



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

Write or Type Committee Name  
WESTERN REPRESENTATION PAC

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</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>	X	Y	Y	Y	2	0	1	0		1317.58
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	110894.36									
(c) Total Receipts (from Line 19) .....	79409.07	404904.43								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	190303.43	406222.01								
7. Total Disbursements (from Line 31) .....	142272.75	358191.33								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	48030.68	48030.68								
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  
WESTERN REPRESENTATION PAC

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	28904.25	111151.25
(ii) Unitemized .....	50504.82	293687.78
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	79409.07	404839.03
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	79409.07	404839.03
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	35.40
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	30.00
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)) .....	79409.07	404904.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	79409.07	404904.43

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.....	59690.12	119037.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	59690.12	119037.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	7000.00	25100.00
24. Independent Expenditure (use Schedule E) .....	72082.63	210553.46
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 .....	3500.00	3500.00
(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)) .....	3500.00	3500.00
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))..	142272.75	358191.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	142272.75	358191.33

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) .....	79409.07	404839.03
34. Total Contribution Refunds (from Line 28(d)) .....	3500.00	3500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	75909.07	401339.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	59690.12	119037.87
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	35.40
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	59690.12	119002.47

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 93  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial) Michael Adler		Date of Receipt MM / DD / YYYY 10 / 31 / 2010
Mailing Address 26565 Agoura Road		<b>Transaction ID:</b> SA11AI.19440
City Calabasas	State CA	Zip Code 91302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Informa Research Services	Occupation Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Stephanie Arcudi		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 390 So Main st		<b>Transaction ID:</b> SA11AI.21640
City Hopedale	State MA	Zip Code 01747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer NA	Occupation NA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**C.**

Full Name (Last, First, Middle Initial) charles baca		Date of Receipt MM / DD / YYYY 10 / 19 / 2010
Mailing Address 755 galaxy heights drive		<b>Transaction ID:</b> SA11AI.20638
City la canada	State CA	Zip Code 91011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	800.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Maryanne Bell		Date of Receipt
	Mailing Address 53 Grey Wing Pointe		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 6 / 2 0 1 0
	City	State	Zip Code
	Naples	FL	34113
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.20285
Name of Employer retired		Occupation retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Steve Berry		Date of Receipt
	Mailing Address 15600 SW Redstone Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 6 / 2 0 1 0
	City	State	Zip Code
	Beaverton	OR	97007
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.19986
Name of Employer Berry Consulting LLC		Occupation Mechanical Engineer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) TOM BIRDNOW		Date of Receipt
	Mailing Address 17024 ORCHARD AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 3 / 2 0 1 0
	City	State	Zip Code
	OMAHA	NE	68135
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.20406
Name of Employer Professional Label Co		Occupation exec	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 425.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 800.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) John Blanchard	Date of Receipt MM / DD / YYYY 10 / 16 / 2010
	Mailing Address 1613 Chelsea Rd	<b>Transaction ID:</b> SA11AI.20985
	City State Zip Code San Marino CA 91108	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation JBC President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Roger Blauwkamp	Date of Receipt MM / DD / YYYY 10 / 17 / 2010
	Mailing Address 494 E 64th St	<b>Transaction ID:</b> SA11AI.20955
	City State Zip Code Holland MI 49423	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation STM Mfg Inc President	
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) Randall Bock	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 372 Broadway	<b>Transaction ID:</b> SA11AI.20531
	City State Zip Code Revere MA 02151	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation self physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 93  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
Pamela Boker

Mailing Address 719 Bedford Road

City Bedford Corners State NY Zip Code 10549

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

Name of Employer self  
Occupation psychologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
10 / 20 / 2010

Transaction ID: SA11AI.20609

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Pamela Boker

Mailing Address 719 Bedford Road

City Bedford Corners State NY Zip Code 10549

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

Name of Employer self  
Occupation psychologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2010

Transaction ID: SA11AI.19897

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Pamela Boker

Mailing Address 719 Bedford Road

City Bedford Corners State NY Zip Code 10549

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

Name of Employer self  
Occupation psychologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2010

Transaction ID: SA11AI.19719

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 93  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial) Dan Boyd		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 1400 West Third Ave		<b>Transaction ID:</b> SA11AI.21506
City Denver	State CO	Zip Code 80223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer BOYD INVESTMENT CO	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

**B.**

Full Name (Last, First, Middle Initial) Dan Boyd		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 1400 West Third Ave		<b>Transaction ID:</b> SA11AI.21432
City Denver	State CO	Zip Code 80223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer BOYD INVESTMENT CO	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

**C.**

Full Name (Last, First, Middle Initial) Dan Boyd		Date of Receipt MM / DD / YYYY 10 / 20 / 2010
Mailing Address 1400 West Third Ave		<b>Transaction ID:</b> SA11AI.21393
City Denver	State CO	Zip Code 80223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer BOYD INVESTMENT CO	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

**A.** Full Name (Last, First, Middle Initial)  
W Chris Brancato

Mailing Address P O Box 436

City State Zip Code  
east moriches NY 11940

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

Name of Employer Occupation  
stifel nicolaus financial advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** SA11AI.20516

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Carol Bremer

Mailing Address Box 110718

City State Zip Code  
Big Bear Lake CA 92315

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

Name of Employer Occupation  
None Retired Educator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

**Transaction ID:** SA11AI.19967

Amount of Each Receipt this Period  
600.00

**C.** Full Name (Last, First, Middle Initial)  
John Burns

Mailing Address 10 WEst Stillforest

City State Zip Code  
Houston TX 77024

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

Name of Employer Occupation  
self retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

**Transaction ID:** SA11AI.20746

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Jack Buzbee		Date of Receipt MM / DD / YYYY 10 / 27 / 2010	
	Mailing Address 200 E Douglas St		<b>Transaction ID:</b> SA11AI.19883	
	City	State	Zip Code	Amount of Each Receipt this Period
	De Soto	IL	62924	150.00
	FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer none		Occupation retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Carolina Casperson		Date of Receipt MM / DD / YYYY 10 / 19 / 2010	
	Mailing Address 522 North State Rd. suite 102		<b>Transaction ID:</b> SA11AI.20786	
	City	State	Zip Code	Amount of Each Receipt this Period
	Briarcliff Manor	NY	10510	50.00
	FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self		Occupation singer songwriter		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Carolina Casperson		Date of Receipt MM / DD / YYYY 10 / 19 / 2010	
	Mailing Address 522 North State Rd. suite 102		<b>Transaction ID:</b> SA11AI.20822	
	City	State	Zip Code	Amount of Each Receipt this Period
	Briarcliff Manor	NY	10510	50.00
	FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self		Occupation singer songwriter		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 13 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

**A.** Full Name (Last, First, Middle Initial)  
Carolina Casperson

Mailing Address 522 North State Rd. suite 102

City State Zip Code  
Briarcliff Manor NY 10510

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

Name of Employer self Occupation  
self singer songwriter

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
10 / 20 / 2010

**Transaction ID:** SA11AI.20587

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Carolina Casperson

Mailing Address 522 North State Rd. suite 102

City State Zip Code  
Briarcliff Manor NY 10510

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

Name of Employer self Occupation  
self singer songwriter

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
10 / 22 / 2010

**Transaction ID:** SA11AI.20453

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Carolina Casperson

Mailing Address 522 North State Rd. suite 102

City State Zip Code  
Briarcliff Manor NY 10510

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

Name of Employer self Occupation  
self singer songwriter

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
MM / DD / YYYY  
10 / 26 / 2010

