

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

LEADERSHIP 21

ADDRESS (number and street) 6849 OLD DOMINION DRIVE
SUIE 222
MCLEAN VA 22101

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00327239

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:
- | | | | |
|---|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input checked="" type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day **Post -Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 03 01 2010 through 03 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 Leslie J. Kerman

Signature of Treasurer Electronically Filed by Leslie J. Kerman Date 04 09 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
LEADERSHIP 21

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

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		44287.72
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	58183.78									
(c) Total Receipts (from Line 19)	8500.00	30000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	66683.78	74287.72								
7. Total Disbursements (from Line 31)	34775.00	42378.94								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	31908.78	31908.78								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
LEADERSHIP 21

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

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)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	8500.00	30000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	8500.00	30000.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	8500.00	30000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8500.00	30000.00

DETAILED SUMMARY PAGE

of Disbursements

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.....	1275.00	3878.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1275.00	3878.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33500.00	38500.00
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))..	34775.00	42378.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34775.00	42378.94

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)	8500.00	30000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8500.00	30000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1275.00	3878.94
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1275.00	3878.94

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

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

FOR LINE NUMBER: PAGE 6 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LEADERSHIP 21

A. Full Name (Last, First, Middle Initial)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1310 G STREET NW

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00194746

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 1 0

Transaction ID: SA11C.5907

Amount of Each Receipt this Period
2000.00

Contribution

B. Full Name (Last, First, Middle Initial)
COMCAST CORPORATION POLITICAL ACTION COMMITTEE- FEDERAL

Mailing Address 1701 JFK Boulevard, 49th Floor
35th Floor

City State Zip Code
Philadelphia PA 19103

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 1 0

Transaction ID: SA11C.5906

Amount of Each Receipt this Period
2500.00

Contribution

C. Full Name (Last, First, Middle Initial)
MEDTRONIC INC. MEDICAL TECHNOLOGY FUND

Mailing Address 1420 New York Avenue NW Suite 600

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00311878

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 1 0

Transaction ID: SA11C.5905

Amount of Each Receipt this Period
1500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 6000.00

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

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

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

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NAME OF COMMITTEE (In Full)
LEADERSHIP 21

A.	Full Name (Last, First, Middle Initial) NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES PAC		Date of Receipt
	Mailing Address 3601 Vincennes Road PO Box 68700		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Indianapolis	IN	46268
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00170258"/>	Transaction ID: SA11C.5900
	Name of Employer		Occupation
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="1000.00"/>
			Contribution

B.	Full Name (Last, First, Middle Initial) PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE		Date of Receipt
	Mailing Address 2600 South River Road		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Des Plaines	IL	60018
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00066472"/>	Transaction ID: SA11C.5903
	Name of Employer		Occupation
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="1500.00"/>	<input type="text" value="1500.00"/>
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="8500.00"/>

**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 8 / 17

<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)
LEADERSHIP 21

A.	Full Name (Last, First, Middle Initial) The Waverly Group, Inc.		Transaction ID: SB21B.5950	
	Mailing Address 6849 Old Dominion Drive Suite 222		Date of Disbursement 03 / 01 / 2010	
	City McLean	State VA	Zip Code 22101	Amount of Each Disbursement this Period 1275.00
	Purpose of Disbursement PAC Mang't./Compliance: Fees and Expenses		Category/ Type	
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State:	District:		

SUBTOTAL of Disbursements This Page (optional)	▶	1275.00
TOTAL This Period (last page this line number only)	▶	1275.00

**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)

<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)
LEADERSHIP 21

A. Full Name (Last, First, Middle Initial)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Mailing Address POST OFFICE BOX 28001

City RALEIGH State NC Zip Code 27611

Purpose of Disbursement
Contribution

Candidate Name
BOB ETHERIDGE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NC District: 02

Transaction ID: SB23.5934

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
BOYD FOR CONGRESS

Mailing Address P.O. Box 15703

City Tallahassee State FL Zip Code 32317

Purpose of Disbursement
Contribution

Candidate Name
F ALLEN JR BOYD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: FL District: 02

