID: SA11AI.48927**

Amount of Each Receipt this Period

**100.00**

**B.**

Full Name (Last, First, Middle Initial)

Ms Mary L Sheehan

Mailing Address 21065 Cardinal Pond Ter Apt 113

City

**Ashburn**

State

**VA**

Zip Code

**20147-6116**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

**Retired**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**215.00**

Date of Receipt

**11 / 04 / 2010**

**Transaction ID: SA11AI.49263**

Amount of Each Receipt this Period

**25.00**

**C.**

Full Name (Last, First, Middle Initial)

Ms. Chloe C. Shelby

Mailing Address 4317 Starr Jordan Dr

City

**Annandale**

State

**VA**

Zip Code

**22003-3821**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kaiser Permanente

Occupation

**Medical Technologist**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**276.00**

Date of Receipt

**10 / 25 / 2010**

**Transaction ID: SA11AI.49132**

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)  
for each category of the  
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FOR LINE NUMBER: PAGE 86 / 162

(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 L Sherman

Mailing Address 4 Tahoe Ln

City

Sea Ranch Lakes

State

FL

Zip Code

33308-2328

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.48874

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ronald G Sidovar

Mailing Address PO Box 190  
9 Whitebitch Ridge

City

Hamlin

State

PA

Zip Code

18427-0190

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 Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.48878

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ronald G Sidovar

Mailing Address PO Box 190  
9 Whitebitch Ridge

City

Hamlin

State

PA

Zip Code

18427-0190

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

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

Transaction ID: SA11AI.48877

Amount of Each Receipt this Period

500.00

**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 87 / 162

(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. Willard J. Sill

Mailing Address 351 Mason St NW Apt 212

City State Zip Code  
 Onalaska WI 54650-7040

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

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 Y  
 1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.49224

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr John E Silliman

Mailing Address 16 Jardine Ln

City State Zip Code  
 Lincoln Park NJ 07035-1519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WGHT

Occupation  
Investor/dj

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: SA11AI.48934

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr John E Silliman

Mailing Address 16 Jardine Ln

City State Zip Code  
 Lincoln Park NJ 07035-1519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WGHT

Occupation  
Investor/dj

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

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

Transaction ID: SA11AI.48935

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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 162

(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 Nancy J. Simmons

Mailing Address PO Box 24

City State Zip Code  
 Glendale AZ 85311-0024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

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

Transaction ID: SA11AI.49207

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Walter J Small

Mailing Address 3309 N Wales Rd

City State Zip Code  
 Norristown PA 19403-4221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
 Ret

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.49186

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Walter J Small

Mailing Address 3309 N Wales Rd

City State Zip Code  
 Norristown PA 19403-4221

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  
 1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.49196

Amount of Each Receipt this Period

25.00

**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 89 / 162

(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 Beverly Smith

Mailing Address 4001 N New Braunfels Ave Apt 1400

City

San Antonio

State

TX

Zip Code

78209-6345

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
None

Occupation

Homemaker & Volunteer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.49027

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs Hunter J Smith

Mailing Address 1160 Tennis Rd

City

Charlottesville

State

VA

Zip Code

22901-5031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.48912

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Robert M Smith

Mailing Address 900 W Alpine Way Apt 107

City

Shelton

State

WA

Zip Code

98584-1217

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  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.49176

Amount of Each Receipt this Period

50.00

**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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 162

(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 L Smith

Mailing Address PO Box 1286

City

Marble Falls

State

TX

Zip Code

78654-1286

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 ▼

205.00

Date of Receipt

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

Transaction ID: SA11AI.49603

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Venetta L. Snyder

Mailing Address 10 Strawberry Hill Rd

City

Feeding Hills

State

MA

Zip Code

01030-1130

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Oaks

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  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.49228

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Wilber B Spaling, Jr

Mailing Address 6900 Overhill Rd

City

Mission Hills

State

KS

Zip Code

66208-2769

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.49042

Amount of Each Receipt this Period

150.00

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

210.00

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

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

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

FOR LINE NUMBER: PAGE 91 / 162

(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 William H. Spencer

Mailing Address 195 Surfsound Dr

City

Smith River

State

CA

Zip Code

95567-9467

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 ▼

262.00

Date of Receipt

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

Transaction ID: SA11AI.49066

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Mr William H. Spencer

Mailing Address 195 Surfsound Dr

City

Smith River

State

CA

Zip Code

95567-9467

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 ▼

297.00

Date of Receipt

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

Transaction ID: SA11AI.49067

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Mr William H. Spencer

Mailing Address 195 Surfsound Dr

City

Smith River

State

CA

Zip Code

95567-9467

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 ▼

332.00

Date of Receipt

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

Transaction ID: SA11AI.49068

Amount of Each Receipt this Period

35.00

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

105.00

**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)  
 Mr. Franklin A Stauffer

Mailing Address 620 E Arch St

City State Zip Code  
**Palmyra PA 17078-1805**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1126.00**

Date of Receipt

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

**Transaction ID: SA11AI.48894**

Amount of Each Receipt this Period

**114.00**

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Franklin A Stauffer

Mailing Address 620 E Arch St

City State Zip Code  
**Palmyra PA 17078-1805**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1240.00**

Date of Receipt

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

**Transaction ID: SA11AI.48895**

Amount of Each Receipt this Period

**114.00**

**C.**

Full Name (Last, First, Middle Initial)  
 Mrs Terry A Straight

Mailing Address 6262 Saints Hill Ln

City State Zip Code  
**Broad Run VA 20137-2319**

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 ▼

**340.00**

Date of Receipt

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

**Transaction ID: SA11AI.49060**

Amount of Each Receipt this Period

**100.00**

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

**328.00**

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)

Ms Kathryn E. Streigle

Mailing Address 8408 Wildrock Ct

City

Arlington

State

TX

Zip Code

76001-2946

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 ▼

253.00

Date of Receipt

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

Transaction ID: SA11AI.51164

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Kathryn E. Streigle

Mailing Address 8408 Wildrock Ct

City

Arlington

State

TX

Zip Code

76001-2946

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 ▼

278.00

Date of Receipt

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

Transaction ID: SA11AI.49223

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mr David K Stuart

Mailing Address 3007 SE Doubleton Dr

City

Stuart

State

FL

Zip Code

34997-5608

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 Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.49259

Amount of Each Receipt this Period

35.00

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

85.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**AMERICA'S FOUNDATION**

**A.**

Full Name (Last, First, Middle Initial)  
 Mr. Robert Sunderland

Mailing Address 953 Pyrite Ave

City State Zip Code  
 Henderson NV 89011-3059

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.48879

Amount of Each Receipt this Period

450.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Robert Sunderland

Mailing Address 953 Pyrite Ave

City State Zip Code  
 Henderson NV 89011-3059

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

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

Transaction ID: SA11AI.48880

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Donald K Surgeon

Mailing Address PO Box 1879

City State Zip Code  
 Pacifica CA 94044-6879

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  
 1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.49188

