

# 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  
FREEDOM'S DEFENSE FUND

ADDRESS (number and street) PO BOX 96396  
 Check if different than previously reported. (ACC)  
WASHINGTON DC 20090

2. **FEC IDENTIFICATION NUMBER** C00401786  
**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 04 29 2010 through 06 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 B MACKENZIE

Signature of Treasurer Electronically Filed by SCOTT B MACKENZIE Date 07 15 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  
FREEDOM'S DEFENSE FUND

Report Covering the Period: From: 

M	M
0	4

D	D
2	9

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

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		21939.30
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	39595.82									
(c) Total Receipts (from Line 19) .....	140053.62	594449.23								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	179649.44	616388.53								
7. Total Disbursements (from Line 31) .....	168187.62	604926.71								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	11461.82	11461.82								
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) .....	26562.95									

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  
FREEDOM'S DEFENSE FUND

Report Covering the Period: From: 

M	M
0	4

D	D
2	9

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

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) .....	32398.92	118807.88
(ii) Unitemized .....	107654.70	466409.15
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	140053.62	585217.03
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	140053.62	585217.03
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	9232.20
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)) .....	140053.62	594449.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	140053.62	594449.23

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	132111.46	522731.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	132111.46	522731.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	22500.00
24. Independent Expenditure (use Schedule E) .....	22576.16	58595.02
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	100.00
(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	100.00
29. Other Disbursements.....	0.00	1000.00
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))..	168187.62	604926.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	168187.62	604926.71

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	140053.62	585217.03
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	140053.62	585117.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	132111.46	522731.69
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	9232.20
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	132111.46	513499.49

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

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

FOR LINE NUMBER: PAGE 6 / 88  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

**A.** Full Name (Last, First, Middle Initial)  
MR GARY R ADAMS 927  
 Mailing Address 3420 W MACARTHUR BLVD STE H  
 City State Zip Code  
 SANTA ANA CA 92704  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 10 / 2010  
**Transaction ID:** SA11AI.93800  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ADAMS PROPERTIES PRESIDENT  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

**B.** Full Name (Last, First, Middle Initial)  
MRS BERNYCE M ANDERSON 727  
 Mailing Address 4102 FAIRWAY DR  
 City State Zip Code  
 SPRINGDALE AR 72764  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 08 / 2010  
**Transaction ID:** SA11AI.93877  
 Amount of Each Receipt this Period  
 75.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 510.00

**C.** Full Name (Last, First, Middle Initial)  
MRS LUCILE ANDREAS 911  
 Mailing Address 890 HILLCREST PL  
 City State Zip Code  
 PASADENA CA 91106  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 01 / 2010  
**Transaction ID:** SA11AI.93892  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 275.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 88
	<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)  
FREEDOM'S DEFENSE FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) DR ARLO D BAGGERLEY 544		Date of Receipt MM / DD / YYYY 06 / 09 / 2010		
	Mailing Address N10158 PARK LANE AVE		<b>Transaction ID:</b> SA11AI.93979		
	City LOYAL	State WI	Zip Code 54446	Amount of Each Receipt this Period 30.92	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation DOCTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 438.13			

<b>B.</b>	Full Name (Last, First, Middle Initial) DR ARLO D BAGGERLEY 544		Date of Receipt MM / DD / YYYY 06 / 15 / 2010		
	Mailing Address N10158 PARK LANE AVE		<b>Transaction ID:</b> SA11AI.93980		
	City LOYAL	State WI	Zip Code 54446	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation DOCTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 488.13			

<b>C.</b>	Full Name (Last, First, Middle Initial) MS MARY H BAIRD 346		Date of Receipt MM / DD / YYYY 06 / 01 / 2010		
	Mailing Address 22236 WOODLAWN AVE		<b>Transaction ID:</b> SA11AI.93989		
	City BROOKSVILLE	State FL	Zip Code 34601	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NONE	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	330.92
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 8 / 88  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**FREEDOM'S DEFENSE FUND**

**A.** Full Name (Last, First, Middle Initial)  
MS MARY H BAIRD 346

Mailing Address **22236 WOODLAWN AVE**

City **BROOKSVILLE** State **FL** Zip Code **34601**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt **06 / 10 / 2010**  
**Transaction ID: SA11AI.93986**  
 Amount of Each Receipt this Period **200.00**

**B.** Full Name (Last, First, Middle Initial)  
MS MARY H BAIRD 346

Mailing Address **22236 WOODLAWN AVE**

City **BROOKSVILLE** State **FL** Zip Code **34601**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **825.00**

Date of Receipt **06 / 21 / 2010**  
**Transaction ID: SA11AI.93987**  
 Amount of Each Receipt this Period **250.00**

**C.** Full Name (Last, First, Middle Initial)  
MR JAMES BARTELS 676

Mailing Address **3201 TAM O SHANTER DR**

City **HAYS** State **KS** Zip Code **67601**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt **05 / 25 / 2010**  
**Transaction ID: SA11AI.94051**  
 Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **550.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 88

