

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Voice for Freedom

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 9 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 7 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | 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>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 6 | | 18151.62 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 10031.72 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 22060.00 | 75883.00 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 32091.72 | 94034.62 | | | | | | | | |
| <hr/> | | | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 23751.94 | 85695.04 | | | | | | | | |
| <hr/> | | | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 8339.78 | 8339.58 | | | | | | | | |
| <hr/> | | | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| <hr/> | | | | | | | | | | |
| 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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Voice for Freedom

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 9 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 7 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| 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 | 1000.00 | 2000.00 |
| (i) Itemized (use Schedule A) | 560.00 | 1883.00 |
| (ii) Unitemized | 1560.00 | 3883.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 20500.00 | 72000.00 |
| (c) Other Political Committees (such as PACs) | 22060.00 | 75883.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | | |
| 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)) | 22060.00 | 75883.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 22060.00 | 75883.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| 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..... | 9751.94 | 16695.04 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 9751.94 | 16695.04 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 6000.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 14000.00 | 63000.00 |
| 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)).. | 23751.94 | 85695.04 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 23751.94 | 85695.04 |

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 | 22060.00 | 75883.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 22060.00 | 75883.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 9751.94 | 16695.04 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 9751.94 | 16695.04 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|-------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 13 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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)
Voice for Freedom

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. American Academy Family Physicians PAC | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 6 |
| Mailing Address 2023 Massachusetts Ave NW | | Transaction ID: 61024.C3011 |
| City Washington State DC Zip Code 20036-1011 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | Receipt | |
| Name of Employer Occupation | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. American College of Cardiology PAC | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address 9111 Old Georgetown Rd | | Transaction ID: 61129.C3019 |
| City Bethesda State MD Zip Code 20814-1616 | Amount of Each Receipt this Period 4000.00 | |
| FEC ID number of contributing federal political committee. C | Receipt | |
| Name of Employer Occupation | Aggregate Year-to-Date ▼ 5000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. American College of Radiology Assoc. PAC | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address 1891 Preston White Drive | | Transaction ID: 61129.C3022 |
| City Reston State VA Zip Code 20191 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | Receipt | |
| Name of Employer Occupation | Aggregate Year-to-Date ▼ 5000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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

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

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

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NAME OF COMMITTEE (In Full)
Voice for Freedom

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Keep our Majority PAC Mailing Address PO Box 20209 City Alexandria State VA Zip Code 22320-1209 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 Transaction ID: 61129.C3018 Amount of Each Receipt this Period 5000.00 Receipt |
| 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 | | |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) Rely on Your Beliefs Fund Mailing Address 209 Pennsylvania Ave SE City Washington State DC Zip Code 20003-1107 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 Transaction ID: 61129.C3017 Amount of Each Receipt this Period 5000.00 Receipt |
| 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) Sallie Mae, Inc. PAC Mailing Address 12061 Bluemont Way City Reston State VA Zip Code 20190-5684 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: 61129.C3020 Amount of Each Receipt this Period 2500.00 Receipt |
| Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00 | | |

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 12500.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Voice for Freedom

A. Full Name (Last, First, Middle Initial)
Sallie Mae, Inc. PAC

Mailing Address 12061 Bluemont Way

City State Zip Code
Reston VA 20190-5684

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 61129.C3021

Amount of Each Receipt this Period
1000.00

Receipt

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 20500.00 |

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

| | | | | |
|--|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 9 / 13 | |
| | (check only one) | | | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Voice for Freedom

A. Full Name (Last, First, Middle Initial)
Diane Calloway

Mailing Address 3613 Wood Valley Ct NE

City Atlanta State GA Zip Code 30319-1943

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

Name of Employer Specialized Title Services Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 3 | / | 2 | 0 | 0 | 6 |

Transaction ID: 61129.C3023

Amount of Each Receipt this Period
1000.00

Receipt

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 1000.00 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 13

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
Voice for Freedom

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Infocision | | Transaction ID: 61129.E99 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6 |
| Mailing Address 325 Springside Drive | | Amount of Each Disbursement this Period 3530.96 |
| City Akron State OH Zip Code 44333- | Category/ Type TELEMARKETING | |
| Purpose of Disbursement TELEMARKETING | | |
| 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) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. SCM Associates | | Transaction ID: 61129.E98 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address 10 Main St | | Amount of Each Disbursement this Period 6220.98 |
| City Jaffrey State NH Zip Code 03452-6193 | Category/ Type DIRECT MAIL | |
| Purpose of Disbursement DIRECT MAIL | | |
| 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) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 9751.94 |
| TOTAL This Period (last page this line number only) | 9751.94 |

