

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

ADDRESS (number and street) 7575 E FULTON ROAD
Attn: Scott Smoes 56-3S
 Check if different than previously reported. (ACC)
ADA MI 49355

2. **FEC IDENTIFICATION NUMBER** C00034884
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2010 through 09 30 2010

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

Type or Print Name of Treasurer Scott E Smoes

Signature of Treasurer Electronically Filed by Scott E Smoes Date 10 11 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		5509.02
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	66525.36									
(c) Total Receipts (from Line 19)	32171.34	97187.68								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	98696.70	102696.70								
7. Total Disbursements (from Line 31)	76500.00	80500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22196.70	22196.70								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

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)	31965.35	96616.84
(ii) Unitemized	205.99	570.84
(iii) TOTAL (add Lines 11(a)(i) and (ii)	32171.34	97187.68
(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)	32171.34	97187.68
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	32171.34	97187.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	32171.34	97187.68

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	76500.00	80500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	76500.00	80500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76500.00	80500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	32171.34	97187.68
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32171.34	97187.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

A. Full Name (Last, First, Middle Initial)
Dirk C. Bloemendaal

Mailing Address 7575 Fulton Street East

City State Zip Code
Ada MI 49355

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

Name of Employer Alticor Occupation Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.4766

Amount of Each Receipt this Period
180.00

B. Full Name (Last, First, Middle Initial)
Douglas L. DeVos

Mailing Address 126 Ottawa Ave. NW
500 Grand Bank Bldg

City State Zip Code
Grand Rapids MI 49503

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

Name of Employer Alticor Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.4779

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Maria P. DeVos

Mailing Address 126 Ottawa Ave. NW
500 Grand Bank Bldg

City State Zip Code
Grand Rapids MI 49503

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

Name of Employer Alticor Occupation Board Member

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.4780

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► 10180.00

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 7 / 27
	<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)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

A.	Full Name (Last, First, Middle Initial) Jay Ertl		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 7181 McCords Ave SE		Transaction ID: SA11AI.4788		
	City Alto	State MI	Zip Code 49302	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Alticor	Occupation VP - Product Supply			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Russell Evans		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 7575 Fulton Street East		Transaction ID: SA11AI.4774		
	City Ada	State MI	Zip Code 49355	Amount of Each Receipt this Period 76.92	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Alticor Inc	Occupation Exec VP & CFO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 769.20			

C.	Full Name (Last, First, Middle Initial) Robert W. Hamilton		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 7575 Fulton Street East		Transaction ID: SA11AI.4765		
	City Ada	State MI	Zip Code 49355	Amount of Each Receipt this Period 173.07	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Alticor	Occupation Industry Relations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 346.14			

SUBTOTAL of Receipts This Page (optional)	▶	1249.99
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 8 / 27
	<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)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

A.	Full Name (Last, First, Middle Initial) Richard N. Holwill	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 624 Maryland Ave. NE #3	Transaction ID: SA11AI.4785
	City State Zip Code Washington DC DC 20002	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Alticor Occupation Government Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Cary Justice	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 2328 Gatetree Lane SE	Transaction ID: SA11AI.4771
	City State Zip Code Grand Rapids MI 49546	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Alticor, Inc Occupation Corporate Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 180.00	

C.	Full Name (Last, First, Middle Initial) Kurt Ludlow	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 4957 Glen Oaks Drive	Transaction ID: SA11AI.4767
	City State Zip Code Rockford MI 49341	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 120.00	

SUBTOTAL of Receipts This Page (optional)	1210.00
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 9 / 27
	<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)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

A.	Full Name (Last, First, Middle Initial) Mike Mohr		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 7629 Silverthorn Drive		Transaction ID: SA11AI.4773		
	City Ada	State MI	Zip Code 49301	Amount of Each Receipt this Period 360.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Alticor Inc	Occupation VP, General Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 720.00			

