

# 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  
Title Industry Political Action Committee

ADDRESS (number and street) 1828 L Street, NW  
Suite 705  
 Check if different than previously reported. (ACC)  
Washington DC 20036

2. **FEC IDENTIFICATION NUMBER** C00012914  
**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 05 01 2010 through 05 31 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 Kurt Pfothenauer

Signature of Treasurer Electronically Filed by Kurt Pfothenauer Date 06 17 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								
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**FEC FORM 3X**  
(Rev. 12/2004)

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

Write or Type Committee Name  
Title Industry Political Action Committee

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		235550.32
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	249203.10									
(c) Total Receipts (from Line 19) .....	27690.30	141609.91								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	276893.40	377160.23								
7. Total Disbursements (from Line 31) .....	33246.02	133512.85								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	243647.38	243647.38								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Title Industry Political Action Committee

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
3	1

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) .....	26047.22	132194.50
(ii) Unitemized .....	1630.00	7850.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	27677.22	140044.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	27677.22	140044.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	13.08	65.41
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)) .....	27690.30	141609.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	27690.30	141609.91

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	646.02	2412.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	646.02	2412.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32600.00	131100.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
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))..	33246.02	133512.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33246.02	133512.85

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 26

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) .....	27677.22	140044.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27677.22	140044.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	646.02	2412.85
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	646.02	2412.85

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 26
	<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)  
Title Industry Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Andrew Adkins		Date of Receipt MM / DD / YYYY 05 / 21 / 2010		
	Mailing Address 12814 Cantrell Road		<b>Transaction ID:</b> AF8F42F34FEA341ECAF5		
	City Little Rock	State AR	Zip Code 72223-1605	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Abstract & Title	Occupation V.P.	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) Justin Ailes		Date of Receipt MM / DD / YYYY 05 / 10 / 2010		
	Mailing Address 2592 S. Arlington Mills Dr. Apt. A		<b>Transaction ID:</b> A18AC96AB82734DA4B26		
	City Arlington	State VA	Zip Code 22206	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Land Title Association	Occupation Director of Government Affairs	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b>	Full Name (Last, First, Middle Initial) Karen R. Brown		Date of Receipt MM / DD / YYYY 05 / 14 / 2010		
	Mailing Address 403 Bourn Ave.		<b>Transaction ID:</b> AB9062A30BFFB4B88AB9		
	City Columbia	State MO	Zip Code 65203	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Boone-Central Title Company	Occupation Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Title Industry Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Shonna S. Cardello

Mailing Address 1441 E. Market St.

City York State PA Zip Code 17403-1254

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

Name of Employer White Rose Settlement Services Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 10 / 2010

**Transaction ID:** A17437260EBFA4C8FA9B

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Pamela P. Day

Mailing Address 4824 Morrison Rd

City Richmond State VA Zip Code 23230

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

Name of Employer Day Title Services, L.C. Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 05 / 21 / 2010

**Transaction ID:** A74DD87BB42D94291937

Amount of Each Receipt this Period 625.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Larry P. Deal

Mailing Address 1941 Lake Markham Preserve Trl

City Sanford State FL Zip Code 32771-8103

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

Name of Employer First American Title Insurance Co. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 21 / 2010

**Transaction ID:** AC338F08096B44CCBB4

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1425.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 26  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Title Industry Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
John E Freyer, Sr.  
Mailing Address 350 Gilpin Street  
City State Zip Code  
Denver CO 80218  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Land Title Guarantee Company Occupation President  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00  
Date of Receipt MM / DD / YYYY  
05 / 28 / 2010  
**Transaction ID:** A3BB72C6A3C884BD9A40  
Amount of Each Receipt this Period 2500.00

