

# 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

TO ORGANIZE A MAJORITY PAC (TOMPAC)

ADDRESS (number and street) PO BOX 752  
 Check if different than previously reported. (ACC)  
 DES MOINES IA 50303

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

C00385732

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT**  
(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

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

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

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

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

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

5. Covering Period 04 01 2007 through 06 30 2007

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 Theresa Kehoe

Signature of Treasurer Electronically Filed by Theresa Kehoe Date 01 23 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
TO ORGANIZE A MAJORITY PAC (TOMPAC)

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		43667.58
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	21818.08									
(c) Total Receipts (from Line 19) .....	21510.00	45225.40								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	43328.08	88892.98								
7. Total Disbursements (from Line 31) .....	32252.12	77817.02								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	11075.96	11075.96								
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  
TO ORGANIZE A MAJORITY PAC (TOMPAC)

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	12510.00	30010.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	12510.00	30010.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	9000.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	21510.00	45010.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	215.40
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)) .....	21510.00	45225.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	21510.00	45225.40

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	14628.97	42693.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	14628.97	42693.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	35000.00
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.....	123.15	123.15
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))..	32252.12	77817.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32252.12	77817.02

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	21510.00	45010.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21510.00	45010.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	14628.97	42693.87
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	215.40
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	14628.97	42478.47

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 14

(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)  
TO ORGANIZE A MAJORITY PAC (TOMPAC)

**A.**

Full Name (Last, First, Middle Initial)

David Bunning

Mailing Address 825 S Waukegan Rd Ste A8

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self

Occupation  
Money Manager

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.11929

Amount of Each Receipt this Period

3500.00

**B.**

Full Name (Last, First, Middle Initial)

Denise Bunning

Mailing Address 825 S Waukegan Rd Ste A8

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing federal political committee.

C

Name of Employer  
None

Occupation  
Homemaker

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.11931

Amount of Each Receipt this Period

3500.00

**C.**

Full Name (Last, First, Middle Initial)

Lewis Weinberg

Mailing Address 3905 Country Club Blvd

City State Zip Code  
Sioux City IA 51104

FEC ID number of contributing federal political committee.

C

Name of Employer  
Weinberg Investments

Occupation  
President

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

2010.00

Date of Receipt

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

Transaction ID: SA11AI.11935

Amount of Each Receipt this Period

2010.00

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

9010.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 14  
(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)  
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.

Full Name (Last, First, Middle Initial)  
Jonathan Yarowsky

Mailing Address 4200 Massachusetts Ave NW

City State Zip Code  
Washington DC 20016

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

Name of Employer Occupation  
Patton Boggs Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	7	/	2	0	0	7

Transaction ID: SA11AI.11933

Amount of Each Receipt this Period  
3500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	12510.00

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

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

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

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NAME OF COMMITTEE (In Full)  
TO ORGANIZE A MAJORITY PAC (TOMPAC)

**A.** Full Name (Last, First, Middle Initial)  
GENENTECH INC POLITICAL ACTION COMMITTEE (GENENPAC)  
 Mailing Address 460 POINT SAN BRUNO BLVD  
 City State Zip Code  
 SO SAN FRANCISCO CA 94080  
 FEC ID number of contributing federal political committee. **C** C00199257  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00  
 Date of Receipt: MM / DD / YYYY  
 04 / 27 / 2007  
**Transaction ID:** SA11C.11940  
 Amount of Each Receipt this Period: 4000.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Sonnenschein Carlin Nath & Rosenthal PAC  
 Mailing Address 1301 K Street NW Suite 600 East To  
 City State Zip Code  
 Washington DC 20005  
 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: MM / DD / YYYY  
 06 / 11 / 2007  
**Transaction ID:** SA11C.11942  
 Amount of Each Receipt this Period: 5000.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 9000.00  
**TOTAL** This Period (last page this line number only) ..... ► 9000.00