(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)  
FREEDOM'S DEFENSE FUND

**A.**

Full Name (Last, First, Middle Initial)  
MR JAMES BARTELS 676

Mailing Address 3201 TAM O SHANTER DR

City State Zip Code  
HAYS KS 67601

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 08 / 2010

Transaction ID: SA11AI.94052

Amount of Each Receipt this Period

650.00

**B.**

Full Name (Last, First, Middle Initial)  
MR HAROLD E BELDT 512

Mailing Address 2672 LILY AVE

City State Zip Code  
SHELDON IA 51201

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 838.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 03 / 2010

Transaction ID: SA11AI.94124

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
MR RODNEY COLBURN BETTS 422

Mailing Address 4519 LOGANSPOUR RD

City State Zip Code  
MORGANTOWN KY 42261

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.44

Date of Receipt

M M / D D / Y Y Y Y  
05 / 10 / 2010

Transaction ID: SA11AI.94169

Amount of Each Receipt this Period

20.00

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

1170.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 88

(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)  
FREEDOM'S DEFENSE FUND

**A.**

Full Name (Last, First, Middle Initial)  
MS MARY JANE BEYER 970

Mailing Address 11972 BEYER LN NE

City State Zip Code  
WOODBURN OR 97071

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	0

Transaction ID: SA11AI.94173

Amount of Each Receipt this Period

100.00
--------

**B.**

Full Name (Last, First, Middle Initial)  
MR THOMAS P BIGWOOD 431

Mailing Address 7498 IDA WAY

City State Zip Code  
CANAL WINCHESTER OH 43110

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	0

Transaction ID: SA11AI.94187

Amount of Each Receipt this Period

200.00
--------

**C.**

Full Name (Last, First, Middle Initial)  
MRS BETTY C BINDING 902

Mailing Address 122 S JUANITA AVE

City State Zip Code  
REDONDO BEACH CA 90277

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
264.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	0

Transaction ID: SA11AI.94192

Amount of Each Receipt this Period

264.00
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**SUBTOTAL** of Receipts This Page (optional) ..... ▶

564.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 11 / 88  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

**A.** Full Name (Last, First, Middle Initial)  
MR NORMAN BLAKE 341  
Mailing Address 356 SEABREEZE DR  
City MARCO ISLAND State FL Zip Code 34145  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 05 / 05 / 2010  
Transaction ID: SA11AI.94220  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
MR KENNETH BLOOM 925  
Mailing Address 1487 SARONA CT  
City SAN JACINTO State CA Zip Code 92583  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00  
Date of Receipt 06 / 02 / 2010  
Transaction ID: SA11AI.94239  
Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
MS LOLA BOOTH 917  
Mailing Address 120 W SAN JOSE AVE UNIT 104  
City CLAREMONT State CA Zip Code 91711  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 520.00  
Date of Receipt 05 / 21 / 2010  
Transaction ID: SA11AI.94287  
Amount of Each Receipt this Period 210.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 860.00  
**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 12 / 88  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

**A.** Full Name (Last, First, Middle Initial)  
MRS VIRGINIA W BROWN 201  
Mailing Address 828 VAN BUREN ST

City: HERNDON   State: VA   Zip Code: 20170

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

Name of Employer: NONE   Occupation: RETIRED

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼: 2500.00

Date of Receipt: 05 / 21 / 2010  
Transaction ID: SA11AI.94419  
Amount of Each Receipt this Period: 2500.00

**B.** Full Name (Last, First, Middle Initial)  
MRS VIRGINIA W BROWN 201  
Mailing Address 828 VAN BUREN ST

City: HERNDON   State: VA   Zip Code: 20170

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

Name of Employer: NONE   Occupation: RETIRED

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼: 2600.00

Date of Receipt: 05 / 26 / 2010  
Transaction ID: SA11AI.94420  
Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
MRS VIRGINIA W BROWN 201  
Mailing Address 828 VAN BUREN ST

City: HERNDON   State: VA   Zip Code: 20170

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

Name of Employer: NONE   Occupation: RETIRED

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼: 2700.00

Date of Receipt: 06 / 03 / 2010  
Transaction ID: SA11AI.94421  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2700.00

**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 13 / 88
	(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)  
**FREEDOM'S DEFENSE FUND**

**A.**

Full Name (Last, First, Middle Initial)  
MRS DAVID BROWN 295, JR

Mailing Address PO BOX 815

City State Zip Code  
**LAKE CITY SC 29560**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**220.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 20 / 2010**

**Transaction ID: SA11AI.94422**

Amount of Each Receipt this Period  
**30.00**

**B.**

Full Name (Last, First, Middle Initial)  
MR ASHEL BRYAN 434

Mailing Address 42 TRAFALGAR BND

City State Zip Code  
**BOWLING GREEN OH 43402**

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 23 / 2010**

**Transaction ID: SA11AI.94465**

Amount of Each Receipt this Period  
**500.00**

**C.**

Full Name (Last, First, Middle Initial)  
A R CALLAWAY 797

Mailing Address 1506 N ALLEGHANEY AVE

City State Zip Code  
**ODESSA TX 79762**

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 29 / 2010**

**Transaction ID: SA11AI.94559**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **630.00**

**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 14 / 88  
(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)  
FREEDOM'S DEFENSE FUND

