

# 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

NEW PAC

ADDRESS (number and street) P.O. BOX 7480

Check if different than previously reported. (ACC)

VISALIA CA 93290

2. FEC IDENTIFICATION NUMBER C00398750

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 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)
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Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2008 through 06 30 2008

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 Toni Dian Nunes

Signature of Treasurer Electronically Filed by Toni Dian Nunes Date 11 22 2008

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												<b>FEC FORM 3X</b> (Rev. 12/2004)
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
NEW PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		72653.63
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	74137.94									
(c) Total Receipts (from Line 19) .....	36000.00	81500.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	110137.94	154153.63								
7. Total Disbursements (from Line 31) .....	86248.11	130263.80								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	23889.83	23889.83								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
NEW PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	12500.00	44500.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	12500.00	44500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	23500.00	37000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	36000.00	81500.00
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)) .....	36000.00	81500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	36000.00	81500.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<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.....	30648.11	32663.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	30648.11	32663.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	15000.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	50000.00	72000.00
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 .....	2000.00	2000.00
(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)) .....	2000.00	2000.00
29. Other Disbursements.....	3600.00	8600.00
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))..	86248.11	130263.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	86248.11	130263.80

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	36000.00	81500.00
34. Total Contribution Refunds (from Line 28(d)) .....	2000.00	2000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	34000.00	79500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	30648.11	32663.80
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	30648.11	32663.80

**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 / 35
	<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)  
NEW PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) NICHOLAS T AMSTUTZ	Date of Receipt MM / DD / YYYY 05 / 01 / 2008
	Mailing Address 4804 PANORAMA DR	<b>Transaction ID:</b> SA11AI.5955
	City State Zip Code BAKERSFIELD CA 93306	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MERRILL LYNCH VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) KIMBERLY K CLAUSS	Date of Receipt MM / DD / YYYY 05 / 09 / 2008
	Mailing Address 4930 MAHONEY RD	<b>Transaction ID:</b> SA11AI.5953
	City State Zip Code HILMAR CA 95324	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CLAUSS DAIRY FARMER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) HENRY M GANDY	Date of Receipt MM / DD / YYYY 05 / 13 / 2008
	Mailing Address 6212 PARK RD	<b>Transaction ID:</b> SA11AI.5958
	City State Zip Code MC LEAN VA 22101	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DUBERSTEIN GROUP VICE PRESIDENT	
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) .....	2500.00
<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 7 / 35  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
NEW PAC

**A.** Full Name (Last, First, Middle Initial)  
MORONGO BAND OF MISSION INDIANS

Mailing Address P.O. BOX 366

City State Zip Code  
CABAZON CA 92230

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2008

Transaction ID: SA11AI.5962

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
FRED RUIZ

Mailing Address 1831 MASELLI COURT

City State Zip Code  
VISALIA CA 93291

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

Name of Employer Occupation  
RUIZ FOODS PRESIDENT/OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 03 / 2008

Transaction ID: SA11AI.5951

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10000.00

**TOTAL** This Period (last page this line number only) ..... ► 12500.00

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

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

FOR LINE NUMBER: PAGE 8 / 35  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
NEW PAC

**A.** Full Name (Last, First, Middle Initial)  
ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	9	/	2	0	0	8

**Transaction ID:** SA11C.5964

Mailing Address 100 Abbott Park Rd.  
D312 AP6D-2

City State Zip Code  
Abbott Park IL 60064

FEC ID number of contributing federal political committee. **C** C00040279

Name of Employer Occupation

Amount of Each Receipt this Period  
2500.00

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Date of Receipt  

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

**Transaction ID:** SA11C.5957

Mailing Address 175 E. Houston Street  
Room 7-A-50

City State Zip Code  
San Antonio TX 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Amount of Each Receipt this Period  
3500.00

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

**C.** Full Name (Last, First, Middle Initial)  
CALIFORNIA DAIRIES INC FEDERAL POLITICAL ACTION COMMITTEE

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	9	/	2	0	0	8

**Transaction ID:** SA11C.5960

Mailing Address PO BOX 2198

City State Zip Code  
LOS BANOS CA 93635

FEC ID number of contributing federal political committee. **C** C00349746

Name of Employer Occupation

Amount of Each Receipt this Period  
5000.00

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11000.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 35  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NEW PAC