**Transaction ID:** SA11AI.20340

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **175.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) John Chilton		Date of Receipt
	Mailing Address 14804 Lake Forest Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 4 / 2 0 1 0
	City	State	Zip Code
	Dallas	TX	75254
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.21281
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Rancher			<input type="text"/> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) randall clark		Date of Receipt
	Mailing Address 12519 sandstone run		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 9 / 2 0 1 0
	City	State	Zip Code
	carmel	IN	46033
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.20845
Name of Employer Windsor Group LTD		Occupation	Amount of Each Receipt this Period
CFP			<input type="text"/> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Greg Clements		Date of Receipt
	Mailing Address 507 W Dalton Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 6 / 2 0 1 0
	City	State	Zip Code
	Round Lake	IL	60073
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.20133
Name of Employer Grainger		Occupation	Amount of Each Receipt this Period
Program Manager			<input type="text"/> 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 600.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ralph Clinard	Date of Receipt MM / DD / YYYY 10 / 14 / 2010
	Mailing Address 3306 Chartreuse Way	<b>Transaction ID:</b> SA11AI.21288
	City State Zip Code Houston TX 77082	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ralph Clinard	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 3306 Chartreuse Way	<b>Transaction ID:</b> SA11AI.21158
	City State Zip Code Houston TX 77082	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ralph Clinard	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 3306 Chartreuse Way	<b>Transaction ID:</b> SA11AI.21179
	City State Zip Code Houston TX 77082	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 875.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	125.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ralph Clinard	Date of Receipt MM / DD / YYYY 10 / 20 / 2010
	Mailing Address 3306 Chartreuse Way	<b>Transaction ID:</b> SA11AI.20562
	City State Zip Code Houston TX 77082	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ralph Clinard	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 3306 Chartreuse Way	<b>Transaction ID:</b> SA11AI.20502
	City State Zip Code Houston TX 77082	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 950.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ralph Clinard	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 3306 Chartreuse Way	<b>Transaction ID:</b> SA11AI.20445
	City State Zip Code Houston TX 77082	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 975.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ralph Clinard		Date of Receipt
	Mailing Address 3306 Chartreuse Way		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Houston	TX	77082
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.20149
Name of Employer N/A		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="50.00"/>
		<input type="text" value="1025.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kim Conant		Date of Receipt
	Mailing Address 14735 Poway Mesa Dr.		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Poway	CA	92064
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.21395
Name of Employer PUSD		Occupation Ret. Teacher	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="800.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kim Conant		Date of Receipt
	Mailing Address 14735 Poway Mesa Dr.		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Poway	CA	92064
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.19991
Name of Employer PUSD		Occupation Ret. Teacher	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="900.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="250.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 93  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
Patrick Davis

Mailing Address 2419 B Fisk Lane

City State Zip Code  
Redondo Beach CA 90278

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

Name of Employer: Patrick C. Davis, CLU  
Occupation: Insurance Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

**Transaction ID:** SA11AI.19813

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Richard Davis

Mailing Address 10213 Wendover Drive

City State Zip Code  
Vienna VA 22181

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

Name of Employer: NA  
Occupation: Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

**Transaction ID:** SA11AI.21441

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
salvatore de Maria

Mailing Address 1713 West Vista Way

City State Zip Code  
vista CA 92083

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

Name of Employer: self  
Occupation: self

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

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

**Transaction ID:** SA11AI.21104

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ermilo Dilley		Date of Receipt	
	Mailing Address 5404 Hidden Oaks Lane		M M / D D / Y Y Y Y 10 / 15 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.21181
	Arlington	TX	76017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer TPCCC		Occupation Physican		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Peter Durfee		Date of Receipt	
	Mailing Address 45 Deerfield Drive		M M / D D / Y Y Y Y 10 / 27 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.19901
	Scituate	RI	02857	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer The Beacon Mutual Insurance Company		Occupation Accountant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) James Edwards		Date of Receipt	
	Mailing Address 801 South Garner Street		M M / D D / Y Y Y Y 10 / 19 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.20846
	State College	PA	16801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		100.00	
Name of Employer Clearfield Hospital		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		475.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<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 20 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

**A.** Full Name (Last, First, Middle Initial)  
Nancy Engle  
 Mailing Address 408 Kelly Plantation Rd  
 City State Zip Code  
 Destin FL 32541  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 1 0  
**Transaction ID:** SA11AI.21276  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation commercial real estate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

**B.** Full Name (Last, First, Middle Initial)  
Herb Fair  
 Mailing Address 7816 E. San Miguel Ave  
 City State Zip Code  
 Scottsdale AZ 85250  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 9 / 2 0 1 0  
**Transaction ID:** SA11AI.20625  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Restaurant Profit Management Services Occupation Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**C.** Full Name (Last, First, Middle Initial)  
Marilyn Faust  
 Mailing Address 123 Montclair  
 City State Zip Code  
 Beaumont TX 77707  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 6 / 2 0 1 0  
**Transaction ID:** SA11AI.20177  
 Amount of Each Receipt this Period  
 30.25  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer substitute Occupation teacher  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.25

**SUBTOTAL** of Receipts This Page (optional) ..... ► 530.25  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 93  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mary Lee Fleischer

Mailing Address 501 Herondo Street

City State Zip Code  
Hermosa Beach CA 90254

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

Name of Employer Occupation  
Self-Advocate Legal Search Legal Recruiter

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 26 / 2010

**Transaction ID:** SA11AI.19978

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Richard Frachtman

Mailing Address 11530 Raintree Cir

City State Zip Code  
Houston TX 77024

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

Name of Employer Occupation  
Self MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2010

**Transaction ID:** SA11AI.21614

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Donald Frye

Mailing Address 12 Gage Ct.

City State Zip Code  
Houston TX 77024

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

Name of Employer Occupation  
Self Geophysicist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
10 / 25 / 2010

**Transaction ID:** SA11AI.20369

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Linda Gilchrist	Date of Receipt MM / DD / YYYY 10 / 16 / 2010
	Mailing Address 190 W Continental Rd	<b>Transaction ID:</b> SA11AI.21008
	City State Zip Code Green Valley AZ 85622	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer None      Occupation retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00

<b>B.</b>	Full Name (Last, First, Middle Initial) LEYLA GILES	Date of Receipt MM / DD / YYYY 10 / 19 / 2010
	Mailing Address 4142 W 175 ST	<b>Transaction ID:</b> SA11AI.20627
	City State Zip Code TORRANCE CA 90504	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A      Occupation N/A Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Gloria Gill	Date of Receipt MM / DD / YYYY 10 / 20 / 2010
	Mailing Address 767 Rocky Branch Lane	<b>Transaction ID:</b> SA11AI.20598
	City State Zip Code Evans GA 30809	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Club Car      Occupation Editor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	375.00
<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 23 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

**A.** Full Name (Last, First, Middle Initial)  
Gloria Gill

Mailing Address 767 Rocky Branch Lane

City State Zip Code  
Evans GA 30809

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Club Car Editor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

**Transaction ID:** SA11AI.19739

Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
arthur girton

Mailing Address 407 avenue of the states

City State Zip Code  
chester PA 19013

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
self attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

**Transaction ID:** SA11AI.20332

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Karen Glasscock

Mailing Address 1913 Yellowstone Dr

City State Zip Code  
Lampasas TX 76550

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
State Comptroller's Office Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 1 0

**Transaction ID:** SA11AI.21045

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ralph Goehring		Date of Receipt
	Mailing Address 10900 Rockridge Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 6 / 2 0 1 0
	City	State	Zip Code
	Bakersfield	CA	93311
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.20048
		Amount of Each Receipt this Period	
		<input type="text"/> 250.00	
Name of Employer Self-employed		Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard Graf		Date of Receipt
	Mailing Address 17 Bromley Tr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 8 / 2 0 1 0
	City	State	Zip Code
	Flemington	NJ	08822
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.19734
		Amount of Each Receipt this Period	
		<input type="text"/> 100.00	
Name of Employer Coldwell Banker		Occupation Realtor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Teresa Graham		Date of Receipt
	Mailing Address 5143 NE Laurelcres Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 9 / 2 0 1 0
	City	State	Zip Code
	Seattle	WA	98105
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.20629
		Amount of Each Receipt this Period	
		<input type="text"/> 250.00	
Name of Employer Self		Occupation Business owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 600.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Gully	Date of Receipt MM / DD / YYYY 10 / 24 / 2010
	Mailing Address 1406 North 54th Street	<b>Transaction ID:</b> SA11AI.20399
	City State Zip Code Quincy IL 62305	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Gully Transportation Vice-President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John Haesler	Date of Receipt MM / DD / YYYY 10 / 17 / 2010
	Mailing Address 24 San Ramon	<b>Transaction ID:</b> SA11AI.20917
	City State Zip Code Irvine CA 92612	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CoreLink Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Hal Haltom	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 1510 Harness Oaks	<b>Transaction ID:</b> SA11AI.19871
	City State Zip Code Houston TX 77077	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation none retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	550.00
<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 26 / 93  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

**A.** Full Name (Last, First, Middle Initial)  
Edward Harhager

Mailing Address 15485 Wooster St. N.W.

City North Lawrence State OH Zip Code 44666

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

Name of Employer Sonoco Packaging Co. Occupation Manufacturing Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 20 / 2010  
**Transaction ID:** SA11AI.20610  
 Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Brent Harris

Mailing Address 5804 N 160th Ave

City Omaha State NE Zip Code 68116

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

Name of Employer Acorn Plumbing Occupation Master Plumber

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 10 / 29 / 2010  
**Transaction ID:** SA11AI.19514  
 Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Carol Harris

Mailing Address 2046 Brookhaven Ave

City Placenta State CA Zip Code 92870

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

Name of Employer RLH Industries, Inc. Occupation Credit Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 29 / 2010  
**Transaction ID:** SA11AI.19504  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 450.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 93  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
Lee Holmes

Mailing Address 530 W. O'Brien Dr.