**A.**

Full Name (Last, First, Middle Initial)  
MR LOUIS T CAMILLERI 117

Mailing Address 1603 DEWEY AVE

City State Zip Code  
NORTH BELLMORE NY 11710

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2010

Transaction ID: SA11AI.94575

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS BILLIE M CAMPBELL 401

Mailing Address 900 SEMINOLE RD

City State Zip Code  
RADCLIFF KY 40160

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 ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2010

Transaction ID: SA11AI.94583

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR JAMES F CAUSLEY 480

Mailing Address 37910 SEAWAY CT

City State Zip Code  
HARRISON TWP MI 48045

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2010

Transaction ID: SA11AI.94664

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

**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 15 / 88  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

**A.** Full Name (Last, First, Middle Initial)  
MS MARGARET C CAVNEY 605  
Mailing Address 546 DALEWOOD LN  
City HINSDALE State IL Zip Code 60521  
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 ▼ 850.00  
Date of Receipt 05 / 24 / 2010  
Transaction ID: SA11AI.94668  
Amount of Each Receipt this Period 850.00

**B.** Full Name (Last, First, Middle Initial)  
MS GERALDINE CLAUSEN 522  
Mailing Address 4795 OAK CREST HILL RD SE  
City IOWA CITY State IA Zip Code 52240  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 285.00  
Date of Receipt 06 / 07 / 2010  
Transaction ID: SA11AI.94759  
Amount of Each Receipt this Period 35.00

**C.** Full Name (Last, First, Middle Initial)  
STEPHEN S CLEVELAND 853  
Mailing Address 13602 FAIRWAY LOOP N  
City GOODYEAR State AZ Zip Code 85395  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00  
Date of Receipt 05 / 24 / 2010  
Transaction ID: SA11AI.94766  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 935.00  
**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 16 / 88  
(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)  
**FREEDOM'S DEFENSE FUND**

**A.** Full Name (Last, First, Middle Initial)  
MRS ELIZABETH K COCHRAN 070

Mailing Address **459 PASSAIC AVE APT 306**

City **WEST CALDWELL** State **NJ** Zip Code **07006**

Date of Receipt: **06 / 23 / 2010**  
Transaction ID: SA11AI.94778

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

Amount of Each Receipt this Period: **500.00**

Name of Employer: NONE Occupation: RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date: **500.00**

**B.** Full Name (Last, First, Middle Initial)  
MR JAMES CONLIN 079

Mailing Address **9 BRAIDBURN WAY**

City **MORRISTOWN** State **NJ** Zip Code **07960**

Date of Receipt: **05 / 24 / 2010**  
Transaction ID: SA11AI.94815

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

Amount of Each Receipt this Period: **150.00**

Name of Employer: NONE Occupation: RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date: **400.00**

**C.** Full Name (Last, First, Middle Initial)  
MRS JUANITA COOKE 907

Mailing Address **4319 IROQUOIS AVE**

City **LAKEWOOD** State **CA** Zip Code **90713**

Date of Receipt: **06 / 15 / 2010**  
Transaction ID: SA11AI.94837

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

Amount of Each Receipt this Period: **75.00**

Name of Employer: NONE Occupation: RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date: **300.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **725.00**

**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 17 / 88
	<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)  
**FREEDOM'S DEFENSE FUND**

**A.** Full Name (Last, First, Middle Initial)  
MRS JUANITA COOKE 907

Mailing Address 4319 IROQUOIS AVE

City State Zip Code  
**LAKEWOOD CA 90713**

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

Name of Employer NONE Occupation **RETIRED**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **06 / 21 / 2010**

**Transaction ID: SA11AI.94838**

Amount of Each Receipt this Period **100.00**

**B.** Full Name (Last, First, Middle Initial)  
MR JACK W COSKEY 973

Mailing Address 11685 HAZELGREEN RD NE

City State Zip Code  
**SILVERTON OR 97381**

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

Name of Employer NONE Occupation **RETIRED**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **05 / 03 / 2010**

**Transaction ID: SA11AI.94870**

Amount of Each Receipt this Period **150.00**

**C.** Full Name (Last, First, Middle Initial)  
MR ROBERT D COTELL 024

Mailing Address 11 SKYLINE DR

City State Zip Code  
**WELLESLEY MA 02482**

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **06 / 08 / 2010**

**Transaction ID: SA11AI.94883**

Amount of Each Receipt this Period **70.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **320.00**

**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 18 / 88
	<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)  
**FREEDOM'S DEFENSE FUND**

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS HELEN COX 331	Date of Receipt MM / DD / YYYY 06 / 21 / 2010
	Mailing Address 753 MAJORCA AVE	<b>Transaction ID:</b> SA11AI.94898
	City State Zip Code CORAL GABLES FL 33134	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MISS WANDA CRAWLEY 629	Date of Receipt MM / DD / YYYY 06 / 17 / 2010
	Mailing Address 1213 PRESTWICKE DR	<b>Transaction ID:</b> SA11AI.94920
	City State Zip Code HERRIN IL 62948	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS MARION CUBBERLEY 088	Date of Receipt MM / DD / YYYY 06 / 07 / 2010
	Mailing Address 4302 MONROE VLG	<b>Transaction ID:</b> SA11AI.94956
	City State Zip Code MONROE TOWNSHIP NJ 08831	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>385.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 19 / 88  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