**A.** Full Name (Last, First, Middle Initial)  
INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA POLITICAL ACTION COMMITTEE (INDIABAR)  
Mailing Address 412 First Street, SE, Suite 300  
City Washington State DC Zip Code 20003  
FEC ID number of contributing federal political committee. **C** C00022343  
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 6 / 1 1 / 2 0 0 8  
Transaction ID: SA11C.5967  
Amount of Each Receipt this Period 2500.00

**B.** Full Name (Last, First, Middle Initial)  
SONNENSCHN NATH & ROSENTHAL LLP POLITICAL ACTION COMMITTEE (SONNENSCHN)  
Mailing Address 1301 K STREET NW  
SUITE 600 EAST TOWER  
City WASHINGTON State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C** C00216127  
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 4 / 2 1 / 2 0 0 8  
Transaction ID: SA11C.5954  
Amount of Each Receipt this Period 2500.00

**C.** Full Name (Last, First, Middle Initial)  
US ONCOLOGY INC GOOD GOVERNMENT COMMITTEE  
Mailing Address 16825 NORTHCHASE DRIVE SUITE 1300  
City HOUSTON State TX Zip Code 77060  
FEC ID number of contributing federal political committee. **C** C00339655  
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 5 / 2 7 / 2 0 0 8  
Transaction ID: SA11C.5966  
Amount of Each Receipt this Period 2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7500.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 10 / 35

(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)  
NEW PAC

**A.** Full Name (Last, First, Middle Initial)  
UST INC. EXECUTIVES ADMINISTRATORS AND MANAGERS POLITICAL ACTION COMMITTEE

Mailing Address 100 West Putnam Avenue

City State Zip Code  
Greenwich CT 06830

FEC ID number of contributing federal political committee. **C** C00104851

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 8

Transaction ID: SA11C.5961

Amount of Each Receipt this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
VIACOM INTERNATIONAL INC. POLITICAL ACTION COMMITTEE

Mailing Address 1501 M Street Suite 1100 NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00167759

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 8

Transaction ID: SA11C.5963

Amount of Each Receipt this Period

2500.00

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

5000.00

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

23500.00

# 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 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)  
NEW PAC

A.

Full Name (Last, First, Middle Initial)  
STEPHANIE AMARAL

Transaction ID: SB21B.6086  
Date of Disbursement

Mailing Address 362 VALLEY VIEW DRIVE

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

City EXETER State CA Zip Code 93221

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

002
Category/ Type

497.20
--------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
CARDMEMEBER SERVICES - UNITED

Transaction ID: SB21B.5969  
Date of Disbursement

Mailing Address P.O. BOX 94014

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	0	8

City PALANTINE State IL Zip Code 60094

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

002
Category/ Type

1070.89
---------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
CARDMEMEBER SERVICES - UNITED

Transaction ID: SB21B.5970  
Date of Disbursement

Mailing Address P.O. BOX 94014

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	0	8

City PALANTINE State IL Zip Code 60094

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAC FUNDRAISING EVENT: CATERING

003
Category/ Type

328.77
--------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

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

1896.86
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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 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)  
NEW PAC

A.	Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	Transaction ID: SB21B.5970.0
	Mailing Address 300 FIRST STREET, SE	Date of Disbursement MM / DD / YYYY 04 / 03 / 2008
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 328.77
	Purpose of Disbursement FUNDRAISING EXP: CATORING Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) CARDMEMEBER SERVICES - UNITED	Transaction ID: SB21B.5974
	Mailing Address P.O. BOX 94014	Date of Disbursement MM / DD / YYYY 05 / 14 / 2008
	City PALANTINE State IL Zip Code 60094	Amount of Each Disbursement this Period 2817.30
	Purpose of Disbursement TRAVEL Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CARDMEMEBER SERVICES - UNITED	Transaction ID: SB21B.5975
	Mailing Address P.O. BOX 94014	Date of Disbursement MM / DD / YYYY 05 / 14 / 2008
	City PALANTINE State IL Zip Code 60094	Amount of Each Disbursement this Period 1981.00
	Purpose of Disbursement PAC FUNDRAISING EXP: CATERING Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4798.30
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
NEW PAC