Amount of Each Receipt this Period

50.00

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

600.00

**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)

Mr. Alvin E. Sweigart

Mailing Address 2560 Conestoga Creek Rd

City

Morgantown

State

PA

Zip Code

19543-9416

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Berks Construction Co

Occupation  
Builder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.49229

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Miss Ethel Takacs

Mailing Address 7025 Yellowstone Blvd Apt 20G

City

Forest Hills

State

NY

Zip Code

11375-3179

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

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  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.49126

Amount of Each Receipt this Period

90.00

**C.**

Full Name (Last, First, Middle Initial)

Ms Maria C Thomeer

Mailing Address 5930 Yarwell Dr

City

Houston

State

TX

Zip Code

77096-4735

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  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.49248

Amount of Each Receipt this Period

100.00

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

240.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**AMERICA'S FOUNDATION**

**A.**

Full Name (Last, First, Middle Initial)

Mr & Mrs Terry G Tibeau

Mailing Address 16 197th Avenue Ct E

City

Lake Tapps

State

WA

Zip Code

98391-9375

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 ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.49134

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Woodbury C Titcomb

Mailing Address 4901 Gulf Shore Blvd N Apt 1104  
Meridian Club No 1104

City

Naples

State

FL

Zip Code

34103-2223

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  
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.49022

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Ms Elizabeth Toulon

Mailing Address PO Box 666

City

Koloa

State

HI

Zip Code

96756-0666

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  
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.49169

Amount of Each Receipt this Period

150.00

**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)  
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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. Robert S. Troth

Mailing Address 3003 Gulf Shore Blvd N Apt 301

City State Zip Code  
 Naples FL 34103-3912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

902.00

Date of Receipt

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

Transaction ID: SA11AI.48930

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
 Ms Jeanne M Turtzo

Mailing Address 406 S Broad St

City State Zip Code  
 Bangor PA 18013-2218

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.00

Date of Receipt

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

Transaction ID: SA11AI.49078

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Charles D. Tyler

Mailing Address 2713 Fox Glenn Ct

City State Zip Code  
 Hurst TX 76054-2786

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  
 1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.49187

Amount of Each Receipt this Period

50.00

**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  
☐ 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 Catherine C. Uebersetzg

Mailing Address 1005 Bristol Dr

City State Zip Code  
**Waunakee WI 53597-1805**

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  
 1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.49088

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
 Ms. Marianne Underwood

Mailing Address 306 S Pendleton Ave

City State Zip Code  
**Pendleton IN 46064-1108**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: SA11AI.49211

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr Peter J Utrata

Mailing Address 1289 Arlington Ave

City State Zip Code  
**Columbus OH 43212-3202**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ESCO

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.48988

Amount of Each Receipt this Period

250.00

**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  
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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 Peter J Utrata

Mailing Address 1289 Arlington Ave

City

Columbus

State

OH

Zip Code

43212-3202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ESCO

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.48992

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Jane Vandborg

Mailing Address 13063 S Vineland Rd

City

Bakersfield

State

CA

Zip Code

93307-9655

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 ▼

217.00

Date of Receipt

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

Transaction ID: SA11AI.49059

Amount of Each Receipt this Period

78.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Don W. Wade

Mailing Address 6 Linda Vis

City

Orinda

State

CA

Zip Code

94563-2311

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.00

Date of Receipt

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

Transaction ID: SA11AI.48923

Amount of Each Receipt this Period

280.00

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

608.00

**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)

<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)  
Eleanor B Wade

Mailing Address 201 E Mingus Ave Apt 305

City	State	Zip Code
Cottonwood	AZ	86326-3680

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.49140

Amount of Each Receipt this Period

100.00

**B.**Full Name (Last, First, Middle Initial)  
Ms Linda L Wade

Mailing Address 20796 Meadowbrook Dr

City	State	Zip Code
Abingdon	VA	24211-5598

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
1	0	/	2	8	/	2	0	1	0

Transaction ID: SA11AI.49181

Amount of Each Receipt this Period

100.00

**C.**Full Name (Last, First, Middle Initial)  
Mr James A Wagner

Mailing Address 6270 Fairway Ln

City	State	Zip Code
Wescosville	PA	18106-9612

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
1	1	/	0	3	/	2	0	1	0

Transaction ID: SA11AI.49279

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**

Use separate schedule(s)  
for each category of the  
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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 David Waldrip

Mailing Address 14613 Fm 1761

City

Raymondville

State

TX

Zip Code

78580-4499

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.00

Date of Receipt

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

Transaction ID: SA11AI.48993

Amount of Each Receipt this Period

187.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Mary E. Weaver

Mailing Address 317 Balmer Rd

City

Lititz

State

PA

Zip Code

17543-1331

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Housewife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.49052

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Scott M Weber

Mailing Address 2601 Sunset Blvd Apt G3

City

Minneapolis

State

MN

Zip Code

55416-4286

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation

Real Estate Investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.48869

Amount of Each Receipt this Period

5000.00

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

5287.00

**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 102 / 162

(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 Rosemary A White

Mailing Address 18 Wm Holland Ln

City State Zip Code  
 Sisseton SD 57262-2332

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 ▼

305.00

Date of Receipt

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

Transaction ID: SA11AI.49083

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mrs. Cecil T Wiggins

Mailing Address 2605 Walton Ave

City State Zip Code  
 Mobile AL 36606-2380

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

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

Transaction ID: SA11AI.48942

Amount of Each Receipt this Period

90.00

**C.**

Full Name (Last, First, Middle Initial)  
 Carol R Wilson

Mailing Address 2197 Sutter View Ln

City State Zip Code  
 Lincoln CA 95648-7718

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 ▼

1475.00

Date of Receipt

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

Transaction ID: SA11AI.48883

Amount of Each Receipt this Period

250.00

**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 103 / 162

(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. Evelyn K Wilson

Mailing Address 86 Hennig Dr

City State Zip Code  
Pittsburgh PA 15236-1569

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: SA11AI.49036

Amount of Each Receipt this Period

105.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Evelyn K Wilson

Mailing Address 86 Hennig Dr

City State Zip Code  
Pittsburgh PA 15236-1569

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

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

Transaction ID: SA11AI.49037

Amount of Each Receipt this Period

70.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr Kevin L Wold

Mailing Address 411 Fairview Ave N Ste 202

City State Zip Code  
Seattle WA 98109-5302

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wold Enterprises

Occupation  
sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.49198

Amount of Each Receipt this Period

250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 162

(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 Sarah B Wright

Mailing Address 2428 Amity Rd

City State Zip Code  
Hot Springs AR 71913-9193

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 ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.48990