**A.** Full Name (Last, First, Middle Initial)  
MRS OTTIE S DAILEY 365  
Mailing Address 7598 LAKE BLVD  
City State Zip Code  
SPANISH FORT AL 36527  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 245.00  
Date of Receipt MM / DD / YYYY  
05 / 04 / 2010  
Transaction ID: SA11AI.94987  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
MRS OTTIE S DAILEY 365  
Mailing Address 7598 LAKE BLVD  
City State Zip Code  
SPANISH FORT AL 36527  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00  
Date of Receipt MM / DD / YYYY  
06 / 07 / 2010  
Transaction ID: SA11AI.94988  
Amount of Each Receipt this Period 30.00

**C.** Full Name (Last, First, Middle Initial)  
MRS OTTIE S DAILEY 365  
Mailing Address 7598 LAKE BLVD  
City State Zip Code  
SPANISH FORT AL 36527  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt MM / DD / YYYY  
06 / 18 / 2010  
Transaction ID: SA11AI.94986  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 80.00  
**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 20 / 88  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

**A.** Full Name (Last, First, Middle Initial)  
MRS HELEN DECKER 760  
Mailing Address 3500 REDSTONE DR  
City ARLINGTON State TX Zip Code 76001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 06 / 02 / 2010  
Transaction ID: SA11AI.95063  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
DR JOANNE D DENKO 441, MD  
Mailing Address 21160 AVALON DR  
City ROCKY RIVER State OH Zip Code 44116  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 05 / 03 / 2010  
Transaction ID: SA11AI.95093  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
DR JOANNE D DENKO 441, MD  
Mailing Address 21160 AVALON DR  
City ROCKY RIVER State OH Zip Code 44116  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 06 / 21 / 2010  
Transaction ID: SA11AI.95092  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 250.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 88  
(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)  
**FREEDOM'S DEFENSE FUND**

**A.** Full Name (Last, First, Middle Initial)  
MR JAMES B DIXON 302

Mailing Address 2789 EMERALD DR

City State Zip Code  
**JONESBORO GA 30236**

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **05 / 20 / 2010**

**Transaction ID: SA11AI.95147**

Amount of Each Receipt this Period **50.00**

**B.** Full Name (Last, First, Middle Initial)  
CAPT JOHN DRAIN 221

Mailing Address 1703 WARNER AVE

City State Zip Code  
**MC LEAN VA 22101**

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

Name of Employer Occupation  
US MILITARY OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **05 / 03 / 2010**

**Transaction ID: SA11AI.95195**

Amount of Each Receipt this Period **35.00**

**C.** Full Name (Last, First, Middle Initial)  
CAPT JOHN DRAIN 221

Mailing Address 1703 WARNER AVE

City State Zip Code  
**MC LEAN VA 22101**

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

Name of Employer Occupation  
US MILITARY OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **290.00**

Date of Receipt **05 / 19 / 2010**

**Transaction ID: SA11AI.95196**

Amount of Each Receipt this Period **20.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **105.00**

**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 22 / 88

(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)  
FREEDOM'S DEFENSE FUND

**A.**

Full Name (Last, First, Middle Initial)  
MRS ARDEN DRUCE 863

Mailing Address 2537 N LA GRANDE DR E

City State Zip Code  
CAMP VERDE AZ 86322

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 418.00

Date of Receipt

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

Transaction ID: SA11AI.95203

Amount of Each Receipt this Period  
106.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS VELMA V EVERHART 432

Mailing Address 645 NEIL AVE APT 208

City State Zip Code  
COLUMBUS OH 43215

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

Name of Employer Occupation  
NONE RETIRED

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.95386

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR JOHN FAKULT 440

Mailing Address 232 E 239RD ST

City State Zip Code  
WILLOWICK OH 44095

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

Name of Employer Occupation  
NONE RETIRED

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

Date of Receipt

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

Transaction ID: SA11AI.95405

Amount of Each Receipt this Period  
100.00

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

256.00

**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 23 / 88  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

**A.** Full Name (Last, First, Middle Initial)  
MR JOHN FAKULT 440  
 Mailing Address 232 E 239RD ST  
 City State Zip Code  
 WILLOWICK OH 44095  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 0 8 / 2 0 1 0  
**Transaction ID:** SA11AI.95403  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

**B.** Full Name (Last, First, Middle Initial)  
LUCIA FELICIELLO 917  
 Mailing Address 4095 FRUIT ST SPC 605  
 City State Zip Code  
 LA VERNE CA 91750  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 0 8 / 2 0 1 0  
**Transaction ID:** SA11AI.95440  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

**C.** Full Name (Last, First, Middle Initial)  
MISS JANET L FIGG 069  
 Mailing Address 122 PALMERS HILL RD UNIT 2312  
 City State Zip Code  
 STAMFORD CT 06902  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 2 6 / 2 0 1 0  
**Transaction ID:** SA11AI.95461  
 Amount of Each Receipt this Period  
 60.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 260.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 88  
(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)  
FREEDOM'S DEFENSE FUND