<b>A.</b> Full Name (Last, First, Middle Initial) <b>CARDMEMEBER SERVICES - UNITED</b> <hr/> Mailing Address     P.O. BOX 94014 <hr/> City                                      State        Zip Code PALANTINE                              IL           60094 <hr/> Purpose of Disbursement TRAVEL Candidate Name _____ <div style="float: right; border: 1px solid black; padding: 2px;">002 Category/ Type</div> <hr/> Office Sought: <input type="checkbox"/> House     Disbursement For:     2008 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State:                District: 	<b>Transaction ID:</b> SB21B.5976 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      0 6     3 0     2 0 0 8                 </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">759.62</div>
---	---

<b>B.</b> Full Name (Last, First, Middle Initial) <b>CENTRAL VALLEY BUSINESS FORMS</b> <hr/> Mailing Address     7500 W SUNNYVIEW AVE <hr/> City                                      State        Zip Code VISALIA                                   CA           93291 <hr/> Purpose of Disbursement SOLICITATION ITEMS Candidate Name _____ <div style="float: right; border: 1px solid black; padding: 2px;">003 Category/ Type</div> <hr/> Office Sought: <input type="checkbox"/> House     Disbursement For:     2008 <input type="checkbox"/> Senate <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State:                District: 	<b>Transaction ID:</b> SB21B.6087 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      0 6     0 9     2 0 0 8                 </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">3909.48</div>
--	--

<b>C.</b> Full Name (Last, First, Middle Initial) <b>CLARISSA N HENDERSON</b> <hr/> Mailing Address     P.O. Box 7474 <hr/> City                                      State        Zip Code VISALIA                                   CA           93291 <hr/> Purpose of Disbursement OFFICE EXP: CONSULTING/OFFICE MANAGEMENT Candidate Name _____ <div style="float: right; border: 1px solid black; padding: 2px;">001 Category/ Type</div> <hr/> Office Sought: <input type="checkbox"/> House     Disbursement For:     2008 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State:                District: 	<b>Transaction ID:</b> SB21B.5978 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      0 4     0 1     2 0 0 8                 </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">200.00</div>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4869.10</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

<input 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)  
NEW PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) CLARISSA N HENDERSON <hr/> Mailing Address P.O. Box 7474 <hr/> City VISALIA State CA Zip Code 93291 <hr/> Purpose of Disbursement OFFICE EXP: CONSULTING/OFFICE MANAGEMENT Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5979 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 200.00
<b>B.</b>	Full Name (Last, First, Middle Initial) CLARISSA N HENDERSON <hr/> Mailing Address P.O. Box 7474 <hr/> City VISALIA State CA Zip Code 93291 <hr/> Purpose of Disbursement TRAVEL Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5980 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 172.20
<b>C.</b>	Full Name (Last, First, Middle Initial) CLARISSA N HENDERSON <hr/> Mailing Address P.O. Box 7474 <hr/> City VISALIA State CA Zip Code 93291 <hr/> Purpose of Disbursement PAC FUNDRAISING EXP: ROOM RENTAL Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5981 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 750.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1122.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
NEW PAC

<b>A.</b> Full Name (Last, First, Middle Initial) TOLOSA WINERY Mailing Address 4910 EDNA ROAD City SAN LUIS OBISPO State CA Zip Code 93401 Purpose of Disbursement PAC FUNDRAISING EXP: ROOM RENTAL Candidate Name	Transaction ID: SB21B.5981.0 Date of Disbursement 05 / 02 / 2008
	Amount of Each Disbursement this Period 750.00 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 003

<b>B.</b> Full Name (Last, First, Middle Initial) CLARISSA N HENDERSON Mailing Address P.O. Box 7474 City VISALIA State CA Zip Code 93291 Purpose of Disbursement TRAVEL Candidate Name	Transaction ID: SB21B.6066 Date of Disbursement 06 / 02 / 2008
	Amount of Each Disbursement this Period 3477.24
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 002