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs Sarah B Wright

Mailing Address 2428 Amity Rd

City State Zip Code  
Hot Springs AR 71913-9193

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

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

Transaction ID: SA11AI.48991

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr John I Ykema

Mailing Address 1343 W Baltimore Pike Apt E41

City State Zip Code  
Media PA 19063-5519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SPD Technologies

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.49032

Amount of Each Receipt this Period

100.00

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

600.00

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



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

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

FOR LINE NUMBER: PAGE 105 / 162

(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. Frank W. Zielinski

Mailing Address 126 E Wing St Apt 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 ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.48908

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Frank W. Zielinski

Mailing Address 126 E Wing St Apt 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 ▼

475.00

Date of Receipt

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

Transaction ID: SA11AI.48909

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ray L Zobel

Mailing Address 36727 S Ocotillo Canyon Dr

City

Tucson

State

AZ

Zip Code

85739-2291

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  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.49139

Amount of Each Receipt this Period

25.00

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

225.00

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

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

FOR LINE NUMBER: PAGE 106 / 162

(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. Ray L Zobel

Mailing Address 36727 S Ocotillo Canyon Dr

City

Tucson

State

AZ

Zip Code

85739-2291

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.49141

Amount of Each Receipt this Period

50.00

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

50.00

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

56961.50

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

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

FOR LINE NUMBER: PAGE 107 / 162

(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 ▼

66124.79

Date of Receipt

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

Transaction ID: SA17.54988

Amount of Each Receipt this Period

7157.34

List Rental Income

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

7157.34

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

7157.34

# **SCHEDULE 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 108 / 162

<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

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Merchant Credit Card Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.55089

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4.95

**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

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.55090

Date of Disbursement

/   /

Amount of Each Disbursement this Period

77.78

**C.**

Full Name (Last, First, Middle Initial)  
American Heritage 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.55068

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5708.32

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

5791.05

**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 109 / 162

<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

<b>A.</b> Full Name (Last, First, Middle Initial) United Airlines	<b>Transaction ID:</b> SB21B.55068.0 <b>Date of Disbursement</b>
Mailing Address 77 West Wacker Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 2 / 2 0 1 0</div> </div>
City Chicago State IL Zip Code 60601	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel Expenses	<div>181.67</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Hotels.com	<b>Transaction ID:</b> SB21B.55068.1 <b>Date of Disbursement</b>
Mailing Address 10440 North Central Epwy Suite 400	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 2 / 2 0 1 0</div> </div>
City Dallas State TX Zip Code 75231	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel Expenses	<div>174.37</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Amtrak	<b>Transaction ID:</b> SB21B.55068.2 <b>Date of Disbursement</b>
Mailing Address 30th and Market St, Fl. 5	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 2 / 2 0 1 0</div> </div>
City Philadelphia State PA Zip Code 19102	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel Expenses	<div>405.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>

**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 / 162

<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.55068.3  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

30.00

[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.55068.9  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

721.20

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
Dulles International Airport 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.55068.10  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

17.00

[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 111 / 162

<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)  
Continental Airlines

Mailing Address 1600 Smith Street

City Houston State TX Zip Code 77002

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.55068.12  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

[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  
Telecommunications

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.55068.14  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

-173.24

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
Sunfire Grill & Bistro

Mailing Address 1090 Sam Rittenberg Blvd

City Charleston State SC Zip Code 29407

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.55068.15  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

437.38

[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

<b>A.</b> Full Name (Last, First, Middle Initial) United Airlines	<b>Transaction ID:</b> SB21B.55068.17 <b>Date of Disbursement</b>
Mailing Address 77 West Wacker Drive	<div> <div>10</div> <div>22</div> <div>2010</div> </div>
City Chicago State IL Zip Code 60601	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel Expenses	<div>318.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Dulles International Airport Parking	<b>Transaction ID:</b> SB21B.55068.18 <b>Date of Disbursement</b>
Mailing Address 45020 Aviation Drive	<div> <div>10</div> <div>22</div> <div>2010</div> </div>
City Sterling State VA Zip Code 20166	<b>Amount of Each Disbursement this Period</b>
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:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) US Airways	<b>Transaction ID:</b> SB21B.55068.19 <b>Date of Disbursement</b>
Mailing Address 3311 Airport Rd	<div> <div>10</div> <div>22</div> <div>2010</div> </div>
City Allentown State PA Zip Code 18109	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel Expenses	<div>402.20</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>

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

0.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input 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

Mailing Address 10440 North Central Epwy Suite 400

City State Zip Code  
Dallas TX 75231Purpose of Disbursement  
Travel Expenses

Candidate Name

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

State: District:

Transaction ID: SB21B.55068.24

Date of Disbursement

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

Amount of Each Disbursement this Period

171.06

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Amtrak

Mailing Address 30th and Market St, Fl. 5

City State Zip Code  
Philadelphia PA 19102Purpose of Disbursement  
Travel Expenses

Candidate Name

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

State: District:

Transaction ID: SB21B.55068.25

Date of Disbursement

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

Amount of Each Disbursement this Period

264.00

[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 76155Purpose of Disbursement  
Travel Expenses

Candidate Name

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

State: District:

Transaction ID: SB21B.55068.26

Date of Disbursement

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

Amount of Each Disbursement this Period

879.40

[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

<b>A.</b>	<p>Full Name (Last, First, Middle Initial) Hotels.com</p> <p>Mailing Address 10440 North Central Epwy Suite 400</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.55068.27</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="389.73"/></p> <p><b>[MEMO ITEM]</b></p>
<b>B.</b>	<p>Full Name (Last, First, Middle Initial) Amtrak</p> <p>Mailing Address 30th and Market St, Fl. 5</p> <p>City Philadelphia State PA Zip Code 19102</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><b>Transaction ID:</b> SB21B.55068.28</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="211.00"/></p> <p><b>[MEMO ITEM]</b></p>
<b>C.</b>	<p>Full Name (Last, First, Middle Initial) Hotels.com</p> <p>Mailing Address 10440 North Central Epwy Suite 400</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.55068.29</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="218.55"/></p> <p><b>[MEMO ITEM]</b></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