**B.** Full Name (Last, First, Middle Initial)  
Dennis J. Gilmore  
Mailing Address 16 Atherton Dr  
City State Zip Code  
Trabuco Canyon CA 92679-8602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First American Corporation Occupation E.V.P.  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt MM / DD / YYYY  
05 / 14 / 2010  
**Transaction ID:** A36D0DCF68CF74F06ACB  
Amount of Each Receipt this Period 5000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Paul Hammann  
Mailing Address 3866 South 74th Street  
City State Zip Code  
Tacoma WA 98409-1045  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First American Title Insurance Co Occupation SVP, Chief Title Counsel  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00  
Date of Receipt MM / DD / YYYY  
05 / 28 / 2010  
**Transaction ID:** AD0E0240A7ABB4B5998E  
Amount of Each Receipt this Period 750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 8250.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 26  
(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
							17

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NAME OF COMMITTEE (In Full)  
Title Industry Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
William M. Hoffman, Jr.  
Mailing Address PO Box 464

City State Zip Code  
Braddock Heights MD 21714

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

Name of Employer Occupation  
Linowes and Blocher Title Attorney  
Company

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010  
**Transaction ID:** AB02F0E1A464A47FBAE9  
Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. R. Mark Josephson  
Mailing Address P.O. Box 627

City State Zip Code  
Big Timber MT 59011-0627

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

Name of Employer Occupation  
Sweet Grass Title Co. President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2010  
**Transaction ID:** A84EDB6CB45124C44ABC  
Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Matt H Kendall  
Mailing Address 4603 Hillside Drive

City State Zip Code  
Rogers AR 72758

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

Name of Employer Occupation  
Waco Title Company Chief Operating Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2010  
**Transaction ID:** AC9022B7428F248B28A3  
Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 26  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Title Industry Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Michelle Korsmo

Mailing Address 3133 Connecticut Ave. NW

City Washington State DC Zip Code 20008

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

Name of Employer American Land Title Association Occupation Sr. Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 09 / 2010

Transaction ID: A5A283ED28FCA4989A2A

Amount of Each Receipt this Period 200.00

**B.**

Full Name (Last, First, Middle Initial)  
Gregory M. Kosin

Mailing Address 156 N Montclair Ave

City Glen Ellyn State IL Zip Code 60137

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

Name of Employer Greater Illinois Title Company Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 10 / 2010

Transaction ID: A2C39DE8EC7DF4B6E868

Amount of Each Receipt this Period 200.00

**C.**

Full Name (Last, First, Middle Initial)  
Linda Larson

Mailing Address 1238 Berkeley Ave

City Saint Paul State MN Zip Code 55105

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

Name of Employer Old Republic National Title Insurance Occupation V.P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 10 / 2010

Transaction ID: A9814E4001C4145C0975

Amount of Each Receipt this Period 500.00

**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: (check only one)	PAGE 11 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Title Industry Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Roy Lassiter		Date of Receipt MM / DD / YYYY 05 / 14 / 2010		
	Mailing Address 493 State Road 436		<b>Transaction ID:</b> A93461D9957C04F5ABC1		
	City Casselberry	State FL	Zip Code 32707-4912	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Pioneer Title Insurance Co.	Occupation Former President	Aggregate Year-to-Date 1000.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Randy Lee		Date of Receipt MM / DD / YYYY 05 / 09 / 2010		
	Mailing Address PO Box 1806		<b>Transaction ID:</b> A36D153A512A3419CBDA		
	City Austin	State TX	Zip Code 78767	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Stewart Title Guaranty Co.	Occupation Vice President of Government Affairs	Aggregate Year-to-Date 750.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Greg Mason		Date of Receipt MM / DD / YYYY 05 / 10 / 2010		
	Mailing Address 6800 France Ave S Ste 200		<b>Transaction ID:</b> AA876E6548B914C38BB3		
	City Edina	State MN	Zip Code 55435	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Edina Realty Title, Inc.	Occupation President	Aggregate Year-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 26
	<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)  
Title Industry Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Sally P. McCash		Date of Receipt MM / DD / YYYY 05 / 28 / 2010		
	Mailing Address 28468 Clubhouse Dr		<b>Transaction ID:</b> AF572A016069F4E97BA0		
	City Easton	State MD	Zip Code 21601	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer O'Malley, Miles, Nylen & Gilmore, P.A.		Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey B. Noble		Date of Receipt MM / DD / YYYY 05 / 28 / 2010		
	Mailing Address 5604 NW 107th St		<b>Transaction ID:</b> A5F498C5FB644451BB4F		
	City Oklahoma City	State OK	Zip Code 73162-6995	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Old Republic National Title Insurance		Occupation V.P.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Mary O'Donnell		Date of Receipt MM / DD / YYYY 05 / 14 / 2010		
	Mailing Address 400 E. Colonial Dr. Unit 1709		<b>Transaction ID:</b> AA6E7CE94D5DC4BC8BD0		
	City Orlando	State FL	Zip Code 32803-4522	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Westcor Land Title Insurance Co.		Occupation President & C.E.O.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number 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 / 26  
(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)  
Title Industry Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Susan L. Pelham