**A.**

Full Name (Last, First, Middle Initial)  
MS SARAH G FLEMING 853

Mailing Address 17300 N 88TH AVE

City State Zip Code  
PEORIA AZ 85382

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

Transaction ID: SA11AI.95500

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
MR ALLEN B FORBES 349

Mailing Address 1560 SW DYER POINT RD

City State Zip Code  
PALM CITY FL 34990

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2010

Transaction ID: SA11AI.95514

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
MR ERNEST V FORTIN 342

Mailing Address 4574 HIGHLAND OAKS CIR

City State Zip Code  
SARASOTA FL 34235

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

Transaction ID: SA11AI.95521

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 390.00

**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 25 / 88  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**FREEDOM'S DEFENSE FUND**

**A.** Full Name (Last, First, Middle Initial)  
MR ERNEST V FORTIN 342

Mailing Address 4574 HIGHLAND OAKS CIR

City State Zip Code  
**SARASOTA FL 34235**

FEC ID number of contributing federal political committee. C

Name of Employer: NONE   Occupation: RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt MM / DD / YYYY  
05 / 24 / 2010

**Transaction ID:** SA11AI.95522

Amount of Each Receipt this Period 20.00

**B.** Full Name (Last, First, Middle Initial)  
MR JACK R FRANK 926

Mailing Address 33 ROCKINGHAM DR

City State Zip Code  
**NEWPORT BEACH CA 92660**

FEC ID number of contributing federal political committee. C

Name of Employer: SELF EMPLOYED   Occupation: CONTRACTOR/BUILDER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** SA11AI.95545

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
PETER GOGOLAK 068

Mailing Address 24 ARROWHEAD WAY

City State Zip Code  
**DARIEN CT 06820**

FEC ID number of contributing federal political committee. C

Name of Employer: SELF EMPLOYED   Occupation: PRINTING BUSINESS OWNER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
06 / 08 / 2010

**Transaction ID:** SA11AI.95738

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 220.00

**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 26 / 88

(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)  
FREEDOM'S DEFENSE FUND

**A.**

Full Name (Last, First, Middle Initial)  
MR CHARLES F GORDER 921, SR

Mailing Address 5526 TOYON RD

City State Zip Code  
SAN DIEGO CA 92115

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

Name of Employer  
ALHADEFF & SOLAR LLP

Occupation  
ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

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

Transaction ID: SA11AI.95756

Amount of Each Receipt this Period

100.00
--------

**B.**

Full Name (Last, First, Middle Initial)  
MISS MAEJEL GRAF 940

Mailing Address 68 ELENA AVE

City State Zip Code  
ATHERTON CA 94027

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

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Transaction ID: SA11AI.95774

Amount of Each Receipt this Period

500.00
--------

**C.**

Full Name (Last, First, Middle Initial)  
MRS DORIS GRAGG 787

Mailing Address 2603 JONES RD #107

City State Zip Code  
AUSTIN TX 78745

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

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
209.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	0

Transaction ID: SA11AI.95777

Amount of Each Receipt this Period

100.00
--------

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

700.00
--------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 88
	<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)  
FREEDOM'S DEFENSE FUND

**A.**

Full Name (Last, First, Middle Initial)  
E LOIS GREEN 210

Mailing Address 200 NOMINI DR

City ARNOLD State MD Zip Code 21012

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
06 / 09 / 2010

Transaction ID: SA11AI.95800

Amount of Each Receipt this Period: 100.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS VONDA M GREEN 776

Mailing Address 511 10TH ST

City ORANGE State TX Zip Code 77630

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: MM / DD / YYYY  
05 / 06 / 2010

Transaction ID: SA11AI.95807

Amount of Each Receipt this Period: 75.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS MARY FARSON GRIFFITHS 195

Mailing Address 546 ERICH ST

City WERNERSVILLE State PA Zip Code 19565

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
05 / 07 / 2010

Transaction ID: SA11AI.95839

Amount of Each Receipt this Period: 100.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 88  
(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)  
**FREEDOM'S DEFENSE FUND**

**A.** Full Name (Last, First, Middle Initial)  
MS MARY J Y GULINO 220

Mailing Address 4200 OLD COLUMBIA PIKE

City ANNANDALE State VA Zip Code 22003

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 06 / 10 / 2010  
**Transaction ID: SA11AI.95866**  
 Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
MR NICHOLAS C GURRERA 327

Mailing Address 217 BOSTON AVE

City ALTAMONTE SPRINGS State FL Zip Code 32701

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 05 / 24 / 2010  
**Transaction ID: SA11AI.95873**  
 Amount of Each Receipt this Period: 15.00

**C.** Full Name (Last, First, Middle Initial)  
MARY ANDREWS HAAG 920

Mailing Address 7171 COUNTRY CLUB DR

City LA JOLLA State CA Zip Code 92037

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 06 / 09 / 2010  
**Transaction ID: SA11AI.95887**  
 Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **315.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 88