<b>A.</b> Full Name (Last, First, Middle Initial) Amtrak	<b>Transaction ID:</b> SB21B.55068.31 <b>Date of Disbursement</b>
Mailing Address 30th and Market St, Fl. 5	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 2 / 2 0 1 0</div> </div>
City Philadelphia State PA Zip Code 19102	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel Expenses	<div>117.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Westin Hotels	<b>Transaction ID:</b> SB21B.55068.32 <b>Date of Disbursement</b>
Mailing Address 1111 Westchester Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 2 / 2 0 1 0</div> </div>
City White Plains State NY Zip Code 10604	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel Expenses	<div>320.23</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Amtrak	<b>Transaction ID:</b> SB21B.55068.34 <b>Date of Disbursement</b>
Mailing Address 30th and Market St, Fl. 5	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 2 / 2 0 1 0</div> </div>
City Philadelphia State PA Zip Code 19102	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel Expenses	<div>158.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>

**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)  
 American Heritage 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.55069

Date of Disbursement

/   /

Amount of Each Disbursement this Period

29.94

**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.55069.0

Date of Disbursement

/   /

Amount of Each Disbursement this Period

29.94

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
 American Heritage 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.55070

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1001.08

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

1031.02

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Southwest Airlines	<b>Transaction ID:</b> SB21B.55070.0 <b>Date of Disbursement</b>																				
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>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	1	0												
City Dallas State TX Zip Code 75235	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">360.10</td> </tr> </table>	360.10																			
360.10																					
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>B.</b> Full Name (Last, First, Middle Initial) Westin Hotels	<b>Transaction ID:</b> SB21B.55070.8 <b>Date of Disbursement</b>																				
Mailing Address 1111 Westchester 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>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	1	0												
City White Plains State NY Zip Code 10604	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">7.56</td> </tr> </table>	7.56																			
7.56																					
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>C.</b> Full Name (Last, First, Middle Initial) American Heritage Credit Union	<b>Transaction ID:</b> SB21B.55071 <b>Date of Disbursement</b>																				
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>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	1	0												
City Philadelphia State PA Zip Code 19115-7779	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Credit Card Payment	<table border="1"> <tr> <td colspan="10">4236.23</td> </tr> </table>	4236.23																			
4236.23																					
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) .....

4236.23

**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)

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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 3311 Airport Rd

City Allentown State PA Zip Code 18109

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.55071.0

Date of Disbursement

/   /

Amount of Each Disbursement this Period

375.90

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
Dulles International Airport 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

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

State: District:

**Transaction ID:** SB21B.55071.1

Date of Disbursement

/   /

Amount of Each Disbursement this Period

36.00

**[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

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

State: District:

**Transaction ID:** SB21B.55071.2

Date of Disbursement

/   /

Amount of Each Disbursement this Period

365.70

**[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 119 / 162

<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.55071.3  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

481.70

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
Dulles International Airport 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.55071.4  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

34.00

[MEMO ITEM]

**C.**

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.55071.7  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

234.70

[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)  
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.55071.8  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

298.40

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
Amtrak

Mailing Address 30th and Market St, Fl. 5

City Philadelphia State PA Zip Code 19102

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.55071.9  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

-41.40

[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.55071.11  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

298.70

[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 121 / 162

<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)  
Continental Airlines

Mailing Address 1600 Smith Street

City State Zip Code  
Houston TX 77002

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.55071.15  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

160.40

[MEMO ITEM]

**B.**

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

Mailing Address 10440 North Central Epwy Suite 400

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.55071.18  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

190.76

[MEMO ITEM]

**C.**

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

Mailing Address 3311 Airport Rd

City State Zip Code  
Allentown PA 18109

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.55071.19  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

262.90

[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 / 162

<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

<b>A.</b> Full Name (Last, First, Middle Initial) United Airlines	<b>Transaction ID:</b> SB21B.55071.20 <b>Date of Disbursement</b>
Mailing Address 77 West Wacker Drive	<div> <div><sup>M</sup>10</div> <div><sup>D</sup>26</div> <div><sup>Y</sup>2010</div> </div>
City Chicago State IL Zip Code 60601	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel Expenses	<div>544.70</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Delta Airlines	<b>Transaction ID:</b> SB21B.55071.28 <b>Date of Disbursement</b>
Mailing Address P.O. Box 20706	<div> <div><sup>M</sup>10</div> <div><sup>D</sup>26</div> <div><sup>Y</sup>2010</div> </div>
City Atlanta State GA Zip Code 30320	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel Expenses	<div>315.63</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) American Heritage Credit Union	<b>Transaction ID:</b> SB21B.55072 <b>Date of Disbursement</b>
Mailing Address PO Box 52779	<div> <div><sup>M</sup>10</div> <div><sup>D</sup>26</div> <div><sup>Y</sup>2010</div> </div>
City Philadelphia State PA Zip Code 19115-7779	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Credit Card Payment	<div>44.94</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) .....

44.94

**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 123 / 162

<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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address 942 South Shady Grove Road</p> <p>City Memphis State TN Zip Code 38120</p> <p>Purpose of Disbursement Postage &amp; Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.55072.0</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="44.94"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) American Heritage 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><b>Transaction ID:</b> SB21B.55073</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5708.32"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address P.O. Box 20706</p> <p>City Atlanta State GA Zip Code 30320</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><b>Transaction ID:</b> SB21B.55073.0</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="38.77"/></p> <p><b>[MEMO ITEM]</b></p>

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

**5708.32**

**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)

PAGE 124 / 162

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address P.O. Box 20706	<b>Transaction ID:</b> SB21B.55073.1 <b>Date of Disbursement</b> <div> <div>11</div> <div>02</div> <div>2010</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>432.40</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Amtrak Mailing Address 30th and Market St, Fl. 5 City Philadelphia State PA Zip Code 19102 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) ▼	<b>Transaction ID:</b> SB21B.55073.2 <b>Date of Disbursement</b> <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>115.00</div> <b>[MEMO ITEM]</b>
<b>C.</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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.55073.5 <b>Date of Disbursement</b> <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>873.70</div> <b>[MEMO ITEM]</b>

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

**0.00**

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 125 / 162

<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 76155Purpose of Disbursement  
Travel Expenses

Candidate Name

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

State: District:

Transaction ID: SB21B.55073.6

Date of Disbursement

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

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

United Airlines

Mailing Address 77 West Wacker Drive

City State Zip Code  
Chicago IL 60601Purpose of Disbursement  
Travel Expenses

Candidate Name

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

State: District:

Transaction ID: SB21B.55073.7

Date of Disbursement

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

Amount of Each Disbursement this Period

560.20

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Dulles International Airport Parking

Mailing Address 45020 Aviation Drive

City State Zip Code  
Sterling VA 20166Purpose of Disbursement  
Travel Expenses

Candidate Name

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

State: District:

Transaction ID: SB21B.55073.9

Date of Disbursement

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

Amount of Each Disbursement this Period

17.00

[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 126 / 162

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Wheatmark Inc.	<b>Transaction ID:</b> SB21B.55073.12 <b>Date of Disbursement</b>
Mailing Address 610 E Delano St Ste 104	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>2</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>1</div> <div><sup>Y</sup>0</div> </div>
City Tucson State AZ Zip Code 85705	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Donor Appreciation Expenses Candidate Name	<div>904.98</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Hotels.com	<b>Transaction ID:</b> SB21B.55073.14 <b>Date of Disbursement</b>
Mailing Address 10440 North Central Epwy Suite 400	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>2</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>1</div> <div><sup>Y</sup>0</div> </div>
City Dallas State TX Zip Code 75231	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel Expenses Candidate Name	<div>213.01</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Dulles International Airport Parking	<b>Transaction ID:</b> SB21B.55073.17 <b>Date of Disbursement</b>
Mailing Address 45020 Aviation Drive	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>0</div> <div><sup>D</sup>2</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>1</div> <div><sup>Y</sup>0</div> </div>
City Sterling State VA Zip Code 20166	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel Expenses Candidate Name	<div>68.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>

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

0.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 127 / 162

<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 3311 Airport Rd

City Allentown State PA Zip Code 18109

Purpose of Disbursement  
Travel Expenses

Candidate Name

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

State: District:

Transaction ID: SB21B.55073.19

Date of Disbursement

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

Amount of Each Disbursement this Period

133.70

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

State: District:

Transaction ID: SB21B.55073.20

Date of Disbursement

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

Amount of Each Disbursement this Period

566.70

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

State: District:

Transaction ID: SB21B.55073.21

Date of Disbursement

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

Amount of Each Disbursement this Period

199.70

[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 128 / 162

<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

<b>A.</b> Full Name (Last, First, Middle Initial) United Airlines	<b>Transaction ID:</b> SB21B.55073.22 <b>Date of Disbursement</b>																				
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>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	2		2	0	1	0												
City Chicago State IL Zip Code 60601	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">199.70</td> </tr> </table>	199.70																			
199.70																					
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>B.</b> Full Name (Last, First, Middle Initial) Amtrak	<b>Transaction ID:</b> SB21B.55073.23 <b>Date of Disbursement</b>																				
Mailing Address 30th and Market St, Fl. 5	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	2		2	0	1	0												
City Philadelphia State PA Zip Code 19102	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">100.41</td> </tr> </table>	100.41																			
100.41																					
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>C.</b> Full Name (Last, First, Middle Initial) Savoya LLC	<b>Transaction ID:</b> SB21B.55073.24 <b>Date of Disbursement</b>																				
Mailing Address 1845 Woodall Rogers Freeway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	2		2	0	1	0												
City Dallas State TX Zip Code 75201	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">85.20</td> </tr> </table>	85.20																			
85.20																					
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) ▼																				

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

0.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 129 / 162

<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)

Dulles International Airport Parking

Mailing Address 45020 Aviation Drive

City State Zip Code  
Sterling VA 20166Purpose of Disbursement  
Travel Expenses

Candidate Name

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

State: District:

Transaction ID: SB21B.55073.25

Date of Disbursement

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

Amount of Each Disbursement this Period

34.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Dulles International Airport Parking

Mailing Address 45020 Aviation Drive

City State Zip Code  
Sterling VA 20166Purpose of Disbursement  
Travel Expenses

Candidate Name

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

State: District:

Transaction ID: SB21B.55073.29

Date of Disbursement

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

Amount of Each Disbursement this Period

34.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

JetBlue Airways

Mailing Address 118-29 Queens Blvd

City State Zip Code  
Forest Hills NY 11375Purpose of Disbursement  
Travel Expenses

Candidate Name

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

State: District:

Transaction ID: SB21B.55073.31

Date of Disbursement

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

Amount of Each Disbursement this Period

86.70

[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 130 / 162

<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

<b>A.</b> Full Name (Last, First, Middle Initial) United Airlines	<b>Transaction ID:</b> SB21B.55073.32 <b>Date of Disbursement</b>																				
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>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	2		2	0	1	0												
City Chicago State IL Zip Code 60601	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>453.53</td> </tr> </table>	453.53																			
453.53																					
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>B.</b> Full Name (Last, First, Middle Initial) American Heritage Credit Union	<b>Transaction ID:</b> SB21B.55074 <b>Date of Disbursement</b>																				
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>1</td><td>1</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	7		2	0	1	0												
City Philadelphia State PA Zip Code 19115-7779	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Credit Card Payment	<table border="1"> <tr> <td>1955.49</td> </tr> </table>	1955.49																			
1955.49																					
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>C.</b> Full Name (Last, First, Middle Initial) Philadelphia Parking Authority	<b>Transaction ID:</b> SB21B.55074.4 <b>Date of Disbursement</b>																				
Mailing Address 3101 Market 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>1</td><td>1</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	7		2	0	1	0												
City Philadelphia State PA Zip Code 19104	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td>28.00</td> </tr> </table>	28.00																			
28.00																					
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) .....

1955.49

**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)

PAGE 131 / 162

<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)  
Sunoco

Mailing Address 1735 Market St, Suite LL

City Philadelphia State PA Zip Code 19103

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.55074.5

Date of Disbursement

/   /

Amount of Each Disbursement this Period

53.27

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
Philadelphia Parking Authority

Mailing Address 3101 Market Street

City Philadelphia State PA Zip Code 19104

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.55074.7

Date of Disbursement

/   /

Amount of Each Disbursement this Period

28.00

**[MEMO ITEM]**

**C.**

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.55074.9

Date of Disbursement

/   /

Amount of Each Disbursement this Period

651.40

**[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 132 / 162

<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

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

State: District:

Transaction ID: SB21B.55074.14  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

466.16

[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

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

State: District:

Transaction ID: SB21B.55074.17  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

18.36

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
American Heritage 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.55075  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

4627.30

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

4627.30

**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 133 / 162

<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><b>A.</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.55075.0</p> <p>Date of Disbursement  <div> <div>11</div> <div>17</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>60.00</div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Hilton Hotels</p> <p>Mailing Address 7930 Jones Branch Drive Suite 1100</p> <p>City McLean State VA Zip Code 22102</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><b>Transaction ID:</b> SB21B.55075.2</p> <p>Date of Disbursement  <div> <div>11</div> <div>17</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>184.46</div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Hilton Hotels</p> <p>Mailing Address 7930 Jones Branch Drive Suite 1100</p> <p>City McLean State VA Zip Code 22102</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><b>Transaction ID:</b> SB21B.55075.3</p> <p>Date of Disbursement  <div> <div>11</div> <div>17</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>599.05</div> </p> <p><b>[MEMO ITEM]</b></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 134 / 162