<b>C.</b> Full Name (Last, First, Middle Initial) CLARISSA N HENDERSON Mailing Address P.O. Box 7474 City VISALIA State CA Zip Code 93291 Purpose of Disbursement PAC FUNDRAISER EXPENSES Candidate Name	Transaction ID: SB21B.6067 Date of Disbursement 06 / 02 / 2008
	Amount of Each Disbursement this Period 1690.61
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 003

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5167.85
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
NEW PAC

A.	Full Name (Last, First, Middle Initial) COSTCO WHOLESALE	Transaction ID: SB21B.6067.1 Date of Disbursement 06 / 02 / 2008
	Mailing Address 3750 S MOONEY BLVD	Amount of Each Disbursement this Period 711.13
	City VISALIA State CA Zip Code 93277	
	Purpose of Disbursement FUNDRAISER: CATERING SUPPLY Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) JUSTIN VINEYARDS & WINERY	Transaction ID: SB21B.6067.2 Date of Disbursement 06 / 02 / 2008
	Mailing Address 11680 CHIMNEY ROCK ROAD	Amount of Each Disbursement this Period 332.48
	City PASO ROBLES State CA Zip Code 93446	
	Purpose of Disbursement FUNDRAISER EXP: ROOM RENTAL/CATERING Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) CLARISSA N HENDERSON	Transaction ID: SB21B.6072 Date of Disbursement 06 / 08 / 2008
	Mailing Address P.O. Box 7474	Amount of Each Disbursement this Period 4784.56
	City VISALIA State CA Zip Code 93291	
	Purpose of Disbursement TRAVEL Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4784.56
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
NEW PAC

A.

Full Name (Last, First, Middle Initial)  
CLARISSA N HENDERSON

Transaction ID: SB21B.6073  
Date of Disbursement

Mailing Address P.O. Box 7474

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

City VISALIA State CA Zip Code 93291

Amount of Each Disbursement this Period

6513.10
---------

Purpose of Disbursement  
PAC FUNDRAISING EXPENSES

003
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
TAYLOR RENTAL

Transaction ID: SB21B.6073.0  
Date of Disbursement

Mailing Address 2790 BROAD STREET

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

City SAN LUIS OBISPO State CA Zip Code 93401

Amount of Each Disbursement this Period

666.27
--------

Purpose of Disbursement  
FUNDRAISER EXP: BANQUET RENTALS

003
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
CLAIRBORNE & CHURCHILL WINERY

Transaction ID: SB21B.6073.1  
Date of Disbursement

Mailing Address 2649 CARPENTER CANYON ROAD

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

City SAN LUIS OBISPO State CA Zip Code 93401

Amount of Each Disbursement this Period

229.91
--------

Purpose of Disbursement  
FUNDRAISING EXP: ROOM RENTAL/CATERING

003
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

[MEMO ITEM]

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

6513.10
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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)

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

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NAME OF COMMITTEE (In Full)  
NEW PAC

**A.** Full Name (Last, First, Middle Initial)  
**IN GOOD TASTE CATERING**

Mailing Address 225 TANK FARM ROAD, #84

City SAN LUIS OBISPO State CA Zip Code 93401

Purpose of Disbursement FUNDRAISING EXP: CATERING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** SB21B.6073.2  
**Date of Disbursement:** 06 / 08 / 2008

Amount of Each Disbursement this Period: 2117.65

**[MEMO ITEM]**

Category/Type: 003

**B.** Full Name (Last, First, Middle Initial)  
**MONARCH DUNES AT THE WOOD**

Mailing Address 1606 TRILOGY PARKWAY

City NIPOMO State CA Zip Code 93444

Purpose of Disbursement FUNDRAISING EXP: MISC EXPENSES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** SB21B.6073.3  
**Date of Disbursement:** 06 / 08 / 2008