Mailing Address 1213 Valley Creek Run

City State Zip Code  
Winter Park FL 32792-8156

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

Name of Employer Occupation  
Westcor Land Title Insurance Co. Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2010

**Transaction ID:** A658E8D8FD5124648990

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Scott Pierce

Mailing Address 15101 Greenhorn Way

City State Zip Code  
Tampa FL 33625

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

Name of Employer Occupation  
Old Republic National Title Insurance Sr. V.P.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** A1D20A5D8B9B449449FD

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael B. Pryor

Mailing Address 5625 Ridgefield Ln

City State Zip Code  
Little Rock AR 72223-9293

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

Name of Employer Occupation  
Lenders Title Company CEO/President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2083.35

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2010

**Transaction ID:** AA5F42C02B61C47F3BA6

Amount of Each Receipt this Period  
416.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1166.67**

**TOTAL** This Period (last page this line number 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 / 26  
(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)  
Title Industry Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Paul Sawtell

Mailing Address 12830 Longleaf Ln

City Herndon State VA Zip Code 20170

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

Name of Employer Dominion Title Corp. Occupation Title Insurance Professional

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 1 / 2 0 1 0

**Transaction ID:** AA2F9659CCEBC4673AE2

Amount of Each Receipt this Period  
2500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Michael Schefstad

Mailing Address 817 Glen Arden Way

City Altamonte Springs State FL Zip Code 32701-6817

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

Name of Employer Westcor Land Title Insurance Co. Occupation CFO & Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 4 / 2 0 1 0

**Transaction ID:** AACF7FC04DA9E4C05848

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mary Schuster

Mailing Address 4338 Liam Dr.

City Frisco State TX Zip Code 75034

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

Name of Employer RamQuest Occupation Director of Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 0 / 2 0 1 0

**Transaction ID:** A98BDEEE1CB784B7D881

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3250.00**

**TOTAL** This Period (last page this line number 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 / 26  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Title Industry Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Hayden B St. John

Mailing Address 5715 Sw 21st St.

City State Zip Code  
Topeka KS 66604-3719

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

Name of Employer: Lawyers Title of Topeka, Inc.  
Occupation: Chairman of the Board

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 05 / 28 / 2010  
Transaction ID: AF73D7C7571C84419A69  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mitch Steeves

Mailing Address 17733 NW Country Dr

City State Zip Code  
Portland OR 97229

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

Name of Employer: First American Title Insurance Co.  
Occupation: VP & Escrow Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 05 / 28 / 2010  
Transaction ID: A5AE58E7AA6B04F7E8F4  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Kirk P. Sterling