<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

State: District:

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

Transaction ID: SB21B.55075.4  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

346.61

[MEMO ITEM]

**B.**

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

Mailing Address 118-29 Queens Blvd

City Forest Hills State NY Zip Code 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.55075.5  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

125.00

[MEMO ITEM]

**C.**

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

Mailing Address 118-29 Queens Blvd

City Forest Hills State NY Zip Code 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.55075.6  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

125.00

[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 135 / 162

<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

<b>A.</b> Full Name (Last, First, Middle Initial) United Airlines	<b>Transaction ID:</b> SB21B.55075.9 <b>Date of Disbursement</b>
Mailing Address 77 West Wacker Drive	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>1</div> <div><sup>D</sup>7</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>1</div> <div><sup>Y</sup>0</div> </div>
City Chicago State IL Zip Code 60601	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel Expenses	<div>2131.40</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Hotels.com	<b>Transaction ID:</b> SB21B.55075.10 <b>Date of Disbursement</b>
Mailing Address 10440 North Central Epwy Suite 400	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>1</div> <div><sup>D</sup>7</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>1</div> <div><sup>Y</sup>0</div> </div>
City Dallas State TX Zip Code 75231	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel Expenses	<div>92.99</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) US Airways	<b>Transaction ID:</b> SB21B.55075.11 <b>Date of Disbursement</b>
Mailing Address 3311 Airport Rd	<div> <div><sup>M</sup>1</div> <div><sup>M</sup>1</div> <div>/</div> <div><sup>D</sup>1</div> <div><sup>D</sup>7</div> <div>/</div> <div><sup>Y</sup>2</div> <div><sup>Y</sup>0</div> <div><sup>Y</sup>1</div> <div><sup>Y</sup>0</div> </div>
City Allentown State PA Zip Code 18109	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel Expenses	<div>425.70</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>

**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 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.55075.13

Date of Disbursement

/   /

Amount of Each Disbursement this Period

192.70

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Dulles International Airport 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

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

State: District:

**Transaction ID:** SB21B.55075.15

Date of Disbursement

/   /

Amount of Each Disbursement this Period

21.00

**[MEMO ITEM]**

**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

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

State: District:

**Transaction ID:** SB21B.55013

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

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

2500.00

**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)  
BB&T

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0020

Purpose of Disbursement

Bank Service Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.55082

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

10.00

**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 Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.55083

Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

5.00

**C.**

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 Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.55084

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

5.00

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

20.00

**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)  
BB&T

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0020

Purpose of Disbursement  
Bank Service Charges  
Candidate Name

Category/  
Type

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

Transaction ID: SB21B.55085  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

386.18

**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.55022  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**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 - Printing  
Candidate Name

Category/  
Type

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

Transaction ID: SB21B.55027  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

640.73

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

3026.91

**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

Mailing Address 801 Lancaster Avenue

City State Zip Code  
Bryn Mawr PA 19010

Purpose of Disbursement

Bank Service Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.55008

Date of Disbursement

10 / 31 / 2010

Amount of Each Disbursement this Period

75.00

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

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.55009

Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

159.10

C.

Full Name (Last, First, Middle Initial)

Capitol Resource Group, Inc.

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

City State Zip Code  
West Conshohocken PA 19428

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.55016

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

10000.00

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

10234.10

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)  
Catterton Printing

Mailing Address 100 Post Office Road

City State Zip Code  
Waldorf MD 20602

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.55036

Date of Disbursement

/   /

Amount of Each Disbursement this Period

530.00

**B.**

Full Name (Last, First, Middle Initial)  
Colortree

Mailing Address P.O. Box 18160

City State Zip Code  
Merrifield VA 22118-0160

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.55080

Date of Disbursement

/   /

Amount of Each Disbursement this Period

750.69

**C.**

Full Name (Last, First, Middle Initial)  
Colortree

Mailing Address P.O. Box 18160

City State Zip Code  
Merrifield VA 22118-0160

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.55081

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5965.50

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

7246.19

**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)  
Concordia Group, LLC

Mailing Address 400 Locust Street, Suite 330

City State Zip Code  
Des Moines IA 50309

Purpose of Disbursement  
Political Consulting Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.55058

Date of Disbursement

10 / 29 / 2010

Amount of Each Disbursement this Period

4000.00

B.

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

Mailing Address 2100 Tomlynn Street

City State Zip Code  
Richmond VA 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.55049

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

2987.00

C.

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

Mailing Address 2100 Tomlynn Street

City State Zip Code  
Richmond VA 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.55050

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

3060.00

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

10047.00

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

<b>A.</b> Full Name (Last, First, Middle Initial) dpk Productions	<b>Transaction ID:</b> SB21B.55054 <b>Date of Disbursement</b>
Mailing Address PO Box 688	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 0 / 2 9 / 2 0 1 0</div> </div>
City State Zip Code Sullivans Island SC 29482	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Media Production Fees Candidate Name	<div>250.00</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) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) FLS Connect	<b>Transaction ID:</b> SB21B.55059 <b>Date of Disbursement</b>
Mailing Address 7300 Hudson Blvd. Suite 270	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 1 / 2 2 / 2 0 1 0</div> </div>
City State Zip Code St. Paul MN 55128	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Telemarketing Expenses Candidate Name	<div>7671.18</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>C.</b> Full Name (Last, First, Middle Initial) FORMost Graphic Communications	<b>Transaction ID:</b> SB21B.55078 <b>Date of Disbursement</b>
Mailing Address 7564 Standish Place, Ste 115	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 0 / 1 4 / 2 0 1 0</div> </div>
City State Zip Code Rockville MD 20855-2745	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Direct Mail Costs - Printing/Mailshop Candidate Name	<div>422.68</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) .....