City Hagatna State GU Zip Code 96910

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

Name of Employer SOUTHERN MEDIA, INC. Occupation manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt 10 / 19 / 2010

Transaction ID: SA11AI.20615

Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Bill Horn

Mailing Address 8420 Gladys court

City Fort Worth State TX Zip Code 76116

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

Name of Employer Horn ranch Occupation Self

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2010

Transaction ID: SA11AI.20446

Amount of Each Receipt this Period 50.00

**C.**

Full Name (Last, First, Middle Initial)  
Heidi Hurst-Hobbs

Mailing Address 701 W Jackson, #503

City Chicago State IL Zip Code 60661

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

Name of Employer BP Occupation Ops Mgr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2010

Transaction ID: SA11AI.20450

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2050.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 93  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
Marc Iverson

Mailing Address 6037 Sharon Rd

City State Zip Code  
Charlotte NC 28210

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

Name of Employer none Occupation disabled

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

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

**Transaction ID:** SA11AI.21233

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Marc Iverson

Mailing Address 6037 Sharon Rd

City State Zip Code  
Charlotte NC 28210

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

Name of Employer none Occupation disabled

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

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

**Transaction ID:** SA11AI.20612

Amount of Each Receipt this Period  
1000.00

**C.**

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

Mailing Address 5663 Bramblewood R.

City State Zip Code  
La Canada CA 91011

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

Name of Employer NA Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

**Transaction ID:** SA11AI.20918

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2100.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 93  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
brice jones

Mailing Address po box 971

City State Zip Code  
ross CA 94957

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

Name of Employer self Occupation farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.20906

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
brice jones

Mailing Address po box 971

City State Zip Code  
ross CA 94957

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

Name of Employer self Occupation farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.20912

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Christopher Jones

Mailing Address 411 W. Wellons St.

City State Zip Code  
Smithfield NC 27577

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

Name of Employer Stallings Insurance Occupation insurance agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

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

Transaction ID: SA11AI.21304

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1025.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Christopher Jones	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 411 W. Wellons St.	<b>Transaction ID:</b> SA11AI.21213
	City State Zip Code Smithfield NC 27577	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Stallings Insurance Occupation insurance agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Christopher Jones	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 411 W. Wellons St.	<b>Transaction ID:</b> SA11AI.20875
	City State Zip Code Smithfield NC 27577	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Stallings Insurance Occupation insurance agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 405.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Christopher Jones	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 411 W. Wellons St.	<b>Transaction ID:</b> SA11AI.20520
	City State Zip Code Smithfield NC 27577	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Stallings Insurance Occupation insurance agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 430.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<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 31 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

**A.** Full Name (Last, First, Middle Initial)  
Christopher Jones

Mailing Address 411 W. Wellons St.

City State Zip Code  
Smithfield NC 27577

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

Name of Employer Stallings Insurance Occupation insurance agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

**Transaction ID:** SA11AI.19892

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Christopher Jones

Mailing Address 411 W. Wellons St.

City State Zip Code  
Smithfield NC 27577

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

Name of Employer Stallings Insurance Occupation insurance agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 505.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

**Transaction ID:** SA11AI.19742

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Neil Kadisha

Mailing Address 9420 Wilshire Blvd #400

City State Zip Code  
Beverly Hills CA 90212

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

Name of Employer OMNINET CAPITAL Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

**Transaction ID:** SA11AI.21550

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1075.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 93  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
Karl Kail

Mailing Address 85 Eastpoint Road

City Montrose State PA Zip Code 18801

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

Name of Employer Self Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 7 / 2 0 1 0

**Transaction ID:** SA11AI.21457

Amount of Each Receipt this Period  
 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Karl Kail

Mailing Address 85 Eastpoint Road

City Montrose State PA Zip Code 18801

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

Name of Employer Self Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 6 / 2 0 1 0

**Transaction ID:** SA11AI.20341

Amount of Each Receipt this Period  
 100.00

**C.**

Full Name (Last, First, Middle Initial)  
James Kilpatrick

Mailing Address 3801 Manchaca # 56

City Austin State TX Zip Code 78704

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

Name of Employer retired Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 9 / 2 0 1 0

**Transaction ID:** SA11AI.20687

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 225.00

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

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

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

FOR LINE NUMBER: PAGE 33 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

**A.** Full Name (Last, First, Middle Initial)  
Thomas Lancaster

Mailing Address 605 San Elijo St.

City San Diego State CA Zip Code 92106

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

Name of Employer none Occupation retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 10 / 25 / 2010  
**Transaction ID: SA11AI.20359**  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Charles Lax

Mailing Address 909 Belvoir Circle

City Newport News State VA Zip Code 23608

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

Name of Employer Metro Machine Corp Occupation computer analyst

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt: 10 / 20 / 2010  
**Transaction ID: SA11AI.21403**  
 Amount of Each Receipt this Period: 20.00

**C.** Full Name (Last, First, Middle Initial)  
Charles Lax

Mailing Address 909 Belvoir Circle

City Newport News State VA Zip Code 23608

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

Name of Employer Metro Machine Corp Occupation computer analyst

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 10 / 26 / 2010  
**Transaction ID: SA11AI.20214**  
 Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 295.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 93  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
Charles Lax

Mailing Address 909 Belvoir Circle

City State Zip Code  
Newport News VA 23608

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

Name of Employer Metro Machine Corp Occupation computer analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

**Transaction ID:** SA11AI.19758

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Dwight Lowell

Mailing Address 901 Cima del Mundo Rd.

City State Zip Code  
Montecito CA 93108

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

Name of Employer NA Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 1 0

**Transaction ID:** SA11AI.20913

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Don MacDougall

Mailing Address 5 Beard Way

City State Zip Code  
Wellesley MA 02482

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

Name of Employer Adage Occupation Equity Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

**Transaction ID:** SA11AI.20318

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **375.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 93  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
Gary McGuinness

Mailing Address 21 Bayberry Road

City Groton State MA Zip Code 01450

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

Name of Employer Textron Occupation Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

**Transaction ID:** SA11AI.19787

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Clifton McWilliams

Mailing Address 7502 Waning Star Court

City Spring State TX Zip Code 77379

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

Name of Employer Dew Point Contol, LLC Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

**Transaction ID:** SA11AI.19581

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Donna Moore

Mailing Address 7314 Troulon Dr

City Houston State TX Zip Code 77074

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

Name of Employer NA Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

**Transaction ID:** SA11AI.20108

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **375.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 36 / 93</span> (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WESTERN REPRESENTATION PAC**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Lora Mowat</p> <p>Mailing Address PO Box 8414</p> <p>City State Zip Code <b>South Lake Tahoe CA 96158</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Chase Int'l South Tahoe Realty</p> <p>Occupation Office Administrator</p> <p>Receipt For:  <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.20851</p> <p>Amount of Each Receipt this Period 100.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	8	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	1	8	/	2	0	1	0												

<p><b>B.</b> Full Name (Last, First, Middle Initial) Carroll Mueller</p> <p>Mailing Address 2800 Mason Ave.</p> <p>City State Zip Code <b>Las Vegas NV 89102</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer retired</p> <p>Occupation teacher</p> <p>Receipt For:  <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 350.00</p>	<p>Date of Receipt  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.20387</p> <p>Amount of Each Receipt this Period 100.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	4	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	4	/	2	0	1	0												

<p><b>C.</b> Full Name (Last, First, Middle Initial) pat murphy</p> <p>Mailing Address w267 n2899 woodland dr.</p> <p>City State Zip Code <b>pewaukee WI 53072</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer self</p> <p>Occupation health care</p> <p>Receipt For:  <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.20195</p> <p>Amount of Each Receipt this Period 250.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	6	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	6	/	2	0	1	0												

<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p><b>450.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 37 / 93
	<input checked="" 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)  
WESTERN REPRESENTATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) pat murphy	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0
	Mailing Address w267 n2899 woodland dr.	<b>Transaction ID:</b> SA11AI.19625
	City State Zip Code pewaukee WI 53072	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self Occupation health care Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas Murphy	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	Mailing Address P. O. Box 301	<b>Transaction ID:</b> SA11AI.21248
	City State Zip Code Boxford MA 01921	Amount of Each Receipt this Period 199.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer na Occupation na Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 398.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Al Nader	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	Mailing Address 3519 Rodesco Ct SE	<b>Transaction ID:</b> SA11AI.21122
	City State Zip Code Puyallup WA 98374	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	549.00
<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 38 / 93  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial) Don Naeve		Date of Receipt MM / DD / YYYY 10 / 17 / 2010
Mailing Address 1230 Eastwick Circle		<b>Transaction ID:</b> SA11AI.20931
City Murphy	State TX	Zip Code 75094
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Don Naeve		Date of Receipt MM / DD / YYYY 10 / 19 / 2010
Mailing Address 1230 Eastwick Circle		<b>Transaction ID:</b> SA11AI.20702
City Murphy	State TX	Zip Code 75094
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**C.**