Mailing Address 2805 N Geyer Rd

City State Zip Code  
Frontenac MO 63131

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

Name of Employer: Old Republic National Title Insurance  
Occupation: V.P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt: 05 / 10 / 2010  
Transaction ID: A0BDA9E24E2F74CF59D1  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 26
	<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)  
Title Industry Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Donna Stevenson		Date of Receipt
	Mailing Address 5529 Aryshire Dr.		<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Dublin	OH	43017-8677
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Northwest Title		Occupation Vice President	<b>Transaction ID:</b> AA98F9BC05C33437AA85
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) John A. Voso, Jr.		Date of Receipt
	Mailing Address 8749 Eaton Dr		<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Sagamore Hills	OH	44067
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Old Republic National Title Ins. Co.		Occupation V.P./Div. Sales Mgr.	<b>Transaction ID:</b> A06C16B1E3B9B4313880
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>	<input type="text" value="500.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) David G. Welshons		Date of Receipt
	Mailing Address 1327 Honeysuckle Ln		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Hastings	MN	55033
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Dakota County Abstract and Title		Occupation E.V.P.	<b>Transaction ID:</b> A7B741B3EF77141B58FA
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1250.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 26
	<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)  
Title Industry Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Marilyn Wille		Date of Receipt MM / DD / YYYY 05 / 14 / 2010		
	Mailing Address 2929 Bayshore Dr N		<b>Transaction ID:</b> AC822E94DE277451FB29		
	City La Crosse	State WI	Zip Code 54603	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Title Company, Inc.	Occupation President/CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Marilyn Wille		Date of Receipt MM / DD / YYYY 05 / 14 / 2010		
	Mailing Address 2929 Bayshore Dr N		<b>Transaction ID:</b> A027DB23830264C32854		
	City La Crosse	State WI	Zip Code 54603	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Title Company, Inc.	Occupation President/CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark E. Winter		Date of Receipt MM / DD / YYYY 05 / 10 / 2010		
	Mailing Address 1818 N St NW Ste 700		<b>Transaction ID:</b> AEBD20C0699324AA28B2		
	City Washington	State DC	Zip Code 20036	Amount of Each Receipt this Period 555.55	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Stewart Title Guaranty Company	Occupation E.V.P. Public Policy			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1111.15			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2055.55
<b>TOTAL</b> This Period (last page this line number 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 / 26	
	(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"/> 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)  
Title Industry Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Evan M. Zanic		Date of Receipt																					
	Mailing Address 1758 Robson Dr		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		1	4		2	0	1	0														
	City	State	Zip Code		<b>Transaction ID:</b> ADCCCBAD06EC24CA1B85																			
	Pittsburgh	PA	15241																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer First American Title Insurance Company		Occupation V.P.		<input type="text" value="500.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="26047.22"/>

**SCHEDULE 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 19 / 26

<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)  
Title Industry Political Action Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 1801 K Street</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Bank Fee</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> B3AD97C04AC7E4357BF7</p> <p>Date of Disbursement 05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 425.76</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 1801 K Street</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Bank Fee</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> BC7DE7D77A0994FD5AF6</p> <p>Date of Disbursement 05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 4.95</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 1801 K Street</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Bank Fee</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> BB502CD23F9244979A91</p> <p>Date of Disbursement 05 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 30.95</p>

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

**461.66**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 26

<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)  
Title Industry Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 1801 K Street

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Bank Fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B5E8F926C35B945BD855

Date of Disbursement

05 / 17 / 2010

Amount of Each Disbursement this Period

184.36

SUBTOTAL of Disbursements This Page (optional) ▶

184.36

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

646.02

**SCHEDULE 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 21 / 26

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

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NAME OF COMMITTEE (In Full)  
Title Industry Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>BARNEY FRANK FOR CONGRESS COMMITTEE</b></p> <p>Mailing Address PO Box 260</p> <p>City Newtonville State MA Zip Code 02460</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Barney Frank</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B1F962D8E41A449DA8A9</p> <p>Date of Disbursement 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>Bluegrass Committee</b></p> <p>Mailing Address 400 N Capitol St NW #585</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Contribution</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: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010</p>	<p><b>Transaction ID:</b> B81C5E31E6A4846F586F</p> <p>Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>COMMITTEE TO RE-ELECT NYDIA M. VELAZQUEZ TO CONGRESS</b></p> <p>Mailing Address 315 Inspiration Lane</p> <p>City Gaithersburg State MD Zip Code 20878</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Nydia M. Velazquez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B4B14FD7E90EB41649DF</p> <p>Date of Disbursement 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