Amount of Each Disbursement this Period: 1024.00

**[MEMO ITEM]**

Category/Type: 003

**C.** Full Name (Last, First, Middle Initial)  
**EDNA VALLEY VINEYARD**

Mailing Address 2585 BIDDLE RANCH ROAD

City SAN LUIS OPISPO State CA Zip Code 93401

Purpose of Disbursement FUNDRAISING EXP: ROOM RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** SB21B.6073.4  
**Date of Disbursement:** 06 / 08 / 2008

Amount of Each Disbursement this Period: 584.13

**[MEMO ITEM]**

Category/Type: 003

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 0.00

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 19 / 35

<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)  
NEW PAC

<b>A.</b> Full Name (Last, First, Middle Initial) LAETITIA VINYARD & WINERY Mailing Address 453 LAETITIA VINEYARD DR City ARROYO GRANDE State CA Zip Code 93420 Purpose of Disbursement FUNDRAISING EXP: ROOM RENTAL/CATERING Candidate Name	Transaction ID: SB21B.6073.5 Date of Disbursement 06 / 08 / 2008
	Amount of Each Disbursement this Period 231.95 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

<b>B.</b> Full Name (Last, First, Middle Initial) PHOENIX FINE CATERING Mailing Address 920 CYCLAMEN CT City SAN LUIS OBISPO State CA Zip Code 93401 Purpose of Disbursement FUNDRAISING EXP: CATERING Candidate Name	Transaction ID: SB21B.6073.6 Date of Disbursement 06 / 08 / 2008
	Amount of Each Disbursement this Period 1270.00 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

<b>C.</b> Full Name (Last, First, Middle Initial) CLARISSA N HENDERSON Mailing Address P.O. Box 7474 City VISALIA State CA Zip Code 93291 Purpose of Disbursement CONSULTING/OFFICE MANAGEMENT Candidate Name	Transaction ID: SB21B.6088 Date of Disbursement 06 / 09 / 2008
	Amount of Each Disbursement this Period 200.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
NEW PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) CLARISSA N HENDERSON  Mailing Address P.O. Box 7474  City VISALIA State CA Zip Code 93291  Purpose of Disbursement CONSULTING/OFFICE MANAGEMENT Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6089 Date of Disbursement 06 / 26 / 2008  Amount of Each Disbursement this Period 255.00  001 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) CLARISSA N HENDERSON  Mailing Address P.O. Box 7474  City VISALIA State CA Zip Code 93291  Purpose of Disbursement CONSULTING/OFFICE MANAGEMENT Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6090 Date of Disbursement 06 / 26 / 2008  Amount of Each Disbursement this Period 200.00  001 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) CLARISSA N HENDERSON  Mailing Address P.O. Box 7474  City VISALIA State CA Zip Code 93291  Purpose of Disbursement OFFICE EXPENSE: SUPPLY Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6091 Date of Disbursement 06 / 30 / 2008  Amount of Each Disbursement this Period 28.07  001 Category/ Type

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

**483.07**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 35

<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)  
NEW PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) CLARISSA N HENDERSON</p> <p>Mailing Address P.O. Box 7474</p> <p>City VISALIA State CA Zip Code 93291</p> <p>Purpose of Disbursement PAC FUNDRAISING EXP: CATERING</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6093</p> <p>Date of Disbursement MM / DD / YYYY 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 685.27</p> <p>003 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) TOLOSA WINERY</p> <p>Mailing Address 4910 EDNA ROAD</p> <p>City SAN LUIS OBISPO State CA Zip Code 93401</p> <p>Purpose of Disbursement FUNDRAISING EXP: ROOM RENTAL/CATERING</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.6093.0</p> <p>Date of Disbursement MM / DD / YYYY 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 685.27</p> <p>[MEMO ITEM]</p> <p>003 Category/ Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>685.27</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p>30520.31</p>