Full Name (Last, First, Middle Initial) Don Nester		Date of Receipt MM / DD / YYYY 10 / 26 / 2010
Mailing Address 4803 Lindale		<b>Transaction ID:</b> SA11AI.20189
City Wichita Falls	State TX	Zip Code 76310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ConocoPhillips	Occupation Pipeline Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	350.00
<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 39 / 93  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
David Partain

Mailing Address 1604 South Adams Avenue

City Roswell State NM Zip Code 88203

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

Name of Employer Eastern New Mexico University- Roswell Occupation retired military/university instructor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 18 / 2010  
Transaction ID: SA11AI.21439  
Amount of Each Receipt this Period 200.00

**B.**

Full Name (Last, First, Middle Initial)  
Sandra Patnovic

Mailing Address 317 Delaware Circle

City Newark State DE Zip Code 19711

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

Name of Employer Summit Industrial Corporation Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 14 / 2010  
Transaction ID: SA11AI.21308  
Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Marie Therese Pero

Mailing Address 3037 122ndPI. NE

City Bellevue State WA Zip Code 98005

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

Name of Employer retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 15 / 2010  
Transaction ID: SA11AI.21133  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 475.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 93  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
James Perry

Mailing Address 206 SE 10th Terr

City Ft. Lauderdale State FL Zip Code 33301

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

Name of Employer self Occupation retired neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

**Transaction ID:** SA11AI.20043

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Orlin Rajala

Mailing Address 23905 Clinton Keith Rd.

City Wildomar State CA Zip Code 92595

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

Name of Employer retired Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

**Transaction ID:** SA11AI.20634

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
James Ricketts

Mailing Address 2 Little Harbor Way

City Annapolis State MD Zip Code 21403

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

**Transaction ID:** SA11AI.20311

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1275.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 93  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

**A.** Full Name (Last, First, Middle Initial)  
christopher robert

Mailing Address 535 fox hill road

City State Zip Code  
bernardston MA 01337

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

Name of Employer Occupation  
new chapter,inc. sales management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

**Transaction ID:** SA11AI.20295

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
John Rose

Mailing Address 7261 Gold Creek Way

City State Zip Code  
San Jose CA 95120

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

Name of Employer Occupation  
Oracle engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

**Transaction ID:** SA11AI.19953

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Bradley Rowan

Mailing Address 1318 Morgan Circle

City State Zip Code  
Canonsburg PA 15317

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

Name of Employer Occupation  
Dell, Inc programmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

**Transaction ID:** SA11AI.21295

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **410.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Geral Sartwell	Date of Receipt MM / DD / YYYY 10 / 28 / 2010
	Mailing Address 4313 Baywood way	<b>Transaction ID:</b> SA11AI.19574
	City State Zip Code Sacramento CA 95864	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation N/A Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Schmucker	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 116 Deer Track Court	<b>Transaction ID:</b> SA11AI.20309
	City State Zip Code Warner Robins GA 31088	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation n/a Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Martin Silver	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 134 Hidden Ponds Cir	<b>Transaction ID:</b> SA11AI.21566
	City State Zip Code Smithtown NY 11787	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation na na	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	400.00
<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 43 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Emerson Snider		Date of Receipt
	Mailing Address 4200 Mary Walk		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Norcross	GA	30092
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.20950
Name of Employer Self		Occupation Consultant	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="25.00"/>
		<input type="text" value="295.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Emerson Snider		Date of Receipt
	Mailing Address 4200 Mary Walk		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Norcross	GA	30092
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.20528
Name of Employer Self		Occupation Consultant	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="20.00"/>
		<input type="text" value="315.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Emerson Snider		Date of Receipt
	Mailing Address 4200 Mary Walk		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Norcross	GA	30092
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.20306
Name of Employer Self		Occupation Consultant	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="25.00"/>
		<input type="text" value="340.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="70.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 93  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
Emerson Snider

Mailing Address 4200 Mary Walk

City Norcross State GA Zip Code 30092

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

Name of Employer Self Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 8 / 2 0 1 0

**Transaction ID:** SA11AI.19788

Amount of Each Receipt this Period  
 25.00

**B.**

Full Name (Last, First, Middle Initial)  
David Sondheimer

Mailing Address 28190 Hiwall Court

City Csatle Rock State CO Zip Code 80109

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

Name of Employer Self Occupation Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 7 / 2 0 1 0

**Transaction ID:** SA11AI.20926

Amount of Each Receipt this Period  
 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey Spragens

Mailing Address 7426 Fisher Island Dr.

City Fisher Island State FL Zip Code 33109

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

Name of Employer SafeStitch Medical Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** SA11AI.20421

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **525.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Terry Spragens	Date of Receipt MM / DD / YYYY 10 / 24 / 2010
	Mailing Address PO Box 03133314	<b>Transaction ID:</b> SA11AI.20404
	City State Zip Code Sioux Falls SD 57186	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer self Occupation businessman	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) JUANITA STEWART	Date of Receipt MM / DD / YYYY 10 / 19 / 2010
	Mailing Address 1390 Ranch House Dr	<b>Transaction ID:</b> SA11AI.20699
	City State Zip Code Fairview TX 75069	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer None Occupation retired	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b>	Full Name (Last, First, Middle Initial) JUANITA STEWART	Date of Receipt MM / DD / YYYY 10 / 19 / 2010
	Mailing Address 1390 Ranch House Dr	<b>Transaction ID:</b> SA11AI.20749
	City State Zip Code Fairview TX 75069	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer None Occupation retired	Aggregate Year-to-Date 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ruth Steyn	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 3356 Whippoorwill Ln	<b>Transaction ID:</b> SA11AI.20201
	City State Zip Code Oxford MS 38655	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired      Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00

<b>B.</b>	Full Name (Last, First, Middle Initial) robert stoutenburg	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 11610 bliven rd	<b>Transaction ID:</b> SA11AI.19540
	City State Zip Code bancroft MI 48414	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self      Occupation retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) George Strandmann	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 2402 Pemberton Pkwy	<b>Transaction ID:</b> SA11AI.20501
	City State Zip Code Austin TX 78703	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer none      Occupation none Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600.00
<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 47 / 93

(check only one)

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

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
Alexander Stuckey

Mailing Address 2302 NW Harvard Walk

City State Zip Code  
Bentonville AR 72712

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

Name of Employer Occupation  
none none

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

Date of Receipt

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

Transaction ID: SA11AI.20181

Amount of Each Receipt this Period

500.00
--------

**B.**

Full Name (Last, First, Middle Initial)  
Richard Sungaila

Mailing Address 1827 Port Stanhope Pl

City State Zip Code  
Newport Beach CA 92660

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

Name of Employer Occupation  
Self Employed Real Estate & Property Managmnt

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.20662

Amount of Each Receipt this Period

50.00
-------

**C.**

Full Name (Last, First, Middle Initial)  
Marilyn Taylor

Mailing Address 804 Tobaccoport Road

City State Zip Code  
Bumpus Mills TN 37028

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

Name of Employer Occupation  
NA Retired

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

Date of Receipt

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

Transaction ID: SA11AI.21449

Amount of Each Receipt this Period

250.00
--------

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

800.00
--------

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

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 93  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
Marilyn Taylor

Mailing Address 804 Tobaccoport Road

City State Zip Code  
Bumpus Mills TN 37028

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

Name of Employer NA Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

**Transaction ID:** SA11AI.21326

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
David Ter Horst

Mailing Address 220 Raintree Drive

City State Zip Code  
Zionsville IN 46077

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

Name of Employer TLF Inc Occupation Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

**Transaction ID:** SA11AI.20255

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Randy Thompson

Mailing Address 10204 Aurora Drive

City State Zip Code  
Fort Worth TX 76108

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

Name of Employer NA Occupation NA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

**Transaction ID:** SA11AI.20503

Amount of Each Receipt this Period  
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Lucia Uihlein		Date of Receipt MM / DD / YYYY 10 / 27 / 2010		
	Mailing Address 715 Lands End Drive		<b>Transaction ID:</b> SA11AI.19917		
	City Longboat Key	State FL	Zip Code 34228	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1550.00		
	Name of Employer None		Occupation homemaker		

<b>B.</b>	Full Name (Last, First, Middle Initial) Bart Valls		Date of Receipt MM / DD / YYYY 10 / 19 / 2010		
	Mailing Address 4370 E. Perry Pkwy.		<b>Transaction ID:</b> SA11AI.20681		
	City Greenwood Village	State CO	Zip Code 80121	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
	Name of Employer Self		Occupation Investor		

<b>C.</b>	Full Name (Last, First, Middle Initial) Sharon Waite		Date of Receipt MM / DD / YYYY 10 / 29 / 2010		
	Mailing Address 8301 w Business HWY 83		<b>Transaction ID:</b> SA11AI.19521		
	City Mission	State TX	Zip Code 78572	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00		
	Name of Employer self employed		Occupation agriculture		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	800.00
<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 50 / 93  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
George Webb

Mailing Address 129 Bell Pt.