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

4000.00

**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 22 / 26

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

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NAME OF COMMITTEE (In Full)  
Title Industry Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</b></p> <p>Mailing Address 430 South Capitol Street SE 2nd Floor</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution</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: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010</p>	<p><b>Transaction ID:</b> B17A011E96F0340B19A0</p> <p>Date of Disbursement 05 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>EVERY REPUBLICAN IS CRUCIAL (ERICPAC)</b></p> <p>Mailing Address 25 East Main Street, Suite 200</p> <p>City Richmond State VA Zip Code 23219</p> <p>Purpose of Disbursement Contribution</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: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010</p>	<p><b>Transaction ID:</b> B95F42DE8DB0842799B5</p> <p>Date of Disbursement 05 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS OF ERIK PAULSEN</b></p> <p>Mailing Address P.O. Box 44369 250 Prairie Center Drive</p> <p>City Eden Prairie State MN Zip Code 55344</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. ERIK P PAULSEN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BB612083D931F45CA958</p> <p>Date of Disbursement 05 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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

12500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Title Industry Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF JOHN MCCAIN INC</p> <p>Mailing Address PO BOX 16664</p> <p>City Arlington State VA Zip Code 22215</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. John McCain</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BD059B4DC02DD4E45B06</p> <p>Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) HOEVEN FOR SENATE</p> <p>Mailing Address PO BOX 15114</p> <p>City Arlington State VA Zip Code 22215</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Hon. John Hoeven</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B65DFE8BA084C4B658B6</p> <p>Date of Disbursement 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) JIM GERLACH FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 87</p> <p>City Uwchland State PA Zip Code 19480</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Jim W. Gerlach</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BB5E918C0F97E4E8F818</p> <p>Date of Disbursement 05 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

4000.00

**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 24 / 26

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

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NAME OF COMMITTEE (In Full)  
Title Industry Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>JOBS, ECONOMY AND BUDGET FUND (JEB FUND)</b></p> <p>Mailing Address 7315 Wisconsin Avenue Suite 310 East</p> <p>City Bethesda State MD Zip Code 20814</p> <p>Purpose of Disbursement Contribution</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: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B735002FD25C34884A54 <b>Date of Disbursement</b> 05 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>LYNN JENKINS FOR CONGRESS</b></p> <p>Mailing Address P.O. Box 1441</p> <p>City Topeka State KS Zip Code 66601-1441</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Lynn Jenkins</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B56EEB91737DD47BE943 <b>Date of Disbursement</b> 05 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>MELISSA BEAN FOR CONGRESS</b></p> <p>Mailing Address PO BOX 3068</p> <p>City Barrington State IL Zip Code 60011</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Melissa Bean</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BD3DBC404D888400E9A6 <b>Date of Disbursement</b> 05 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p>

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

6000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Title Industry Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>OPPORTUNITY AND RENEWAL PAC</b></p> <p>Mailing Address PO Box 3462</p> <p>City Portland State OR Zip Code 97208</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B0D58ACA29DD74721A8B</p> <p>Date of Disbursement 05 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>PERLMUTTER FOR CONGRESS</b></p> <p>Mailing Address 3440 Youngfield Street, #264</p> <p>City Wheat Ridge State CO Zip Code 80033</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Ed Perlmutter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B4B73F91B4B5043AE908</p> <p>Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>Price for Congress</b></p> <p>Mailing Address PO Box 425</p> <p>City Roswell State GA Zip Code 30077</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Thomas E. Price</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B645B35759E4849FC9C2</p> <p>Date of Disbursement 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p>

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

2600.00

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

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NAME OF COMMITTEE (In Full)  
Title Industry Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) SCOTT MURPHY FOR CONGRESS COMMITTEE Mailing Address 5 South Side Dr. #224 City Clifton Park State NY Zip Code 12065 Purpose of Disbursement Contribution Candidate Name Rep. Scott Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B354858C00E754C01BF5 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) SHELLEY MOORE CAPITO FOR CONGRESS Mailing Address P.O. Box 11519 City Charleston State WV Zip Code 25339 Purpose of Disbursement Contribution Candidate Name Rep. Shelley Moore Capito Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BAAA671DE754043A095A Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00

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

3500.00

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

32600.00