Transaction ID: SB23.5942

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
CHILDERS FOR CONGRESS

Mailing Address PO BOX 177

City BOONEVILLE State MS Zip Code 38829

Purpose of Disbursement
Contribution

Candidate Name
TRAVIS W CHILDERS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MS District: 01

Transaction ID: SB23.5937

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

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)

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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)
LEADERSHIP 21

A.	Full Name (Last, First, Middle Initial) CHILDERS FOR CONGRESS <hr/> Mailing Address PO BOX 177 <hr/> City BOONEVILLE State MS Zip Code 38829 Purpose of Disbursement Contribution <input type="checkbox"/> Candidate Name TRAVIS W CHILDERS Category/Type <input type="checkbox"/> 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: MS District: 01	Transaction ID: SB23.5940 Date of Disbursement <input type="text" value="0"/> <input type="text" value="3"/> / <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"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
B.	Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT LORETTA SANCHEZ <hr/> Mailing Address 1212 S. Victory Blvd. Suite 211 <hr/> City BURBANK State CA Zip Code 91502 Purpose of Disbursement Contribution <input type="checkbox"/> Candidate Name LORETTA SANCHEZ Category/Type <input type="checkbox"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 47	Transaction ID: SB23.5928 Date of Disbursement <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <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"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="500.00"/>
C.	Full Name (Last, First, Middle Initial) CONNOLLY FOR CONGRESS <hr/> Mailing Address PO Box 563 <hr/> City Merrifield State VA Zip Code 22116 Purpose of Disbursement Contribution <input type="checkbox"/> Candidate Name GERRY CONNOLLY Category/Type <input type="checkbox"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 11	Transaction ID: SB23.5931 Date of Disbursement <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <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"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="500.00"/>

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 17

<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)
LEADERSHIP 21

A.	Full Name (Last, First, Middle Initial) DINA TITUS FOR CONGRESS	Transaction ID: SB23.5915 Date of Disbursement
	Mailing Address P. O. Box 50614 Suite C5	<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Henderson State NV Zip Code 89016	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name DINA TITUS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRANK KRATOVIL FOR CONGRESS	Transaction ID: SB23.5908 Date of Disbursement
	Mailing Address 222 Main Sail Drive PO Box 518	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City Stevensville State MD Zip Code 21666	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name FRANK M JR KRATOVIL	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS FOR BARON HILL	Transaction ID: SB23.5938 Date of Disbursement
	Mailing Address PO Box 1071	<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Seymour State IN Zip Code 47274	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="4000.00"/>
	Candidate Name BARON P HILL	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
LEADERSHIP 21

A.	Full Name (Last, First, Middle Initial) FRIENDS FOR BARON HILL	Transaction ID: SB23.5953 Date of Disbursement 03 / 22 / 2010
	Mailing Address PO Box 1071	
	City Seymour State IN Zip Code 47274	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name BARON P HILL	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF GLENN NYE	Transaction ID: SB23.5920 Date of Disbursement 03 / 02 / 2010
	Mailing Address PO BOX 68444	
	City VIRGINIA BEACH State VA Zip Code 23471	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name GLENN CARLYLE III NYE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF GLENN NYE	Transaction ID: SB23.5925 Date of Disbursement 03 / 12 / 2010
	Mailing Address PO BOX 68444	
	City VIRGINIA BEACH State VA Zip Code 23471	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name GLENN CARLYLE III NYE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

<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)
LEADERSHIP 21

A.

Full Name (Last, First, Middle Initial)
GIFFORDS FOR CONGRESS

Transaction ID: SB23.5927
Date of Disbursement

Mailing Address PO Box 27565

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

City Tucson State AZ Zip Code 85726

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
GABRIELLE GIFFORDS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AZ District: 08

B.