(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)  
FREEDOM'S DEFENSE FUND

**A.**

Full Name (Last, First, Middle Initial)  
MR J KERN HAMILTON 950

Mailing Address 800 BLOSSOM HILL RD UNIT E324

City State Zip Code  
LOS GATOS CA 95032

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.95947

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)  
MR J KERN HAMILTON 950

Mailing Address 800 BLOSSOM HILL RD UNIT E324

City State Zip Code  
LOS GATOS CA 95032

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1700.00

Date of Receipt

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

Transaction ID: SA11AI.95948

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
MR KEITH HEIFNER 478

Mailing Address 207 N JEFFERSON ST

City State Zip Code  
ROCKVILLE IN 47872

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.96090

Amount of Each Receipt this Period

250.00

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

750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 88

(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)  
FREEDOM'S DEFENSE FUND

**A.**

Full Name (Last, First, Middle Initial)  
MRS ELLA M HELM 300

Mailing Address 3385 HALLMARK DR SE

City State Zip Code  
MARIETTA GA 30067

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	0

Transaction ID: SA11AI.96098

Amount of Each Receipt this Period

50.00
-------

**B.**

Full Name (Last, First, Middle Initial)  
MRS ELLA M HELM 300

Mailing Address 3385 HALLMARK DR SE

City State Zip Code  
MARIETTA GA 30067

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 685.00

Date of Receipt

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

Transaction ID: SA11AI.96099

Amount of Each Receipt this Period

35.00
-------

**C.**

Full Name (Last, First, Middle Initial)  
MRS ELLA M HELM 300

Mailing Address 3385 HALLMARK DR SE

City State Zip Code  
MARIETTA GA 30067

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 760.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	0

Transaction ID: SA11AI.96100

Amount of Each Receipt this Period

75.00
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**SUBTOTAL** of Receipts This Page (optional) ..... ▶

160.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 88

(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)  
FREEDOM'S DEFENSE FUND

**A.**

Full Name (Last, First, Middle Initial)  
MRS ELLA M HELM 300

Mailing Address 3385 HALLMARK DR SE

City State Zip Code  
MARIETTA GA 30067

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 835.00

Date of Receipt

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

Transaction ID: SA11AI.96097

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS DORIS T HENDRICKS 212

Mailing Address 8810 WALTHER BLVD APT 2229

City State Zip Code  
BALTIMORE MD 21234

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 410.00

Date of Receipt

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

Transaction ID: SA11AI.96113

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS ANN HERLONG 298

Mailing Address 19 TWO MILE DR  
RR 1 BOX 297

City State Zip Code  
JOHNSTON SC 29832

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.96127

Amount of Each Receipt this Period

35.00

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

145.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 88  
(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)  
**FREEDOM'S DEFENSE FUND**

**A.**

Full Name (Last, First, Middle Initial)  
DR ROBERT HEROLD 633, MD

Mailing Address 401 E HIGHWAY N

City State Zip Code  
**WENTZVILLE MO 63385**

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

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 25 / 2010**

**Transaction ID: SA11AI.96132**

Amount of Each Receipt this Period **200.00**

**B.**

Full Name (Last, First, Middle Initial)  
CLIFFORD HERREN 737

Mailing Address 1020 SANTA FE ST

City State Zip Code  
**ALVA OK 73717**

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **05 / 20 / 2010**

**Transaction ID: SA11AI.96133**

Amount of Each Receipt this Period **140.00**

**C.**

Full Name (Last, First, Middle Initial)  
MS NEVENKA HOFFMAN 900

Mailing Address 3938 W POINT DR

City State Zip Code  
**LOS ANGELES CA 90065**

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **711.00**

Date of Receipt **05 / 24 / 2010**

**Transaction ID: SA11AI.96201**

Amount of Each Receipt this Period **237.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **577.00**

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

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

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

FOR LINE NUMBER: PAGE 33 / 88  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

**A.** Full Name (Last, First, Middle Initial)  
MR C AL HOLDER 763

Mailing Address 2409 CLAYTON LN

City State Zip Code  
WICHITA FALLS TX 76308

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

Name of Employer Occupation  
SELF EMPLOYED SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2010

**Transaction ID:** SA11AI.96217

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MS FLORENCE HOOTEN 207

Mailing Address 7017 SAINT ANNES AVE

City State Zip Code  
LANHAM MD 20706

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 445.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2010

**Transaction ID:** SA11AI.96245

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
MS FLORENCE HOOTEN 207

Mailing Address 7017 SAINT ANNES AVE

City State Zip Code  
LANHAM MD 20706

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2010

**Transaction ID:** SA11AI.96246

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 185.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 88  
(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)  
FREEDOM'S DEFENSE FUND

**A.**

Full Name (Last, First, Middle Initial)  
MR ELDON L HOPPER 974

Mailing Address 47878 ELGIN AVE

City State Zip Code  
OAKRIDGE OR 97463

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2010

Transaction ID: SA11AI.96256

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
MR RAYMOND HUNICKE 067

Mailing Address 8 SOUTHBURY RD

City State Zip Code  
ROXBURY CT 06783

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2010

Transaction ID: SA11AI.96347

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS JEAN M HYDE 980

Mailing Address 4428 136TH PL SE

City State Zip Code  
BELLEVUE WA 98006

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2010

Transaction ID: SA11AI.96372

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 88  
(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)  
FREEDOM'S DEFENSE FUND