8343.86

**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)  
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

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

State: District:

Transaction ID: SB21B.55079

Date of Disbursement

MM / DD / YYYY  
11 / 10 / 2010

Amount of Each Disbursement this Period

2000.00

**B.** Full Name (Last, First, Middle Initial)  
Nancy Garver

Mailing Address c/o Keith Schmidt, Landmarks Build  
One Station Square, Suite 250

City State Zip Code  
Pittsburgh PA 15219

Purpose of Disbursement  
PAC Staff Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.55006

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2010

Amount of Each Disbursement this Period

4000.00

**C.** Full Name (Last, First, Middle Initial)  
Global Payments Inc.

Mailing Address 10 Glenlake Pkwy NE  
North Tower

City State Zip Code  
Atlanta GA 30328

Purpose of Disbursement  
Merchant Credit Card Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.55055

Date of Disbursement

MM / DD / YYYY  
11 / 22 / 2010

Amount of Each Disbursement this Period

460.20

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

6460.20

**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><b>A.</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><b>Transaction ID:</b> SB21B.55025</p> <p>Date of Disbursement 10 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 3787.45</p>
<p><b>B.</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><b>Transaction ID:</b> SB21B.55028</p> <p>Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 3299.13</p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.55031</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 9511.43</p>

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

16598.01

**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 Page

FOR LINE NUMBER:  
(check only one)

PAGE 145 / 162

<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)  
HSP Direct

Mailing Address 13755 Sunrise Valley Drive  
Suite 450

City Herndon State VA Zip Code 20171

Purpose of Disbursement  
Direct Mail Expenses and Creative Design Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB21B.55032

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6724.08

**B.**

Full Name (Last, First, Middle Initial)  
HSP Direct

Mailing Address 13755 Sunrise Valley Drive  
Suite 450

City Herndon State VA Zip Code 20171

Purpose of Disbursement  
Direct Mail Expenses and Creative Design Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB21B.55035

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3177.99

**C.**

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

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB21B.55063

Date of Disbursement

/   /

Amount of Each Disbursement this Period

822.09

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

10724.16

**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 / 162

<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  
PAC Staff Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB21B.55021

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**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 - Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB21B.55023

Date of Disbursement

/   /

Amount of Each Disbursement this Period

11991.02

**C.**

Full Name (Last, First, Middle Initial)

Wanda Minkler

Mailing Address 371 Spruce St.

City  
Pottstown

State  
PA

Zip Code  
19464

Purpose of Disbursement  
PAC Mailing Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB21B.55018

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2117.37

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

19108.39

**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 / 162

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Pitney Bowes <hr/> Mailing Address PO Box 856390	<b>Transaction ID:</b> SB21B.55088 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	1	0	
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	9		2	0	1	0													
City Louisville State KY Zip Code 40285-6390 Purpose of Disbursement Postage Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <table border="1"> <tr> <td>165.00</td> </tr> </table>	165.00																				
165.00																						
<b>B.</b> Full Name (Last, First, Middle Initial) RST Marketing Associates, Inc. <hr/> 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB21B.55051 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>11842.50</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	1	0	11842.50
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		0	3		2	0	1	0													
11842.50																						
<b>C.</b> Full Name (Last, First, Middle Initial) RST Marketing Associates, Inc. <hr/> 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB21B.55052 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>6513.15</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	4		2	0	1	0	6513.15
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		0	4		2	0	1	0													
6513.15																						
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<table border="1"> <tr> <td>18520.65</td> </tr> </table>	18520.65																				
18520.65																						
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1"> <tr> <td></td> </tr> </table>																					

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

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

FOR LINE NUMBER:  
(check only one)

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<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 - Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.55037

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6356.21

**B.**

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

State: District:

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

**Transaction ID:** SB21B.55038

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2536.46

**C.**

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 - Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.55039

Date of Disbursement

/   /

Amount of Each Disbursement this Period

855.57

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

9748.24

**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)  
Sisk Mailing Service, Inc.

Mailing Address 203 Log Canoe Circle

City State Zip Code  
Stevensville MD 21666

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.55040

Date of Disbursement

/   /

Amount of Each Disbursement this Period

855.57

**B.**

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 - Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.55041

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2830.14

**C.**

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 - Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.55042

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2830.14

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

6515.85

**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 150 / 162

<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 - Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.55043

Date of Disbursement

/   /

Amount of Each Disbursement this Period

812.33

**B.**

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 - Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.55044

Date of Disbursement

/   /

Amount of Each Disbursement this Period

812.33

**C.**

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 - Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.55045

Date of Disbursement

/   /

Amount of Each Disbursement this Period

193.86

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

1818.52

**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)

PAGE 151 / 162

<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 - Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.55046

Date of Disbursement

/   /

Amount of Each Disbursement this Period

193.86

**B.**

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 - Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.55047

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7500.00

**C.**

Full Name (Last, First, Middle Initial)

Smale's Printery

Mailing Address 785 N. Charlotte Street

City State Zip Code  
Pottstown PA 19464

Purpose of Disbursement  
PAC Printing & Reproduction

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.55020

Date of Disbursement

/   /

Amount of Each Disbursement this Period

222.60

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

7916.46

**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)

PAGE 152 / 162

<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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) SM Jenkins &amp; Co</p> <p>Mailing Address One Tower Bridge Suite 1410</p> <p>City West Conshohocken State PA Zip Code 19428</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.55014</p> <p>Date of Disbursement 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 1234.14</p>
<p><b>B.</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><b>Transaction ID:</b> SB21B.55026</p> <p>Date of Disbursement 10 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1294.53</p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.55029</p> <p>Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 761.25</p>

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

3289.92

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Sunrise Data Services	<b>Transaction ID:</b> SB21B.55030 <b>Date of Disbursement</b>																				
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>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City Herndon State VA Zip Code 20171	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Database Maintenance Fees Candidate Name	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
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>B.</b> Full Name (Last, First, Middle Initial) Sunrise Data Services	<b>Transaction ID:</b> SB21B.55033 <b>Date of Disbursement</b>																				
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>1</td><td>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	4		2	0	1	0												
City Herndon State VA Zip Code 20171	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Database Maintenance Fees Candidate Name	<table border="1"> <tr> <td colspan="10">625.22</td> </tr> </table>	625.22																			
625.22																					
Office Sought: <input type="checkbox"/> House <input 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>C.</b> Full Name (Last, First, Middle Initial) Sunrise Data Services	<b>Transaction ID:</b> SB21B.55034 <b>Date of Disbursement</b>																				
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>1</td><td>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	1		2	0	1	0												
City Herndon State VA Zip Code 20171	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Database Maintenance Fees Candidate Name	<table border="1"> <tr> <td colspan="10">255.00</td> </tr> </table>	255.00																			
255.00																					
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) .....