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
TO ORGANIZE A MAJORITY PAC (TOMPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Carroll Travel <hr/> Mailing Address 201 Mass Ave NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement travel expenses airfare for TOMPAC Candidate Name <hr/> 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.11953 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7	Amount of Each Disbursement this Period 601.19
<b>B.</b>	Full Name (Last, First, Middle Initial) DiNino Associates LLC <hr/> Mailing Address 210 Whitestone Road <hr/> City Silver Spring State MD Zip Code 20901 <hr/> Purpose of Disbursement fundraising retainer for TOMPAC Candidate Name <hr/> 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.11943 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 7	Amount of Each Disbursement this Period 4000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) DiNino Associates LLC <hr/> Mailing Address 210 Whitestone Road <hr/> City Silver Spring State MD Zip Code 20901 <hr/> Purpose of Disbursement fundraising retainer for TOMPAC Candidate Name <hr/> 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.11947 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7	Amount of Each Disbursement this Period 4000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8601.19
<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)  
TO ORGANIZE A MAJORITY PAC (TOMPAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) DiNino Associates LLC</p> <p>Mailing Address 210 Whitestone Road</p> <p>City Silver Spring State MD Zip Code 20901</p> <p>Purpose of Disbursement fundraising retainer for TOMPAC</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.11951</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jeremy Gold</p> <p>Mailing Address 2801 Quebec St NW #444</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement travel expenses for TOMPAC</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.11945</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="269.70"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jeremy Gold</p> <p>Mailing Address 2801 Quebec St NW #444</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement travel exp. for TOMPAC</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.11948</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="471.45"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="4741.15"/></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)

PAGE 11 / 14

<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)  
TO ORGANIZE A MAJORITY PAC (TOMPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeremy Gold  Mailing Address 2801 Quebec St NW #444  City Washington State DC Zip Code 20008  Purpose of Disbursement travel expenses for TOMPAC 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) ▼	Transaction ID: SB21B.11950 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7  Amount of Each Disbursement this Period 178.63
<b>B.</b>	Full Name (Last, First, Middle Initial) Theresa Kehoe  Mailing Address 1314 42nd Street  City Des Moines State IA Zip Code 50311  Purpose of Disbursement contract services compliance TOMPAC 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) ▼	Transaction ID: SB21B.11944 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 7  Amount of Each Disbursement this Period 500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Weinman Insurance  Mailing Address 213 W Salem  City Indianola State IA Zip Code 01258  Purpose of Disbursement insurance 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) ▼	Transaction ID: SB21B.11955 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7  Amount of Each Disbursement this Period 452.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1130.63
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	14472.97

**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 12 / 14

<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)  
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.	Full Name (Last, First, Middle Initial) DEM SEN CAMP COMM	Transaction ID: SB23.11959 Date of Disbursement
	Mailing Address 120 MARYLAND AVENUE NE	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="07"/> <input type="text" value="07"/> <input type="text" value="07"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="5000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS	Transaction ID: SB23.11964 Date of Disbursement
	Mailing Address PO BOX 586	<input type="text" value="06"/> <input type="text" value="06"/> / <input type="text" value="14"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="07"/> <input type="text" value="07"/> <input type="text" value="07"/>
	City HELENA State MT Zip Code 59624	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name MAX BAUCUS	<input type="text" value="5000.00"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	<input type="text" value="011"/> Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) MARY LANDRIEU FOR SENATE COMMITTEE INC	Transaction ID: SB23.11960 Date of Disbursement
	Mailing Address 607 14TH STREET NW SUITE 800	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="07"/> <input type="text" value="07"/> <input type="text" value="07"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name MARY LANDRIEU	<input type="text" value="5000.00"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00	<input type="text" value="011"/> Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="15000.00"/>
<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 13 / 14

<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)  
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.

Full Name (Last, First, Middle Initial)  
REED COMMITTEE

Mailing Address PO BOX 8628

City CRANSTON State RI Zip Code 02920

Purpose of Disbursement  
Contribution

Candidate Name  
JACK REED

Office Sought:  House  
 Senate  
 President

State: RI District: 00

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.11967

Date of Disbursement

06 / 28 / 2007

Amount of Each Disbursement this Period

2500.00

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

2500.00

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

17500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.	Full Name (Last, First, Middle Initial) Bankers Trust Mailing Address 7th & Grand City Des Moines State IA Zip Code 50309 Purpose of Disbursement Service Charges 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) ▼	Transaction ID: SB29.11956 Date of Disbursement 04 / 17 / 2007	Amount of Each Disbursement this Period 17.19
B.	Full Name (Last, First, Middle Initial) Bankers Trust Mailing Address 7th & Grand City Des Moines State IA Zip Code 50309 Purpose of Disbursement Service Charges 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) ▼	Transaction ID: SB29.11957 Date of Disbursement 05 / 31 / 2007	Amount of Each Disbursement this Period 60.04
C.	Full Name (Last, First, Middle Initial) Bankers Trust Mailing Address 7th & Grand City Des Moines State IA Zip Code 50309 Purpose of Disbursement Service Charges 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) ▼	Transaction ID: SB29.11958 Date of Disbursement 06 / 18 / 2007	Amount of Each Disbursement this Period 45.92

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>123.15</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>123.15</b>