# 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)  
NEW PAC

**A.** Full Name (Last, First, Middle Initial)  
CHRIS HACKETT FOR CONGRESS

Mailing Address 23 Dallas Shopping Center

City Dallas State PA Zip Code 18612

Purpose of Disbursement  
CLERICAL ERROR: CORRECTED

011  
Category/  
Type

Candidate Name  
CHRISTOPHER LAWRENCE HACKETT

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: PA District: 10

Transaction ID: SB23.6039  
Date of Disbursement

05 / 15 / 2008

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
CITIZENS FOR ANDAL

Mailing Address POST OFFICE BOX 1607

City STOCKTON State CA Zip Code 95201

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
DEAN F ANDAL

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: CA District: 11

Transaction ID: SB23.6046  
Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
COMMITTEE TO RE-ELECT VITO FOSSELLA

Mailing Address 34 DUMONT AVENUE  
34 Dumont Ave

City STATEN ISLAND State NY Zip Code 10305

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
VITO FOSSELLA

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: NY District: 13

Transaction ID: SB23.5992  
Date of Disbursement

04 / 23 / 2008

Amount of Each Disbursement this Period

1000.00

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

7000.00

**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)  
NEW PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) DAILEY FOR CONGRESS</p> <p>Mailing Address 13126 MILLER RD</p> <p>City MOUNT VERNON State OH Zip Code 43050</p> <p>Purpose of Disbursement CLERICAL ERROR: CORRECTED</p> <p>Candidate Name FRED L DAILEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6055</p> <p>Date of Disbursement 06 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DARREN WHITE FOR CONGRESS</p> <p>Mailing Address P.O. Box 16601</p> <p>City Albuquerque State NM Zip Code 87191</p> <p>Purpose of Disbursement</p> <p>Candidate Name DARREN P. WHITE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5987</p> <p>Date of Disbursement 04 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) ERICKSON FOR CONGRESS</p> <p>Mailing Address P.O. Box 311</p> <p>City Salem State OR Zip Code 97308</p> <p>Purpose of Disbursement CLERICAL ERROR: CORRECTION</p> <p>Candidate Name MIKE ERICKSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6061</p> <p>Date of Disbursement 06 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</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)

<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)  
NEW PAC

A.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF ERIK PAULSEN</b>	<b>Transaction ID:</b> SB23.5993 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 8	
	Mailing Address P.O. Box 44369 250 Prairie Center Drive		
	City Eden Prairie State MN Zip Code 55344	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Candidate Name <b>ERIK PAULSEN</b>	011 Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) <b>GRAVES FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.6002 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 8	
	Mailing Address 4701 NW 82nd Street		
	City Kansas City State MO Zip Code 64151	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Candidate Name <b>SAMUEL B 'SAM' GRAVES</b>	011 Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) <b>GREG DAVIS FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.6026 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8	
	Mailing Address 5779 GETWELL RD BLDG D1		
	City SOUTHAVEN State MS Zip Code 38672	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Candidate Name <b>GRAY DAVIS</b>	011 Category/ Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

3000.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
NEW PAC

A.

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

Transaction ID: SB23.6051  
Date of Disbursement

Mailing Address PO BOX 750580

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	0	8

City LAS VEGAS State NV Zip Code 89136

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1000.00
---------

Candidate Name  
DEAN HELLER

Office Sought:  House  Senate  President  
State: NV District: 02  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)  
IOWANS FOR KIM SCHMETT

Transaction ID: SB23.6032  
Date of Disbursement

Mailing Address PO BOX 3804

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	8

City URBANDALE State IA Zip Code 50323

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1000.00
---------

Candidate Name  
KIM SCHMETT

Office Sought:  House  Senate  President  
State: IA District: 03  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

C.

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

Transaction ID: SB23.6017  
Date of Disbursement

Mailing Address PO Box 860580

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	0	8

City Shawnee Mission State KS Zip Code 66226

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1000.00
---------

Candidate Name  
NICHOLAS M JORDAN

Office Sought:  House  Senate  President  
State: KS District: 03  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

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

3000.00
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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)

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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)  
NEW PAC

A.

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

Transaction ID: SB23.5999  
Date of Disbursement

Mailing Address P.O. Box 1453

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	0	8

City Orlando State FL Zip Code 32802

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1000.00
---------

Candidate Name  
RICHARD A. KELLER

Office Sought:  House  Senate  President  
State: FL District: 08  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

B.