B.	Full Name (Last, First, Middle Initial) Bill Payne		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 596 Steketee Road NE		Transaction ID: SA11AI.4786		
	City Ada	State MI	Zip Code 49301	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00			

C.	Full Name (Last, First, Middle Initial) Kelly Savage		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 615 Jackson Street		Transaction ID: SA11AI.4777		
	City Grandville	State MI	Zip Code 49418	Amount of Each Receipt this Period 2000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

SUBTOTAL of Receipts This Page (optional)	7360.00
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 10 / 27
	<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)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

A.	Full Name (Last, First, Middle Initial) James E. Siewertsen	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1738 Secretariat Drive SE	Transaction ID: SA11AI.4764
	City State Zip Code Grand Rapids MI 49546	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Alticor Occupation VP - Global Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 180.00	

B.	Full Name (Last, First, Middle Initial) David Tuit	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 93 West Division St	Transaction ID: SA11AI.4789
	City State Zip Code Rockford MI 49341	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mitchell Urbytes	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1378 Spinnaker Court	Transaction ID: SA11AI.4772
	City State Zip Code Holland MI 49424	Amount of Each Receipt this Period 180.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Alticor Inc. Occupation Mgr, Durables Strategic Business Line Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	770.00
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 11 / 27

(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)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

A.

Full Name (Last, First, Middle Initial)
Carol Van Andel

Mailing Address 3133 Orchard Vista Drive

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.4783

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
David Van Andel

Mailing Address 3133 Orchard Vista Dr

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.4781

Amount of Each Receipt this Period

5000.00

C.

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

Mailing Address 7575 Fulton St East
Mail Code 49-2NN

City State Zip Code
Ada MI 49355

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.22

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.4775

Amount of Each Receipt this Period

269.22

SUBTOTAL of Receipts This Page (optional) ▶

10269.22

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 / 27
	<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)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

A.	Full Name (Last, First, Middle Initial) Craig V. Witcher		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 6840 Bridgewater Drive SE		Transaction ID: SA11AI.4769		
	City Grand Rapids	State MI	Zip Code 49546	Amount of Each Receipt this Period 346.14	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Alticor	Occupation VP - Tax & General Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 692.28			

B.	Full Name (Last, First, Middle Initial) Michael J. Zarrelli		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 7575 Fulton Street East		Transaction ID: SA11AI.4770		
	City Ada	State MI	Zip Code 49355	Amount of Each Receipt this Period 360.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Alticor	Occupation Government Affairs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 720.00			

C.	Full Name (Last, First, Middle Initial) Joseph Zeigler		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 7575 East Fulton Street		Transaction ID: SA11AI.4763		
	City Ada	State MI	Zip Code 49355	Amount of Each Receipt this Period 220.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Alticor	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

SUBTOTAL of Receipts This Page (optional)	▶	926.14
TOTAL This Period (last page this line number only)	▶	31965.35

**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)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

A.	Full Name (Last, First, Middle Initial) SANDY ADAMS	Transaction ID: SB23.4810 Date of Disbursement 09 / 23 / 2010
	Mailing Address P. O. Box 1566	
	City Orlando State FL Zip Code 32802	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Support Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JUSTIN AMASH	Transaction ID: SB23.4849 Date of Disbursement 09 / 23 / 2010
	Mailing Address 1500 E BELTLINE AVE SE STE 250	
	City GRAND RAPIDS State MI Zip Code 49506	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Support Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 03	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) KELLY A AYOTTE	Transaction ID: SB23.4863 Date of Disbursement 09 / 23 / 2010
	Mailing Address 4 TUCKERWOOD CT	
	City NASHUA State NH Zip Code 03064	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Support Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