City State Zip Code  
Sneads Ferry NC 28460

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

Name of Employer Snoopy's Hot Dogs Occupation manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** SA11AI.21312

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Howard Weiss

Mailing Address 8355 Lakeside Dr

City State Zip Code  
Reno NV 89511

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

Name of Employer NA Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** SA11AI.20487

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
larry welch

Mailing Address po box 545

City State Zip Code  
clark fork ID 83811

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

Name of Employer retired Occupation pilot

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

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

**Transaction ID:** SA11AI.21091

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 275.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) larry welch		Date of Receipt
	Mailing Address po box 545		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	clark fork	ID	83811
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.20907
	Amount of Each Receipt this Period		<input type="text"/> 50.00
Name of Employer retired		Occupation pilot	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 525.00

<b>B.</b>	Full Name (Last, First, Middle Initial) larry welch		Date of Receipt
	Mailing Address po box 545		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	clark fork	ID	83811
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.20551
	Amount of Each Receipt this Period		<input type="text"/> 100.00
Name of Employer retired		Occupation pilot	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 625.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Clare Wentworth		Date of Receipt
	Mailing Address 4113 Santa Fe Trail		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Dryden	MI	48428
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.20881
	Amount of Each Receipt this Period		<input type="text"/> 50.00
Name of Employer Thor Industries		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 350.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 200.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ronald Wilfer		Date of Receipt	
	Mailing Address 5599 Chena Hot Springs Rd		M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.19599
	Fairbanks	AK	99712	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer Burn Right Products, LLC		Occupation Business owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Aleta Marie Winterling		Date of Receipt	
	Mailing Address 5470 Robin Cir		M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.21601
	Yorba Linda	CA	92866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		100.00	
Name of Employer NA		Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Aleta Marie Winterling		Date of Receipt	
	Mailing Address 5470 Robin Cir		M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.21602
	Yorba Linda	CA	92866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		100.00	
Name of Employer NA		Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

**A.** Full Name (Last, First, Middle Initial)  
Aleta Marie Winterling

Mailing Address 5470 Robin Cir

City State Zip Code  
Yorba Linda CA 92866

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

Name of Employer NA Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 02 / 2010  
Transaction ID: SA11AI.21607  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Paul Wittke

Mailing Address 935 Highland Point Dr.

City State Zip Code  
Knoxville TN 37919

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

Name of Employer Eye Care Centers, PLLC Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 10 / 21 / 2010  
Transaction ID: SA11AI.20519  
Amount of Each Receipt this Period: 25.00

**C.** Full Name (Last, First, Middle Initial)  
Andrew Woodgeard

Mailing Address 2061 E County Line Rd

City State Zip Code  
Springfield OH 45502

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

Name of Employer N/A Occupation N/A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 19 / 2010  
Transaction ID: SA11AI.20781  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 375.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 93  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

**A.** Full Name (Last, First, Middle Initial)  
David Youberg

Mailing Address 215 S. 10th st.

City State Zip Code  
Sac City IA 50583

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

Name of Employer self Occupation Retired Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 14 / 2010  
Transaction ID: SA11AI.21283  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Rexford Young

Mailing Address 303 Old Lakeshore Rd #H-4

City State Zip Code  
Gilford NH 03249

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

Name of Employer NA Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 15 / 2010  
Transaction ID: SA11AI.21632  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Shawn Younger

Mailing Address 1276 N. Wayne Street #200

City State Zip Code  
Arlington VA 22201

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

Name of Employer Convergencz Occupation Developer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 26 / 2010  
Transaction ID: SA11AI.20271  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 55 / 93	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel Zucchi		Date of Receipt	
	Mailing Address 161 Locust Rd		M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.21309
	Briarcliff Manor	NY	10510	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		100.00	
Name of Employer self		Occupation		
		Media, Marketing, Communications		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		225.00		
<input type="checkbox"/> Other (specify) ▼				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	28904.25

# SCHEDULE 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)  
WESTERN REPRESENTATION PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kurt Azaroff</p> <p>Mailing Address 1288 Fairhill Ln NE</p> <p>City ATLANTA State GA Zip Code 30319</p> <p>Purpose of Disbursement Contract services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.19405</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Best Buy</p> <p>Mailing Address #1014</p> <p>City Sparks State NV Zip Code 89436</p> <p>Purpose of Disbursement Video equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.19372</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1344.38"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Blue Swarm LLC</p> <p>Mailing Address 70 Broadway</p> <p>City Westford State MA Zip Code 01886</p> <p>Purpose of Disbursement Web donation collection fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.21745</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5304.53"/></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 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)  
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Charity Call LLC	Transaction ID: SB21B.19350 Date of Disbursement
	Mailing Address 6204 W Utica St	<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Broken Arrow State OK Zip Code 74011	Amount of Each Disbursement this Period
	Purpose of Disbursement Web donation service Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="003"/> Category/ Type

B.	Full Name (Last, First, Middle Initial) Clifton Yin	Transaction ID: SB21B.19348 Date of Disbursement
	Mailing Address 1410 North Quinn Street, #1	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Arlington State VA Zip Code 22209	Amount of Each Disbursement this Period
	Purpose of Disbursement Contract services Candidate Name	<input type="text" value="600.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="001"/> Category/ Type

C.	Full Name (Last, First, Middle Initial) Continental Airlines	Transaction ID: SB21B.19368 Date of Disbursement
	Mailing Address P.O. Box 4607	<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City Houston State TX Zip Code 77210	Amount of Each Disbursement this Period
	Purpose of Disbursement Airline ticket Candidate Name	<input type="text" value="475.40"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="002"/> Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2075.40"/>
<b>TOTAL</b> 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 58 / 93

<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)  
WESTERN REPRESENTATION PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Continental Airlines <hr/> Mailing Address P.O. Box 4607 <hr/> City Houston State TX Zip Code 77210 <hr/> Purpose of Disbursement airline ticket Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.19402 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 525.30
	Category/ Type 002
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>B.</b> Full Name (Last, First, Middle Initial) Days Inn <hr/> Mailing Address 4621 Shelbyville Road <hr/> City Louisville State KY Zip Code 40208 <hr/> Purpose of Disbursement Hotel room Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.19355 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 293.08
	Category/ Type 002
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>C.</b> Full Name (Last, First, Middle Initial) FedEx <hr/> Mailing Address 3690 Research Way <hr/> City Carson City State NV Zip Code 89706 <hr/> Purpose of Disbursement Banner Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.19361 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 167.65
	Category/ Type 004
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	986.03
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE 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)  
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: SB21B.19373 Date of Disbursement
	Mailing Address 3690 Research Way	<input type="text" value="10"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Carson City State NV Zip Code 89706	Amount of Each Disbursement this Period
	Purpose of Disbursement postage	<input type="text" value="32.35"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: SB21B.19386 Date of Disbursement
	Mailing Address 3690 Research Way	<input type="text" value="10"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Carson City State NV Zip Code 89706	Amount of Each Disbursement this Period
	Purpose of Disbursement postage	<input type="text" value="24.76"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: SB21B.19394 Date of Disbursement
	Mailing Address 3690 Research Way	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Carson City State NV Zip Code 89706	Amount of Each Disbursement this Period
	Purpose of Disbursement postage	<input type="text" value="24.76"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="81.87"/>
<b>TOTAL</b> 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 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)  
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: SB21B.19395 Date of Disbursement
	Mailing Address 3690 Research Way	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Carson City State NV Zip Code 89706	Amount of Each Disbursement this Period
	Purpose of Disbursement postage	<input type="text" value="25.63"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: SB21B.19396 Date of Disbursement
	Mailing Address 3690 Research Way	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Carson City State NV Zip Code 89706	Amount of Each Disbursement this Period
	Purpose of Disbursement postage	<input type="text" value="25.63"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: SB21B.19397 Date of Disbursement
	Mailing Address 3690 Research Way	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Carson City State NV Zip Code 89706	Amount of Each Disbursement this Period
	Purpose of Disbursement postage	<input type="text" value="28.33"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="79.59"/>
<b>TOTAL</b> 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 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)  
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) FedEx  Mailing Address 3690 Research Way  City Carson City State NV Zip Code 89706  Purpose of Disbursement postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.19399 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 1 0	Amount of Each Disbursement this Period  27.46
B.	Full Name (Last, First, Middle Initial) FedEx  Mailing Address 3690 Research Way  City Carson City State NV Zip Code 89706  Purpose of Disbursement postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.19400 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 1 0	Amount of Each Disbursement this Period  28.33
C.	Full Name (Last, First, Middle Initial) Innovative Networks Inc  Mailing Address 1811 Newman Pl  City Carson City State NV Zip Code 89703  Purpose of Disbursement Website hosting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.19392 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 1 0	Amount of Each Disbursement this Period  326.85