Full Name (Last, First, Middle Initial)
HERRON FOR CONGRESS

Transaction ID: SB23.5921
Date of Disbursement

Mailing Address 142 WEST MAIN STREET

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

City DRESDEN State TN Zip Code 38225

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
ROY BRASFIELD HERRON

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TN District: 08

C.

Full Name (Last, First, Middle Initial)
HERRON FOR CONGRESS

Transaction ID: SB23.5924
Date of Disbursement

Mailing Address 142 WEST MAIN STREET

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

City DRESDEN State TN Zip Code 38225

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
ROY BRASFIELD HERRON

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TN District: 08

SUBTOTAL of Disbursements This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
LEADERSHIP 21

<p>A. Full Name (Last, First, Middle Initial) JOE DONNELLY FOR CONGRESS</p> <p>Mailing Address P.O. Box 1961 CENTURY BUILDING</p> <p>City South Bend State IN Zip Code 46634</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name JOSEPH SIMON DONNELLY Category/Type <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 02</p>	<p>Transaction ID: SB23.5918 Date of Disbursement: 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) JOHN CALLAHAN FOR CONGRESS</p> <p>Mailing Address PO BOX 1386</p> <p>City BETHLEHEM State PA Zip Code 18017</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name JOHN BURK CALLAHAN Category/Type <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 15</p>	<p>Transaction ID: SB23.5949 Date of Disbursement: 03 / 23 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="500.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) KATHY DAHLKEMPER FOR CONGRESS</p> <p>Mailing Address PO Box 1045</p> <p>City Erie State PA Zip Code 16512</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name KATHLEEN DAHLKEMPER Category/Type <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 03</p>	<p>Transaction ID: SB23.5919 Date of Disbursement: 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
LEADERSHIP 21

A.	Full Name (Last, First, Middle Initial) KENDRICK MEEK FOR FLORIDA	Transaction ID: SB23.5941 Date of Disbursement
	Mailing Address 111 NW 183RD STREET SUITE 325	<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City MIAMI State FL Zip Code 33169	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name KENDRICK B MEEK	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KURT SCHRADER FOR CONGRESS	Transaction ID: SB23.5909 Date of Disbursement
	Mailing Address 607 N. Main St Suite 240	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City Oregon City State OR Zip Code 97045	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name KURT SCHRADER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MARKEY FOR CONGRESS	Transaction ID: SB23.5944 Date of Disbursement
	Mailing Address PO Box 1333	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Fort Collins State CO Zip Code 80521	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name BETSY MARKEY	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
LEADERSHIP 21

A.	Full Name (Last, First, Middle Initial) MINNICK FOR CONGRESS Mailing Address 8150 W EMERALD STREET SUITE 170 City Boise State ID Zip Code 83704 Purpose of Disbursement Contribution Candidate Name WALTER CLIFFORD MINNICK Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District: 01	Transaction ID: SB23.5911 Date of Disbursement 03 / 31 / 2010	Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) PERRIELLO FOR CONGRESS Mailing Address PO BOX 306 City IVY State VA Zip Code 22945 Purpose of Disbursement Contribution Candidate Name THOMAS STUART PRICE PERRIELLO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 05	Transaction ID: SB23.5912 Date of Disbursement 03 / 31 / 2010	Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) SCOTT MURPHY FOR CONGRESS Mailing Address 615 Glen Street City Glens Falls State NY Zip Code 12801 Purpose of Disbursement Contribution Candidate Name SCOTT H MURPHY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 20	Transaction ID: SB23.5910 Date of Disbursement 03 / 31 / 2010	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional)		1500.00	
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 17 / 17

<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)
LEADERSHIP 21

A.	Full Name (Last, First, Middle Initial) STEPHANIE HERSETH SANDLIN FOR SOUTH DAKOTA		Transaction ID: SB23.5943	
	Mailing Address PO Box 2009		Date of Disbursement MM / DD / YYYY 03 / 23 / 2010	
	City Sioux Falls	State SD	Zip Code 57101	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution		Category/ Type	
	Candidate Name STEPHANIE M HERSETH			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: SD	District: 00		

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

33500.00