A.	Full Name (Last, First, Middle Initial) JON BARELA	Transaction ID: SB23.4797 Date of Disbursement 09 / 23 / 2010
	Mailing Address PO BOX 92413	Amount of Each Disbursement this Period 2500.00
	City ALBUQUERQUE State NM Zip Code 87199	
	Purpose of Disbursement Support	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LOU BARLETTA	Transaction ID: SB23.4801 Date of Disbursement 09 / 23 / 2010
	Mailing Address P.O. Box 128	Amount of Each Disbursement this Period 2000.00
	City Hazleton State PA Zip Code 18201	
	Purpose of Disbursement Support	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DAN BENISHEK FOR CONGRESS	Transaction ID: SB23.4847 Date of Disbursement 09 / 23 / 2010
	Mailing Address 802 Pentoga Trail	Amount of Each Disbursement this Period 2000.00
	City Crystal Falls State MI Zip Code 49920	
	Purpose of Disbursement Support	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

A.	Full Name (Last, First, Middle Initial) RICK BERG FOR CONGRESS	Transaction ID: SB23.4807 Date of Disbursement
	Mailing Address PO BOX 9394	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City FARGO State ND Zip Code 58106	Amount of Each Disbursement this Period
	Purpose of Disbursement Support	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JOHN BOOZMAN	Transaction ID: SB23.4832 Date of Disbursement
	Mailing Address 322 NORTH BLOOMINGTON SUITE A-B	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City LOWELL State AR Zip Code 72745	Amount of Each Disbursement this Period
	Purpose of Disbursement Support	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DAVID LEE CAMP	Transaction ID: SB23.4819 Date of Disbursement
	Mailing Address 5901 Woodview Pass	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Midland State MI Zip Code 48642	Amount of Each Disbursement this Period
	Purpose of Disbursement Support	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

A.	Full Name (Last, First, Middle Initial) DAVID LEE CAMP	Transaction ID: SB23.4820 Date of Disbursement
	Mailing Address 5901 Woodview Pass	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Midland State MI Zip Code 48642	Amount of Each Disbursement this Period
	Purpose of Disbursement Support	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) STEVE CHABOT	Transaction ID: SB23.4812 Date of Disbursement
	Mailing Address 3014 Harrison Ave.	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Cincinnati State OH Zip Code 45211	Amount of Each Disbursement this Period
	Purpose of Disbursement Support	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DANIEL R COATS	Transaction ID: SB23.4857 Date of Disbursement
	Mailing Address 5946 N NEW JERSEY STREET	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City INDIANAPOLIS State IN Zip Code 46220	Amount of Each Disbursement this Period
	Purpose of Disbursement Support	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER: (check only one)

<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)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

A.

Full Name (Last, First, Middle Initial)
CHARLES DJOU FOR HAWAII

Transaction ID: SB23.4818

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	0

Mailing Address PO BOX 235280

Amount of Each Disbursement this Period

2000.00

City HONOLULU State HI Zip Code 96823

Purpose of Disbursement Support

Category/Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: HI District: 01

B.

Full Name (Last, First, Middle Initial)
STEVE FINCHER

Transaction ID: SB23.4853

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	0

Mailing Address PO BOX 11153

Amount of Each Disbursement this Period

2000.00

City JACKSON State TN Zip Code 38308

Purpose of Disbursement Support

Category/Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: TN District: 08

C.

Full Name (Last, First, Middle Initial)
THE FREEDOM PROJECT; THE

Transaction ID: SB23.4830

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	0

Mailing Address 631-B PENNSYLVANIA AVE., SE
Basement UNIT

Amount of Each Disbursement this Period

2000.00

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Support

Category/Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

A.	Full Name (Last, First, Middle Initial) ROY FRIENDS OF ROY BLUNT	Transaction ID: SB23.4875
	Mailing Address P.O. BOX 50100	Date of Disbursement 09 / 23 / 2010
	City Springfield State MO Zip Code 65805	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Support	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JOHN TIMOTHY GRIFFIN	Transaction ID: SB23.4814
	Mailing Address P.O. Box 7526	Date of Disbursement 09 / 23 / 2010
	City Little Rock State AR Zip Code 72217	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Support	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRANK GUINTA	Transaction ID: SB23.4793
	Mailing Address 221 Crestview Road	Date of Disbursement 09 / 23 / 2010
	City Manchester State NH Zip Code 03104	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Support	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