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>382.64</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)

PAGE 62 / 93

<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)  
WESTERN REPRESENTATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Innovative Networks Inc <hr/> Mailing Address 1811 Newman Pl <hr/> City Carson City State NV Zip Code 89703 <hr/> Purpose of Disbursement website hosting and support Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">001</span> Category/Type <hr/> 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:	Transaction ID: SB21B.19418 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      1 1 / 2 1 / 2 0 1 0                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">750.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) Paul Jackson <hr/> Mailing Address 3870 Royer ct. <hr/> City Reno State NV Zip Code 89509 <hr/> Purpose of Disbursement Contract services Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">001</span> Category/Type <hr/> 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:	Transaction ID: SB21B.19362 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      1 0 / 1 7 / 2 0 1 0                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">1000.00</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) Nick Kump <hr/> Mailing Address 2806 Normington Drive <hr/> City Sacramento State CA Zip Code 95833 <hr/> Purpose of Disbursement Contract services Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">001</span> Category/Type <hr/> 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:	Transaction ID: SB21B.19407 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      1 1 / 0 1 / 2 0 1 0                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">450.00</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div style="border: 1px solid black; padding: 2px;">2200.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

# SCHEDULE 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)  
WESTERN REPRESENTATION PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ace McClellan</p> <p>Mailing Address 424 Sheep Camp Dr.</p> <p>City Dayton State NV Zip Code 89403</p> <p>Purpose of Disbursement Contract services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.19390</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">490.00</p> <p style="text-align: center;"><b>001</b> Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paramount Communications Group</p> <p>Mailing Address 525-K East Market St #114</p> <p>City Leesburg State VA Zip Code 20176</p> <p>Purpose of Disbursement Email service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.19389</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">3082.67</p> <p style="text-align: center;"><b>003</b> Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paramount Communications Group</p> <p>Mailing Address 525-K East Market St #114</p> <p>City Leesburg State VA Zip Code 20176</p> <p>Purpose of Disbursement Email service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.19346</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">3848.79</p> <p style="text-align: center;"><b>003</b> Category/ Type</p>

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

7421.46

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
WESTERN REPRESENTATION PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) PayPal</p> <p>Mailing Address 2211 N. First Street</p> <p>City San Jose State CA Zip Code 95131</p> <p>Purpose of Disbursement Web donation collection fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.21746</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="695.52"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bryan Shroyer</p> <p>Mailing Address 2806 Normington Drive</p> <p>City Sacramento State CA Zip Code 95833</p> <p>Purpose of Disbursement per diem</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.19375</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="600.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bryan Shroyer</p> <p>Mailing Address 2806 Normington Drive</p> <p>City Sacramento State CA Zip Code 95833</p> <p>Purpose of Disbursement Contract services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.19404</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3500.00"/></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 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)  
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: SB21B.19370 Date of Disbursement
	Mailing Address P.O. Box 36647 - 1CR	<input type="text" value="10"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Dallas State TX Zip Code 75235	Amount of Each Disbursement this Period
	Purpose of Disbursement Airline ticket	<input type="text" value="497.10"/>
	Candidate Name	<input type="text" value="002"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: SB21B.19388 Date of Disbursement
	Mailing Address P.O. Box 36647 - 1CR	<input type="text" value="10"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Dallas State TX Zip Code 75235	Amount of Each Disbursement this Period
	Purpose of Disbursement Airline ticket	<input type="text" value="178.70"/>
	Candidate Name	<input type="text" value="002"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: SB21B.19398 Date of Disbursement
	Mailing Address P.O. Box 36647 - 1CR	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Dallas State TX Zip Code 75235	Amount of Each Disbursement this Period
	Purpose of Disbursement Airline ticket	<input type="text" value="851.10"/>
	Candidate Name	<input type="text" value="002"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1526.90"/>
<b>TOTAL</b> 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)

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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)  
WESTERN REPRESENTATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Southwest Airlines  Mailing Address P.O. Box 36647 - 1CR  City Dallas State TX Zip Code 75235  Purpose of Disbursement airline ticket Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.19401 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 1 0	Amount of Each Disbursement this Period  433.40
<b>B.</b>	Full Name (Last, First, Middle Initial) Dustin Stockton  Mailing Address 5549 Knoll View Way  City Sparks State NV Zip Code 89436  Purpose of Disbursement per diem Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.19360 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period  400.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Dustin Stockton  Mailing Address 5549 Knoll View Way  City Sparks State NV Zip Code 89436  Purpose of Disbursement Salary Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.19411 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	Amount of Each Disbursement this Period  1500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2333.40</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)  
WESTERN REPRESENTATION PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dustin Stockton</p> <p>Mailing Address 5549 Knoll View Way</p> <p>City Sparks State NV Zip Code 89436</p> <p>Purpose of Disbursement travel expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.19409</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Dustin Stockton</p> <p>Mailing Address 5549 Knoll View Way</p> <p>City Sparks State NV Zip Code 89436</p> <p>Purpose of Disbursement travel per diem</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.19347</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Thrifty Car Rental</p> <p>Mailing Address 2805 Taylorsville Road</p> <p>City Louisville State KY Zip Code 40205</p> <p>Purpose of Disbursement Car rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.19358</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="368.12"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2868.12"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></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 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)  
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Tristate Odyssey	Transaction ID: SB21B.19378
	Mailing Address 1817 N Stewart St	Date of Disbursement 10 / 20 / 2010
	City Carson City State NV Zip Code 89706	Amount of Each Disbursement this Period 12217.57
	Purpose of Disbursement Staffing service Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Tristate Odyssey	Transaction ID: SB21B.19414
	Mailing Address 1817 N Stewart St	Date of Disbursement 11 / 03 / 2010
	City Carson City State NV Zip Code 89706	Amount of Each Disbursement this Period 3481.02
	Purpose of Disbursement staffing services Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Tristate Odyssey	Transaction ID: SB21B.19345
	Mailing Address 1817 N Stewart St	Date of Disbursement 11 / 18 / 2010
	City Carson City State NV Zip Code 89706	Amount of Each Disbursement this Period 8472.78
	Purpose of Disbursement Staffing Service Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

24171.37

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
WESTERN REPRESENTATION PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Trump Las Vegas</p> <p>Mailing Address 2000 N Fashion Show Dr</p> <p>City Las Vegas State NV Zip Code 89109</p> <p>Purpose of Disbursement Hotel rooms for election return function</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.19412 <b>Date of Disbursement</b> 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1325.08</p> <p>002 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 4000 E. Sky Harbor Blvd.</p> <p>City Phoenix State AZ Zip Code 85034</p> <p>Purpose of Disbursement Airline ticket</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.19364 <b>Date of Disbursement</b> 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 335.40</p> <p>002 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 4000 E. Sky Harbor Blvd.</p> <p>City Phoenix State AZ Zip Code 85034</p> <p>Purpose of Disbursement Airline ticket</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.19374 <b>Date of Disbursement</b> 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 190.00</p> <p>002 Category/ Type</p>

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

1850.48

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

59421.69

**SCHEDULE 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)  
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) SEAN D BIELAT	Transaction ID: SB23.19300 Date of Disbursement
	Mailing Address 22 JAMES ST #4	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Brookline State MA Zip Code 02446	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="2500.00"/>
	Candidate Name SEAN D BIELAT	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WILLIAM JOHN JR HUDAK	Transaction ID: SB23.19270 Date of Disbursement
	Mailing Address 165 HERRICK ROAD	<input type="text" value="10"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City BOXFORD State MA Zip Code 01921	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value=""/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MARTIN A LAMB	Transaction ID: SB23.19269 Date of Disbursement
	Mailing Address 57 WINGATE ROAD	<input type="text" value="10"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City HOLLISTON State MA Zip Code 01746	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="2000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="7000.00"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 71 / 93

<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

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)  
WESTERN REPRESENTATION PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Lee Holmes Mailing Address 530 W. O'Brien Dr. City Hagatna State GU Zip Code 96910 Purpose of Disbursement Refund of excess contributions Candidate Name	Transaction ID: SB28A.19377 Date of Disbursement 10 / 19 / 2010 Amount of Each Disbursement this Period 2500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Allen Simon Mailing Address 1383 N Criss St City Chandler State AZ Zip Code 85226 Purpose of Disbursement Refund of excess contribution Candidate Name	Transaction ID: SB28A.21744 Date of Disbursement 11 / 06 / 2010 Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	3500.00

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
99.1 FM Talk

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Mailing Address  
1960 Idaho St

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City Carson City	State NV	Zip Code 89701
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Purpose of Expenditure radio ad	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>
------------------------------------	---

---

Name of Federal Candidate supported or Opposed by expenditure:  
SHARRON E ANGLE

---

Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">128516.85</span>
---	---

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

---

Amount  
2200.00

---

**Transaction ID:** SE.19324

Office Sought:  House State: NV  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
99.1 FM Talk