**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 / 13

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
Voice for Freedom

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Michele Bachmann for Congress | | Transaction ID: 61129.E93 Date of Disbursement 10 / 30 / 2006 | |
| Mailing Address PO Box 49756 | | Amount of Each Disbursement this Period 2000.00 | |
| City Minneapolis State MN Zip Code 55449-0756 | Purpose of Disbursement MICHELE BACHMAN HOUSE MN06 Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | MICHELE BACHMAN HOUSE MN06 | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Geoff Davis for Congress | | Transaction ID: 61129.E95 Date of Disbursement 10 / 30 / 2006 | |
| Mailing Address 3161 Dixie Highway, Ste. F | | Amount of Each Disbursement this Period 2000.00 | |
| City Erlanger State KY Zip Code 41018- | Purpose of Disbursement GEOFFREY DAVIS HOUSE KY04 Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | GEOFFREY DAVIS HOUSE KY04 | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Thelma Drake for Congress | | Transaction ID: 61129.E96 Date of Disbursement 10 / 30 / 2006 | |
| Mailing Address 4772 Euclid Road, Ste. F | | Amount of Each Disbursement this Period 2000.00 | |
| City Virginia Beach State VA Zip Code 23462- | Purpose of Disbursement THELMA DRAKE HOUSE VA02 Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | THELMA DRAKE HOUSE VA02 | |

| | |
|--|---------|
| 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)

PAGE 12 / 13

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
Voice for Freedom

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Jeff Lamberti for Congress | | Transaction ID: 61024.E90 Date of Disbursement 10 / 23 / 2006 |
| Mailing Address PO Box 785 | | Amount of Each Disbursement this Period 1000.00 |
| City Ankeny | State IA Zip Code 50021-0785 | |
| Purpose of Disbursement JEFF LAMBERTI HOUSE IA03 | | JEFF LAMBERTI HOUSE IA03 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Bill Sali for Congress | | Transaction ID: 61024.E91 Date of Disbursement 10 / 23 / 2006 |
| Mailing Address PO Box 71 | | Amount of Each Disbursement this Period 1000.00 |
| City Kuna | State ID Zip Code 83634-0071 | |
| Purpose of Disbursement BILL SALI HOUSE ID01 | | BILL SALI HOUSE ID01 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Friends of Mike Sodrel | | Transaction ID: 61129.E97 Date of Disbursement 10 / 30 / 2006 |
| Mailing Address PO Box 1505 | | Amount of Each Disbursement this Period 2000.00 |
| City Jeffersonville | State IN Zip Code 47131-1505 | |
| Purpose of Disbursement MIKE SODREL HOUSE IN09 | | MIKE SODREL HOUSE IN09 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|---------|
| 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)

PAGE 13 / 13

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
Voice for Freedom

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Tim Walberg for Congress | | Transaction ID: 61024.E89 Date of Disbursement 10 / 23 / 2006 |
| Mailing Address 317 W Washington Ave | | Amount of Each Disbursement this Period 1000.00 |
| City Jackson State MI Zip Code 49201-2112 | Purpose of Disbursement TIM WALBERG HOUSE MI07 Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type TIM WALBERG HOUSE MI07 |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. Mike Whalen for Congress | | Transaction ID: 61024.E88 Date of Disbursement 10 / 23 / 2006 |
| Mailing Address PO Box 750 | | Amount of Each Disbursement this Period 1000.00 |
| City Bettendorf State IA Zip Code 52722-0013 | Purpose of Disbursement MIKE WHALEN HOUSE IA01 Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type MIKE WHALEN HOUSE IA01 |

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| Full Name (Last, First, Middle Initial) C. Heather Wilson for Congress | | Transaction ID: 61129.E94 Date of Disbursement 10 / 30 / 2006 |
| Mailing Address PO Box 14070 | | Amount of Each Disbursement this Period 2000.00 |
| City Albuquerque State NM Zip Code 87191-4070 | Purpose of Disbursement HEATHER WILSON HOUSE NM01 Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type HEATHER WILSON HOUSE NM01 |

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| SUBTOTAL of Disbursements This Page (optional) | 4000.00 |
| TOTAL This Period (last page this line number only) | 14000.00 |