**A.**

Full Name (Last, First, Middle Initial)  
MR PAUL E JACKSON 324

Mailing Address 917 MARINA DR

City State Zip Code  
PANAMA CITY BEACH FL 32407

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 635.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2010

**Transaction ID:** SA11AI.96406

Amount of Each Receipt this Period  
35.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS MARIAN JENSEN 841

Mailing Address 171 3RD AVE APT 612

City State Zip Code  
SALT LAKE CITY UT 84103

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2010

**Transaction ID:** SA11AI.96456

Amount of Each Receipt this Period  
40.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS FRANCES JOHNSON 924

Mailing Address 3345 VALENCIA AVE

City State Zip Code  
SAN BERNARDINO CA 92404

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2010

**Transaction ID:** SA11AI.96514

Amount of Each Receipt this Period  
100.00

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

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

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

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

FOR LINE NUMBER: PAGE 36 / 88  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

**A.** Full Name (Last, First, Middle Initial)  
MRS MARY C JORDAN 628  
Mailing Address 321 W SOUTH ST  
City GRAYVILLE State IL Zip Code 62844  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 06 / 08 / 2010  
Transaction ID: SA11AI.96560  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
MRS HILDA JUDD 931  
Mailing Address PO BOX 50153  
City SANTA BARBARA State CA Zip Code 93150  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 390.00  
Date of Receipt 06 / 10 / 2010  
Transaction ID: SA11AI.96573  
Amount of Each Receipt this Period 40.00

**C.** Full Name (Last, First, Middle Initial)  
MRS MARY C KAEHLER 952  
Mailing Address 1025 ARMSTRONG RD  
City LODI State CA Zip Code 95242  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00  
Date of Receipt 05 / 26 / 2010  
Transaction ID: SA11AI.96583  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 190.00  
**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 37 / 88

(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)  
FREEDOM'S DEFENSE FUND

**A.**

Full Name (Last, First, Middle Initial)  
MISS DORIS KENYON 145

Mailing Address 1568 W BLAINE RD

City State Zip Code  
OVID NY 14521

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

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

Transaction ID: SA11AI.96653

Amount of Each Receipt this Period

120.00
--------

**B.**

Full Name (Last, First, Middle Initial)  
MRS PATTY KINGSBURY 784

Mailing Address 570 POENISCH DR

City State Zip Code  
CRP CHRISTI TX 78412

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

Name of Employer Occupation  
SELF EMPLOYED INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	0

Transaction ID: SA11AI.96695

Amount of Each Receipt this Period

50.00
-------

**C.**

Full Name (Last, First, Middle Initial)  
MRS BETTY KNIGHT 379

Mailing Address 5201 CATALINA RD

City State Zip Code  
KNOXVILLE TN 37918

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
335.00

Date of Receipt

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

Transaction ID: SA11AI.96756

Amount of Each Receipt this Period

50.00
-------

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

220.00
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**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 38 / 88  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

**A.** Full Name (Last, First, Middle Initial)  
MS JANE LAIRD 198  
Mailing Address 4031 KENNETT PIKE  
City GREENVILLE State DE Zip Code 19807  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 525.00  
Date of Receipt 05 / 19 / 2010  
Transaction ID: SA11AI.96868  
Amount of Each Receipt this Period 125.00

**B.** Full Name (Last, First, Middle Initial)  
MRS ELAINE F LAURENCE 110  
Mailing Address 68 ESTATES TER N  
City MANHASSET State NY Zip Code 11030  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 244.00  
Date of Receipt 06 / 08 / 2010  
Transaction ID: SA11AI.96914  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
MR VICTOR A LAZAR 148  
Mailing Address 108 WOOLF LN  
City ITHACA State NY Zip Code 14850  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 05 / 03 / 2010  
Transaction ID: SA11AI.96935  
Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 575.00  
**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 39 / 88  
(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)  
FREEDOM'S DEFENSE FUND

**A.** Full Name (Last, First, Middle Initial)  
MRS INGEBORG R LEDERGERBER 331  
Mailing Address 14248 SW 47TH ST

City State Zip Code  
MIAMI FL 33175

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt: 06 / 28 / 2010  
Transaction ID: SA11AI.96949  
Amount of Each Receipt this Period: 35.00

**B.** Full Name (Last, First, Middle Initial)  
WALTER LEHMAN 172  
Mailing Address 8587 POSSUM HOLLOW RD

City State Zip Code  
SHIPPENSBURG PA 17257

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt: 05 / 19 / 2010  
Transaction ID: SA11AI.96960  
Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
MR THOMAS C LINDSAY 214, SR  
Mailing Address 2515 CARROLLTON RD

City State Zip Code  
ANNAPOLIS MD 21403

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 06 / 25 / 2010  
Transaction ID: SA11AI.96995  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 235.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 88  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