<p>A. Full Name (Last, First, Middle Initial) ORRIN G HATCH</p> <p>Mailing Address 175 SOUTH WEST TEMPLE SUITE 650</p> <p>City SALT LAKE CITY State UT Zip Code 84101</p> <p>Purpose of Disbursement Support</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4861</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) BILL HUIZENGA FOR CONGRESS</p> <p>Mailing Address 441 WILLIAM COURT</p> <p>City ZEELAND State MI Zip Code 49464</p> <p>Purpose of Disbursement Support</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4845</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) RANDY HULTGREN</p> <p>Mailing Address PO Box 39</p> <p>City Batavia State IL Zip Code 60510</p> <p>Purpose of Disbursement Support</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4803</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>5000.00</p>
<p>TOTAL This Period (last page this line number only)</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)

<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)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

<p>A. Full Name (Last, First, Middle Initial) MARK KIRK FOR SENATE</p> <p>Mailing Address P.O. Box 8</p> <p>City Winnetka State IL Zip Code 60093</p> <p>Purpose of Disbursement Support</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 10</p>	<p>Transaction ID: SB23.4867</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) PATRICK L MEEHAN</p> <p>Mailing Address 50 S PROVIDENCE ROAD</p> <p>City MEDIA State PA Zip Code 19063</p> <p>Purpose of Disbursement Support</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 07</p>	<p>Transaction ID: SB23.4851</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) CANDICE S. MILLER</p> <p>Mailing Address 28840 Old North River Rd.</p> <p>City Harrison Township State MI Zip Code 48045</p> <p>Purpose of Disbursement Support</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 10</p>	<p>Transaction ID: SB23.4817</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

A.	Full Name (Last, First, Middle Initial) KRISTI LYNN NOEM	Transaction ID: SB23.4799 Date of Disbursement
	Mailing Address PO Box 852	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Sioux Falls State SD Zip Code 57101	Amount of Each Disbursement this Period
	Purpose of Disbursement Support	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RAND PAUL	Transaction ID: SB23.4871 Date of Disbursement
	Mailing Address 1019 STATE STREET	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City BOWLING GREEN State KY Zip Code 42101	Amount of Each Disbursement this Period
	Purpose of Disbursement Support	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) THE PERSONAL CARE PROD COUNCIL PAC	Transaction ID: SB23.4877 Date of Disbursement
	Mailing Address	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement Support	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

A.	Full Name (Last, First, Middle Initial) TED POE FOR CONGRESS	Transaction ID: SB23.4838
	Mailing Address P.O. Box 14222	Date of Disbursement 09 / 23 / 2010
	City Humble State TX Zip Code 77347	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Support	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" 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: TX District: 02	

B.	Full Name (Last, First, Middle Initial) ROB PORTMAN FOR SENATE COMMITTEE	Transaction ID: SB23.4873
	Mailing Address 8331 LITTLE HARBOR DRIVE	Date of Disbursement 09 / 23 / 2010
	City CINCINNATI State OH Zip Code 45244	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Support	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OH District: 00	

C.	Full Name (Last, First, Middle Initial) JAMES B RENACCI	Transaction ID: SB23.4795
	Mailing Address PO Box 88	Date of Disbursement 09 / 23 / 2010
	City Wadsworth State OH Zip Code 44282	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Support	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" 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: OH District: 16	