**930.22**

**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

<b>A.</b> Full Name (Last, First, Middle Initial) The Clapham Group <hr/> Mailing Address 5272 Lyngate Ct. Suite 200 <hr/> City Burke State VA Zip Code 22015 <hr/> Purpose of Disbursement PAC Staff Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.55048 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	9		2	0	1	0												
<hr/> City Burke State VA Zip Code 22015 <hr/> Purpose of Disbursement PAC Staff Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
<b>B.</b> Full Name (Last, First, Middle Initial) Tri-state Envelope Corporation <hr/> Mailing Address 1 Orgler Place <hr/> City Ashland State PA Zip Code 17921 <hr/> Purpose of Disbursement Direct Mail Costs - Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.55007 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	1		2	0	1	0												
<hr/> City Ashland State PA Zip Code 17921 <hr/> Purpose of Disbursement Direct Mail Costs - Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td colspan="10">5000.55</td> </tr> </table>	5000.55																			
5000.55																					
<b>C.</b> Full Name (Last, First, Middle Initial) Union League of Philadelphia <hr/> Mailing Address 140 South Broad Street <hr/> City Philadelphia State PA Zip Code 19102-3083 <hr/> Purpose of Disbursement PAC Meeting Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.55067 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	8		2	0	1	0												
<hr/> City Philadelphia State PA Zip Code 19102-3083 <hr/> Purpose of Disbursement PAC Meeting Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td colspan="10">786.36</td> </tr> </table>	786.36																			
786.36																					

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

**6786.91**

**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

<b>A.</b> Full Name (Last, First, Middle Initial) USPS	<b>Transaction ID:</b> SB21B.55076 <b>Date of Disbursement</b>
Mailing Address 900 Brentwood Rd, NE #118	<div> <div><sup>M</sup>10</div> <div>/</div> <div><sup>D</sup>15</div> <div>/</div> <div><sup>Y</sup>20</div> <div><sup>Y</sup>10</div> </div>
City Washington State DC Zip Code 20066-9612	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Direct Mail Costs - Postage	<div>3000.00</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>B.</b> Full Name (Last, First, Middle Initial) USPS	<b>Transaction ID:</b> SB21B.55077 <b>Date of Disbursement</b>
Mailing Address 900 Brentwood Rd, NE #118	<div> <div><sup>M</sup>10</div> <div>/</div> <div><sup>D</sup>26</div> <div>/</div> <div><sup>Y</sup>20</div> <div><sup>Y</sup>10</div> </div>
City Washington State DC Zip Code 20066-9612	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Direct Mail Costs - Postage	<div>3000.00</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>C.</b> Full Name (Last, First, Middle Initial) Verizon	<b>Transaction ID:</b> SB21B.55064 <b>Date of Disbursement</b>
Mailing Address P.O. Box 28000	<div> <div><sup>M</sup>10</div> <div>/</div> <div><sup>D</sup>29</div> <div>/</div> <div><sup>Y</sup>20</div> <div><sup>Y</sup>10</div> </div>
City Lehigh Valley State PA Zip Code 18002-0646	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Telecommunications Expenses	<div>178.94</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) .....

6178.94

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 41556	<b>Transaction ID:</b> SB21B.55065 <b>Date of Disbursement</b> <div> <div>10</div> <div>29</div> <div>2010</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) ▼	<b>Amount of Each Disbursement this Period</b> <div>107.18</div>
<b>B.</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) ▼	<b>Transaction ID:</b> SB21B.55066 <b>Date of Disbursement</b> <div> <div>11</div> <div>18</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>388.44</div>
<b>C.</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 Mgmt Fees & Expense Reimb Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.55012 <b>Date of Disbursement</b> <div> <div>10</div> <div>29</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1825.00</div>

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

**2320.62**

**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)

Constant Contact

Mailing Address 1601 Trapelo Road, Suite 329

City Waltham State MA Zip Code 02451

Purpose of Disbursement  
PAC Email Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.55012.0

Date of Disbursement

10 / 29 / 2010

Amount of Each Disbursement this Period

150.00

[MEMO ITEM]

**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.55024

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

3476.73

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

3476.73

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

185206.23

# **SCHEDULE 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 158 / 162

☐ 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)  
 BECKER FOR CONGRESS

Mailing Address 1948 LEONARD LANE

City State Zip Code  
 MERRICK NY 11566

Purpose of Disbursement  
 Campaign Contribution - General  
 Candidate Name

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 State: NY District: 04  
 Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.55002

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
 BOB TURNER FOR CONGRESS

Mailing Address 78-81 81ST STREET

City State Zip Code  
 GLENDALE NY 11385

Purpose of Disbursement  
 Campaign Contribution - General  
 Candidate Name

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 State: NY District: 09  
 Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.55000

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
 CARLY FOR CALIFORNIA INC

Mailing Address 455 CAPITOL MALL SUITE 801

City State Zip Code  
 SACRAMENTO CA 95814

Purpose of Disbursement  
 Campaign Contribution - General  
 Candidate Name

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
 State: CA District: 00  
 Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.55061

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 159 / 162

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

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NAME OF COMMITTEE (In Full)  
 AMERICA'S FOUNDATION

<b>A.</b> Full Name (Last, First, Middle Initial) FITZPATRICK FOR CONGRESS Mailing Address PO Box 185	<b>Transaction ID:</b> SB23.55011 <b>Date of Disbursement</b> <div> <div>10</div> <div>19</div> <div>2010</div> </div>
City Langhorne State PA Zip Code 19047 Purpose of Disbursement Campaign Contribution - General Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 08	<b>Amount of Each Disbursement this Period</b> <div>2000.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) PAT MEEHAN FOR CONGRESS Mailing Address 50 S. Providence Road City Media State PA Zip Code 19063 Purpose of Disbursement Campaign Contribution - General Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 07	<b>Transaction ID:</b> SB23.55010 <b>Date of Disbursement</b> <div> <div>10</div> <div>19</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) PHILLIPS FOR CONGRESS Mailing Address 3523 Phyllis St City Endwell State NY Zip Code 13760 Purpose of Disbursement Campaign Contribution - General Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 22	<b>Transaction ID:</b> SB23.55005 <b>Date of Disbursement</b> <div> <div>10</div> <div>19</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div>

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

4000.00

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

7000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 160 / 162

<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 checked="" type="checkbox"/> 28a	<input 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)

Mr Edwin C Sandham

Mailing Address 1964 SW Saint Andrews Dr

City State Zip Code  
Palm City FL 34990-4990

Purpose of Disbursement  
Refund Excess Contributions

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB28A.55086

Date of Disbursement

/   /

Amount of Each Disbursement this Period

424.00

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

424.00

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

424.00



**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 161 / 162

<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)  
Andy Sanborn 2010

Mailing Address PO Box 7893

City Loudon State NH Zip Code 03307

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB29.54996

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

**B.**Full Name (Last, First, Middle Initial)  
Friends of Fenton Groen PAC

Mailing Address 75 Chapman Dr

City Rochester State NH Zip Code 03839

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB29.54998

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

**C.**Full Name (Last, First, Middle Initial)  
Jim Forsythe for State Senate

Mailing Address PO Box 236

City Laconia State NH Zip Code 03247

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB29.54992

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

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

2000.00

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 162 / 162

<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)

Jim Luther for Senate

Mailing Address 92 Twiss Lane

City  
Hollis

State  
NH

Zip Code  
03049

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.54990

Date of Disbursement

<sup>M</sup>  <sup>M</sup> /  <sup>D</sup>  <sup>D</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

Amount of Each Disbursement this Period

250.00

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

250.00

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

2250.00