---

Mailing Address  
1960 Idaho St

---

City Carson City	State NV	Zip Code 89701
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---

Purpose of Expenditure Radio ad	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>
------------------------------------	---

---

Name of Federal Candidate supported or Opposed by expenditure:  
SHARRON E ANGLE

---

Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">134829.15</span>
---	---

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

---

Amount  
1075.00

---

**Transaction ID:** SE.19343

Office Sought:  House State: NV  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;">3275.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton  
Signature

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

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
AM 580 WTAG

---

Mailing Address  
96 Stereo Lane

---

City Paxton	State MA	Zip Code 01612
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Purpose of Expenditure Radio ad	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:  
JIM MCGOVERN

---

Calendar Year-To-Date Per Election for Office Sought	2835.00
---	---------

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

Amount  
1890.00

Transaction ID: SE.16709

Office Sought:  House State: MA  
 Senate District: 03  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
AM 580 WTAG

---

Mailing Address  
96 Stereo Lane

---

City Paxton	State MA	Zip Code 01612
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Purpose of Expenditure radio ad	Category/ Type 004
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---

Name of Federal Candidate supported or Opposed by expenditure:  
JIM MCGOVERN

---

Calendar Year-To-Date Per Election for Office Sought	8818.25
---	---------

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

Amount  
1575.00

Transaction ID: SE.19316

Office Sought:  House State: MA  
 Senate District: 03  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	3465.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton  
Signature

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

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
AM 830 WCRN

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Mailing Address  
82 Franklin Street

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City Worcester	State MA	Zip Code 01608
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Purpose of Expenditure Radio ad	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:  
JIM MCGOVERN

---

Calendar Year-To-Date Per Election for Office Sought	945.00
---	--------

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

Amount  
945.00

Transaction ID: SE.16708

Office Sought:  House State: MA  
 Senate District: 03  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
AM 830 WCRN

---

Mailing Address  
82 Franklin Street

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City Worcester	State MA	Zip Code 01608
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Purpose of Expenditure Credit for ads not run	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:  
JIM MCGOVERN

---

Calendar Year-To-Date Per Election for Office Sought	4557.00
---	---------

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

Amount  
-105.00

Transaction ID: SE.19381

Office Sought:  House State: MA  
 Senate District: 03  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	840.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton  
Signature

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

B. Form/Schedule : **SE**

Original ad buy on 10/18 for \$945.00. Due to lack of airtime, station billed \$840.00

Transaction ID : **SE.19381**

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
AM 830 WCRN

---

Mailing Address  
82 Franklin Street

---

City Worcester	State MA	Zip Code 01608
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Purpose of Expenditure radio ad	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:  
JIM MCGOVERN

---

Calendar Year-To-Date Per Election for Office Sought	6354.25
---	---------

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

Amount  
1400.00

Transaction ID: SE.19314

Office Sought:  House State: MA  
 Senate District: 03  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
CBS Radio - NEWSRADIO 840 KXNT

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Mailing Address  
6655 W. Sahara Ave. Suite D-110

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City Las Vegas	State NV	Zip Code 89146
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Purpose of Expenditure radio as	Category/ Type 004
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---

Name of Federal Candidate supported or Opposed by expenditure:  
SHARRON E ANGLE

---

Calendar Year-To-Date Per Election for Office Sought	101200.60
---	-----------

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

Amount  
600.00

Transaction ID: SE.15601

Office Sought:  House State: NV  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	2000.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton  
Signature

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

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
CBS Radio - NEWSRADIO 840 KXNT

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Mailing Address  
6655 W. Sahara Ave. Suite D-110

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City Las Vegas	State NV	Zip Code 89146
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Purpose of Expenditure Web banner ad	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:  
SHARRON E ANGLE

---

Calendar Year-To-Date Per Election for Office Sought	104250.60
---	-----------

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

Amount  
2000.00

Transaction ID: SE.15602

Office Sought:  House State: NV  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
CBS Radio - NEWSRADIO 840 KXNT

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Mailing Address  
6655 W. Sahara Ave. Suite D-110

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City Las Vegas	State NV	Zip Code 89146
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Purpose of Expenditure radio ad	Category/ Type 004
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---

Name of Federal Candidate supported or Opposed by expenditure:  
SHARRON E ANGLE

---

Calendar Year-To-Date Per Election for Office Sought	121380.60
---	-----------

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

Amount  
2130.00

Transaction ID: SE.16441

Office Sought:  House State: NV  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	4130.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton  
Signature

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

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
CBS Radio - NEWSRADIO 840 KXNT

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Mailing Address  
6655 W. Sahara Ave. Suite D-110

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City Las Vegas	State NV	Zip Code 89146
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Purpose of Expenditure radio ad	Category/ Type 004
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---

Name of Federal Candidate supported or Opposed by expenditure:  
SHARRON E ANGLE

---

Calendar Year-To-Date Per Election for Office Sought	124186.85
---	-----------

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

---

Amount  
1800.00

Transaction ID: SE.19265

---

Office Sought:  House State: NV  
 Senate District: 00  
 Presidential

---

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
CBS Radio - NEWSRADIO 840 KXNT

---

Mailing Address  
6655 W. Sahara Ave. Suite D-110

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City Las Vegas	State NV	Zip Code 89146
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---

Purpose of Expenditure radio ad	Category/ Type 004
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---

Name of Federal Candidate supported or Opposed by expenditure:  
SHARRON E ANGLE

---

Calendar Year-To-Date Per Election for Office Sought	126316.85
---	-----------

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

---

Amount  
2130.00

Transaction ID: SE.19310

---

Office Sought:  House State: NV  
 Senate District: 00  
 Presidential

---

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	3930.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton  
Signature

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

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
CBS Radio - NEWSRADIO 840 KXNT

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Mailing Address  
6655 W. Sahara Ave. Suite D-110

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City Las Vegas	State NV	Zip Code 89146
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Purpose of Expenditure radio ad	Category/ Type 004
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---

Name of Federal Candidate supported or Opposed by expenditure:  
SHARRON E ANGLE

---

Calendar Year-To-Date Per Election for Office Sought	130316.85
---	-----------

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

---

Amount  
1800.00

---

Transaction ID: SE.19302

Office Sought:  House State: NV  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
CBS Radio - NEWSRADIO 840 KXNT

---

Mailing Address  
6655 W. Sahara Ave. Suite D-110

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City Las Vegas	State NV	Zip Code 89146
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---

Purpose of Expenditure radio ad	Category/ Type 004
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---

Name of Federal Candidate supported or Opposed by expenditure:  
SHARRON E ANGLE

---

Calendar Year-To-Date Per Election for Office Sought	132116.85
---	-----------

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

---

Amount  
1800.00

---

Transaction ID: SE.19339

Office Sought:  House State: NV  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	3600.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton  
Signature

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

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
CBS Radio - NEWSRADIO 840 KXNT

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

Mailing Address  
6655 W. Sahara Ave. Suite D-110

Amount  
1445.00

City State Zip Code  
Las Vegas NV 89146

Transaction ID: SE.19353  
Office Sought:  House State: NV  
 Senate District: 00  
 Presidential

Purpose of Expenditure Category/Type  
Radio ad 004

Name of Federal Candidate supported or Opposed by expenditure:  
SHARRON E ANGLE

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
133561.85

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Citadel Broadcasting

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

Mailing Address  
595 East Plumb Lane

Amount  
1050.00

City State Zip Code  
Reno NV 89502

Transaction ID: SE.15604  
Office Sought:  House State: NV  
 Senate District: 00  
 Presidential

Purpose of Expenditure Category/Type  
radio ad 004

Name of Federal Candidate supported or Opposed by expenditure:  
SHARRON E ANGLE

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
102250.60

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	2495.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton  
Signature

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

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Eagle Interactive

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Mailing Address  
1 Massachusetts Ave NW

---

City Washington	State DC	Zip Code 20001
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---

Purpose of Expenditure support email	Category/ Type 003
---	--------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
BARNEY FRANK

---

Calendar Year-To-Date Per Election for Office Sought	29201.18
---	----------

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

---

Amount  
3960.00

**Transaction ID:** SE.19274

---

Office Sought:  House State: MA  
 Senate District: 04  
 Presidential

---

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Facebook

---

Mailing Address  
1601 South California Avenue

---

City Palo Alto	State CA	Zip Code 94304
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---

Purpose of Expenditure ad	Category/ Type 004
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---

Name of Federal Candidate supported or Opposed by expenditure:  
BARNEY FRANK

---

Calendar Year-To-Date Per Election for Office Sought	49451.18
---	----------

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

---

Amount  
250.00

**Transaction ID:** SE.19287

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Office Sought:  House State: MA  
 Senate District: 04  
 Presidential

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Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	4210.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton  
Signature