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

A.	Full Name (Last, First, Middle Initial) REID RIBBLE FOR CONGRESS	Transaction ID: SB23.4805
	Mailing Address PO BOX 7200	Date of Disbursement 09 / 23 / 2010
	City APPLETON State WI Zip Code 54912	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Support Candidate Name	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) MIKE ROGERS FOR CONGRESS	Transaction ID: SB23.4885
	Mailing Address PO Box 581 Post Office Box 581	Date of Disbursement 09 / 23 / 2010
	City Brighton State MI Zip Code 48116	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Support Candidate Name	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) PETER ROSKAM FOR CONGRESS COMMITTEE	Transaction ID: SB23.4883
	Mailing Address P. O. Box 713	Date of Disbursement 09 / 23 / 2010
	City Wheaton State IL Zip Code 60187	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Support Candidate Name	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

A.	Full Name (Last, First, Middle Initial) DINO ROSSI FOR SENATE	Transaction ID: SB23.4859 Date of Disbursement
	Mailing Address PO BOX 50713	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City BELLEVUE State WA Zip Code 98015	Amount of Each Disbursement this Period
	Purpose of Disbursement Support	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ED MR ROYCE	Transaction ID: SB23.4822 Date of Disbursement
	Mailing Address P.O. Box 2525	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Orange State CA Zip Code 92859	Amount of Each Disbursement this Period
	Purpose of Disbursement Support	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MARCO RUBIO	Transaction ID: SB23.4865 Date of Disbursement
	Mailing Address 2030 SOUTH DOUGLAS ROAD	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City CORAL GABLES State FL Zip Code 33134	Amount of Each Disbursement this Period
	Purpose of Disbursement Support	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

A.	Full Name (Last, First, Middle Initial) TIMOTHY E SCOTT	Transaction ID: SB23.4855 Date of Disbursement 09 / 23 / 2010
	Mailing Address 1405 ASHLEY RIVER RD	Amount of Each Disbursement this Period 1000.00
	City CHARLESTON State SC Zip Code 29407	
	Purpose of Disbursement Support Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MICHAEL STEELE	Transaction ID: SB23.4809 Date of Disbursement 09 / 23 / 2010
	Mailing Address 150 SOUTH STREET SUITE 100	Amount of Each Disbursement this Period 2000.00
	City ANNAPOLIS State MD Zip Code 21401	
	Purpose of Disbursement Support Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Steve STIVERS FOR CONGRESS	Transaction ID: SB23.4813 Date of Disbursement 09 / 23 / 2010
	Mailing Address 81 S FIFTH STREET	Amount of Each Disbursement this Period 2000.00
	City COLUMBUS State OH Zip Code 43215	
	Purpose of Disbursement Support Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

A.	Full Name (Last, First, Middle Initial) PAT TIBERI FOR CONGRESS	Transaction ID: SB23.4843 Date of Disbursement 09 / 23 / 2010
	Mailing Address 2931 E Dublin Granville Road Suite 190 City Columbus State OH Zip Code 43231	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Support Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) PAT TOOMEY FOR SENATE COMMITTEE	Transaction ID: SB23.4869 Date of Disbursement 09 / 23 / 2010
	Mailing Address 2720 JORDAN ROAD City OREFIELD State PA Zip Code 18069	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Support Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Tim WALBERG FOR CONGRESS	Transaction ID: SB23.4816 Date of Disbursement 09 / 23 / 2010
	Mailing Address 6769 Teachout Road City Tipton State MI Zip Code 49287	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Support Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

<p>A. Full Name (Last, First, Middle Initial) GREGORY P WALDEN</p> <p>Mailing Address 1504 Sherman Avenue</p> <p>City Hood River State OR Zip Code 97031</p> <p>Purpose of Disbursement Support</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OR District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4824</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <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><input type="text" value="1500.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) DANIEL WEBSTER</p> <p>Mailing Address 3400 Old Winter Garden Road</p> <p>City Orlando State FL Zip Code 32805</p> <p>Purpose of Disbursement Support</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 08</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4791</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <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><input type="text" value="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) JOE THE HON. WILSON</p> <p>Mailing Address 2825 Wilton Road</p> <p>City West Columbia State SC Zip Code 29170</p> <p>Purpose of Disbursement Support</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: SC District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4890</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <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><input type="text" value="1500.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

76500.00