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

Transaction ID: SB23.6050  
Date of Disbursement

Mailing Address PO Box 71  
PO BOX 71

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	0	8

City Clarion State IA Zip Code 50525

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

5000.00
---------

Candidate Name  
TOM LATHAM

Office Sought:  House  Senate  President  
State: IA District: 04  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)  
LINCOLN DIAZ-BALART FOR CONGRESS

Transaction ID: SB23.6062  
Date of Disbursement

Mailing Address 95 Merrick Way, Suite 250

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	8

City Coral Gables State FL Zip Code 33134

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

5000.00
---------

Candidate Name  
LINCOLN DIAZ-BALART

Office Sought:  House  Senate  President  
State: FL District: 21  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

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

11000.00
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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)  
NEW PAC

**A.** Full Name (Last, First, Middle Initial)  
LOU BARLETTA FOR CONGRESS

Mailing Address PO BOX 128

City HAZLETON State PA Zip Code 18201

Purpose of Disbursement  
CLERICAL ERROR: CORRECTED

011  
Category/  
Type

Candidate Name  
LOU BARLETTA

Office Sought:  House  Senate  President  
State: PA District: 11  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.6010  
Date of Disbursement

04 / 23 / 2008

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
LYLE LARSON FOR CONGRESS

Mailing Address PO BOX 171148

City SAN ANTONIO State TX Zip Code 78217

Purpose of Disbursement  
CLERICAL ERROR: CORRECTED

011  
Category/  
Type

Candidate Name  
LYLE LARSON

Office Sought:  House  Senate  President  
State: TX District: 23  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.6018  
Date of Disbursement

04 / 23 / 2008

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
LYLE LARSON FOR CONGRESS

Mailing Address PO BOX 171148

City SAN ANTONIO State TX Zip Code 78217

Purpose of Disbursement  
CLERICAL ERROR: CORRECTED

011  
Category/  
Type

Candidate Name  
LYLE LARSON

Office Sought:  House  Senate  President  
State: TX District: 23  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.6038  
Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
NEW PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) MANION FOR CONGRESS</p> <p>Mailing Address PO BOX 28</p> <p>City DOYLESTOWN State PA Zip Code 18901</p> <p>Purpose of Disbursement</p> <p>Candidate Name TOM MANION</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5985</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MARIO DIAZ-BALART FOR CONGRESS</p> <p>Mailing Address 95 Merrick Way, Suite 250</p> <p>City Coral Gables State FL Zip Code 33134</p> <p>Purpose of Disbursement</p> <p>Candidate Name MARIO DIAZ-BALART</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 25</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6047</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MCCLINTOCK FOR CONGRESS</p> <p>Mailing Address 2150 RIVER PLAZA DR. #150</p> <p>City SACRAMENTO State CA Zip Code 95833</p> <p>Purpose of Disbursement CLERICAL ERROR: CORRECTED</p> <p>Candidate Name THOMAS MCCLINTOCK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6058</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

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

8000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
NEW PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) NORTHUP FOR CONGRESS</p> <p>Mailing Address PO Box 7313</p> <p>City Louisville State KY Zip Code 40257</p> <p>Purpose of Disbursement</p> <p>Candidate Name ANNE M NORTHUP</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5986</p> <p>Date of Disbursement 04 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) OLSON FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 16381</p> <p>City Sugar Land State TX Zip Code 77496</p> <p>Purpose of Disbursement CLERICAL ERROR: CORRECTED</p> <p>Candidate Name PETER G OLSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 22</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6023</p> <p>Date of Disbursement 04 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) PARKER FOR CONGRESS</p> <p>Mailing Address P.O. Box 16135</p> <p>City Huntsville State AL Zip Code 35802</p> <p>Purpose of Disbursement</p> <p>Candidate Name WAYNE JR. PARKER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.6042</p> <p>Date of Disbursement 05 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
NEW PAC