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

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Facebook

---

Mailing Address  
1601 South California Avenue

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City Palo Alto	State CA	Zip Code 94304
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Purpose of Expenditure ad	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:  
BARNEY FRANK

---

Calendar Year-To-Date Per Election for Office Sought	49701.18
---	----------

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

---

Amount  
250.00

**Transaction ID:** SE.19288

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Office Sought:  House State: MA  
 Senate District: 04  
 Presidential

---

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Facebook

---

Mailing Address  
1601 South California Avenue

---

City Palo Alto	State CA	Zip Code 94304
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Purpose of Expenditure ad	Category/ Type 004
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---

Name of Federal Candidate supported or Opposed by expenditure:  
BARNEY FRANK

---

Calendar Year-To-Date Per Election for Office Sought	50690.01
---	----------

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

---

Amount  
988.83

**Transaction ID:** SE.19289

---

Office Sought:  House State: MA  
 Senate District: 04  
 Presidential

---

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	1238.83
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton  
Signature

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

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Facebook

---

Mailing Address  
1601 South California Avenue

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City Palo Alto	State CA	Zip Code 94304
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Purpose of Expenditure ad	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:  
BARNEY FRANK

---

Calendar Year-To-Date Per Election for Office Sought	51190.01
---	----------

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

Amount  
500.00

Transaction ID: SE.19290

Office Sought:  House State: MA  
 Senate District: 04  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Facebook

---

Mailing Address  
1601 South California Avenue

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City Palo Alto	State CA	Zip Code 94304
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Purpose of Expenditure Web ad	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:  
SHARRON E ANGLE

---

Calendar Year-To-Date Per Election for Office Sought	133754.15
---	-----------

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

Amount  
192.30

Transaction ID: SE.19354

Office Sought:  House State: NV  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	692.30
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton  
Signature

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

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
KDOX-AM

---

Mailing Address  
150 Spectrum Blvd

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City Las Vegas	State NV	Zip Code 89101
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Purpose of Expenditure Radio ad	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:  
SHARRON E ANGLE

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Calendar Year-To-Date Per Election for Office Sought	122386.85
---	-----------

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

Amount  
1006.25

Transaction ID: SE.19256

Office Sought:  House State: NV  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Michael Nystrom

---

Mailing Address  
93A Fairmont Street

---

City Arlington	State MA	Zip Code 02474
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Purpose of Expenditure Ad creation	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:  
BARNEY FRANK

---

Calendar Year-To-Date Per Election for Office Sought	31701.18
---	----------

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

Amount  
2500.00

Transaction ID: SE.19276

Office Sought:  House State: MA  
 Senate District: 04  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	3506.25
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton  
Signature

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

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Reno Radio Representatives LLC

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Mailing Address  
961 Matley Ln Ste. 120

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City Reno	State NV	Zip Code 89502
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Purpose of Expenditure Radio ad	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:  
SHARRON E ANGLE

---

Calendar Year-To-Date Per Election for Office Sought	135529.15
---	-----------

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

Amount  
700.00

Transaction ID: SE.19344

Office Sought:  House State: NV  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Rush Radio 1200 (WXKS-AM)

---

Mailing Address  
10 Cabot Road Suite 302

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City Medford	State MA	Zip Code 02155
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Purpose of Expenditure Radio ad	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:  
JIM MCGOVERN

---

Calendar Year-To-Date Per Election for Office Sought	4662.00
---	---------

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

Amount  
1827.00

Transaction ID: SE.16710

Office Sought:  House State: MA  
 Senate District: 03  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	2527.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton  
Signature

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

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Rush Radio 1200 (WXKS-AM)

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

Mailing Address  
10 Cabot Road Suite 302

Amount  
397.25

City State Zip Code  
Medford MA 02155

Transaction ID: SE.19383  
Office Sought:  House State: MA  
 Senate District: 03  
 Presidential

Purpose of Expenditure Category/Type  
Radio ad 004

Name of Federal Candidate supported or Opposed by expenditure:  
JIM MCGOVERN

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
4954.25

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Rush Radio 1200 (WXKS-AM)

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

Mailing Address  
10 Cabot Road Suite 302

Amount  
889.00

City State Zip Code  
Medford MA 02155

Transaction ID: SE.19315  
Office Sought:  House State: MA  
 Senate District: 03  
 Presidential

Purpose of Expenditure Category/Type  
radio ad 004

Name of Federal Candidate supported or Opposed by expenditure:  
JIM MCGOVERN

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
7243.25

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	1286.25
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton  
Signature

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

A. Form/Schedule : **SE**  
Transaction ID : **SE.19383**

Original expenditure reported on 10/18/2010 as \$1827.00. Station billed a total of \$2224.25 due to a mistake in the cut off date of the ad causing the ad to run an additional day. I was not aware of the discrepancy until seeing the actual billing statement.

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Rush Radio 1200 (WXKS-AM)

Mailing Address  
10 Cabot Road Suite 302

City Medford	State MA	Zip Code 02155
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Purpose of Expenditure radio ad	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:  
JIM MCGOVERN

Calendar Year-To-Date Per Election for Office Sought	9427.25
---	---------

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

Amount  
609.00

Transaction ID: SE.19319

Office Sought:  House State: MA  
 Senate District: 03  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Rush Radio 1200 (WXKS-AM)

Mailing Address  
10 Cabot Road Suite 302

City Medford	State MA	Zip Code 02155
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Purpose of Expenditure radio ad	Category/ Type 004
------------------------------------	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:  
JIM MCGOVERN

Calendar Year-To-Date Per Election for Office Sought	11205.25
---	----------

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

Amount  
1778.00

Transaction ID: SE.19297

Office Sought:  House State: MA  
 Senate District: 03  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	2387.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton  
Signature

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

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Spirit of Alaska Broadcasting

---

Mailing Address  
220 E. Parks Hwy

---

City Wasilla	State AK	Zip Code 99654
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Purpose of Expenditure radio ad	Category/ Type 004
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---

Name of Federal Candidate supported or Opposed by expenditure:  
JOSEPH W MILLER

---

Calendar Year-To-Date Per Election for Office Sought	3226.85
---	---------

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

Amount  
0.00

Transaction ID: SE.8610

Office Sought:  House State: AK  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Townhall.com

---

Mailing Address  
402 BNA Dr. Suite 400

---

City Nashville	State TN	Zip Code 37217
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Purpose of Expenditure support email	Category/ Type 003
---	--------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
SHARRON E ANGLE

---

Calendar Year-To-Date Per Election for Office Sought	119250.60
---	-----------

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

Amount  
15000.00

Transaction ID: SE.15603

Office Sought:  House State: NV  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	15000.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton  
Signature

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

A. Form/Schedule : **SE**

Entry error filed on F24 which could not be deleted

Transaction ID : **SE.8610**

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Townhall.com

---

Mailing Address  
402 BNA Dr. Suite 400

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City Nashville	State TN	Zip Code 37217
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---

Purpose of Expenditure support email	Category/ Type 003
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---

Name of Federal Candidate supported or Opposed by expenditure:  
SHARRON E ANGLE

---

Calendar Year-To-Date Per Election for Office Sought	136380.60
---	-----------

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

Amount  
15000.00

Transaction ID: SE.19261

Office Sought:  House State: NV  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Townhall.com

---

Mailing Address  
402 BNA Dr. Suite 400

---

City Nashville	State TN	Zip Code 37217
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Purpose of Expenditure email support ad cancelled	Category/ Type 003
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---

Name of Federal Candidate supported or Opposed by expenditure:  
SHARRON E ANGLE

---

Calendar Year-To-Date Per Election for Office Sought	121380.60
---	-----------

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

Amount  
-15000.00

Transaction ID: SE.19337

Office Sought:  House State: NV  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton  
Signature

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

B. Form/Schedule : **SE**

Support email cancelled due to lack of availability

Transaction ID : **SE.19337**

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Townhall.com

---

Mailing Address  
402 BNA Dr. Suite 400

---

City Nashville	State TN	Zip Code 37217
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---

Purpose of Expenditure support email	Category/ Type 003
---	--------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
BARNEY FRANK

---

Calendar Year-To-Date Per Election for Office Sought	46701.18
---	----------

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

Amount  
15000.00

Transaction ID: SE.19278

Office Sought:  House State: MA  
 Senate District: 04  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Trevor Lyman

---

Mailing Address  
504 S Armenia Ave Unit 1335

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City Tampa	State FL	Zip Code 33609
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Purpose of Expenditure ad creation	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:  
BARNEY FRANK

---

Calendar Year-To-Date Per Election for Office Sought	49201.18
---	----------

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

Amount  
2500.00

Transaction ID: SE.19279

Office Sought:  House State: MA  
 Senate District: 04  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	17500.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	.....
(c) TOTAL Independent Expenditures .....	72082.63

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton  
Signature

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