A.	Full Name (Last, First, Middle Initial) <b>PAUL BROUN COMMITTEE</b>	<b>Transaction ID:</b> SB23.6052 Date of Disbursement 05 / 22 / 2008	
	Mailing Address PO Box 7165		
	City Athens State GA Zip Code 30604	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement	011	Category/Type
	Candidate Name PAUL COLLINS BROUN		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: GA District: 10	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) <b>SCHMIDT FOR CONGRESS COMMITTEE</b>	<b>Transaction ID:</b> SB23.6003 Date of Disbursement 04 / 23 / 2008	
	Mailing Address 771 Wards Corner Rd		
	City Loveland State OH Zip Code 45140	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement CLERICAL ERROR: CORRECTED	011	Category/Type
	Candidate Name JEANNETTE H SCHMIDT		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: OH District: 02	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) <b>SCHURING FOR CONGRESS COMMITTEE</b>	<b>Transaction ID:</b> SB23.6004 Date of Disbursement 04 / 23 / 2008	
	Mailing Address 400 MARKET AVE NORTH SUITE 400		
	City CANTON State OH Zip Code 44702	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement CLERICAL ERROR: CORRECTED	011	Category/Type
	Candidate Name KIRK SCHURING		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: OH District: 16	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
NEW PAC

A.	Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS	Transaction ID: SB23.6007 Date of Disbursement																			
	Mailing Address 81 S FIFTH STREET	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	3		2	0	0	8												
	City COLUMBUS State OH Zip Code 43215	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CLERICAL ERROR: CORRECTED	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name STEVE STIVERS	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) TIM BEE FOR CONGRESS	Transaction ID: SB23.6013 Date of Disbursement																			
	Mailing Address PO BOX 31985	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	3		2	0	0	8												
	City TUCSON State AZ Zip Code 85751	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name TIMOTHY BEE	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) TOM FEENEY FOR CONGRESS	Transaction ID: SB23.6035 Date of Disbursement																			
	Mailing Address P. O. Box 622345	<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>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	0	8												
	City Oviedo State FL Zip Code 32762	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name TOM FEENEY	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00
3000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
NEW PAC

A.	Full Name (Last, First, Middle Initial) WALBERG FOR CONGRESS	Transaction ID: SB23.5996
	Mailing Address 6769 Teachout Rd.	Date of Disbursement 04 / 23 / 2008
	City Tipton State MI Zip Code 49287	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name TIMOTHY L. WALBERG	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WOODY JENKINS FOR CONGRESS	Transaction ID: SB23.6029
	Mailing Address 910 N. Foster	Date of Disbursement 04 / 30 / 2008
	City Baton Rouge State LA Zip Code 70806	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name LOUIS (WOODY) JENKINS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) .....	2000.00
TOTAL This Period (last page this line number only) .....	50000.00



**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)

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

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NAME OF COMMITTEE (In Full)  
NEW PAC

A.

Full Name (Last, First, Middle Initial)  
MORONGO BAND OF MISSION INDIANS

Transaction ID: SB28A.6065

Date of Disbursement

Mailing Address P.O. BOX 366

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	0	8

City State Zip Code  
CABAZON CA 92230

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
REFUND OF EXCESSIVE CONTRIBUTION

010
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

2000.00
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TOTAL This Period (last page this line number only) ..... ▶

2000.00
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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)

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

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NAME OF COMMITTEE (In Full)  
NEW PAC

A.

Full Name (Last, First, Middle Initial)  
CONNIE CONWAY FOR ASSEMBLY

Transaction ID: SB29.5983

Date of Disbursement

Mailing Address P.O. BOX 8134

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	0	8

City VISALIA State CA Zip Code 93290

Amount of Each Disbursement this Period

3600.00
---------

Purpose of Disbursement  
POLITICAL CONTRIBUTION - NON FEDERAL

011
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

3600.00
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TOTAL This Period (last page this line number only) ..... ►

3600.00
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Image# 28993141904

Form/Schedule: **F3XA**  
Transaction ID:

IN RESPONSE TO FEDERAL ELECTION COMMISSION LETTER DATED: OCTOBER 22, 2008 - CORRECTION  
IS REPORT. THE CORRECTIONS WERE REQUIRED DUE TO CLERICAL ERRORS ON THE ORIGINAL REP

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