**A.** Full Name (Last, First, Middle Initial)  
MR CHARLES W LOUFEK 554  
 Mailing Address 6600 INTERLACHEN BLVD  
 City State Zip Code  
 MINNEAPOLIS MN 55436  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 1 / 2 0 1 0  
**Transaction ID:** SA11AI.97057  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

**B.** Full Name (Last, First, Middle Initial)  
MISS DONNA LUTZ 437  
 Mailing Address 402 HIGH ST  
 City State Zip Code  
 WOODSFIELD OH 43793  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 1 / 2 0 1 0  
**Transaction ID:** SA11AI.97097  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 238.00

**C.** Full Name (Last, First, Middle Initial)  
MRS GANELLE L MALONE 232  
 Mailing Address 1600 WESTBROOK AVE #625  
 City State Zip Code  
 RICHMOND VA 23227  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 0 / 2 0 1 0  
**Transaction ID:** SA11AI.97153  
 Amount of Each Receipt this Period  
 75.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 600.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 41 / 88  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

**A.** Full Name (Last, First, Middle Initial)  
COL BENJAMIN R MCBRIDE 275  
Mailing Address 1113 SEABROOK AVE  
City CARY State NC Zip Code 27511  
FEC ID number of contributing federal political committee. **C**  
Name of Employer US MILITARY Occupation OFFICER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 06 / 16 / 2010  
Transaction ID: SA11AI.97268  
Amount of Each Receipt this Period 150.00

**B.** Full Name (Last, First, Middle Initial)  
MRS MARY H MCCONNELL 444  
Mailing Address 111 CORLL ST  
City HUBBARD State OH Zip Code 44425  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 207.00  
Date of Receipt 05 / 03 / 2010  
Transaction ID: SA11AI.97288  
Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
MRS MARY H MCCONNELL 444  
Mailing Address 111 CORLL ST  
City HUBBARD State OH Zip Code 44425  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 242.00  
Date of Receipt 05 / 18 / 2010  
Transaction ID: SA11AI.97289  
Amount of Each Receipt this Period 35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 210.00  
**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 42 / 88  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

**A.** Full Name (Last, First, Middle Initial)  
MRS MARY H MCCONNELL 444  
 Mailing Address 111 CORLL ST  
 City State Zip Code  
 HUBBARD OH 44425  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 01 / 2010  
**Transaction ID:** SA11AI.97290  
 Amount of Each Receipt this Period  
 66.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 308.00

**B.** Full Name (Last, First, Middle Initial)  
ELLA MAE MC GUIRE 672  
 Mailing Address 8225 E OVERBROOK ST  
 City State Zip Code  
 WICHITA KS 67206  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 21 / 2010  
**Transaction ID:** SA11AI.97265  
 Amount of Each Receipt this Period  
 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PROGRAM MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

**C.** Full Name (Last, First, Middle Initial)  
ELLA MAE MC GUIRE 672  
 Mailing Address 8225 E OVERBROOK ST  
 City State Zip Code  
 WICHITA KS 67206  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 10 / 2010  
**Transaction ID:** SA11AI.97264  
 Amount of Each Receipt this Period  
 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PROGRAM MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 166.00  
**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 43 / 88

(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)  
FREEDOM'S DEFENSE FUND

**A.**

Full Name (Last, First, Middle Initial)  
MR WADE MCINNIS 272

Mailing Address 1820 THISTLEBURN LN

City State Zip Code  
COLFAX NC 27235

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 17 / 2010

Transaction ID: SA11AI.97320

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
MS JOLENE MEANS 773

Mailing Address 435 NORTH PINES DR APT 207

City State Zip Code  
KINGWOOD TX 77339

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
264.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 08 / 2010

Transaction ID: SA11AI.97362

Amount of Each Receipt this Period

66.00

**C.**

Full Name (Last, First, Middle Initial)  
MR J R MEHRING 199

Mailing Address 33788 WALNUT GROVE DR UNIT 3A

City State Zip Code  
LEWES DE 19958

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
355.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 19 / 2010

Transaction ID: SA11AI.97372

Amount of Each Receipt this Period

120.00

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

286.00

**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 44 / 88  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

**A.** Full Name (Last, First, Middle Initial)  
MR ANDREW MESSENGER 335  
Mailing Address 10634 MOSHIE LN  
City SAN ANTONIO State TX Zip Code 33576  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00  
Date of Receipt 05 / 24 / 2010  
Transaction ID: SA11AI.97393  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
DR ANDREW MESSENGER 488, MD  
Mailing Address 7498 N MOUNT HOPE RD  
City RIVERDALE State MI Zip Code 48877  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 06 / 02 / 2010  
Transaction ID: SA11AI.97395  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
MISS MARGARET F MILLER 460  
Mailing Address 13553 KENSINGTON PL  
City CARMEL State IN Zip Code 46032  
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 ▼ 360.00  
Date of Receipt 05 / 20 / 2010  
Transaction ID: SA11AI.97446  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 88
	<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)  
FREEDOM'S DEFENSE FUND

**A.**

Full Name (Last, First, Middle Initial)  
MR ROBERT MILLER 729

Mailing Address 2917 CLIFF DR

City State Zip Code  
FORT SMITH AR 72901

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

Name of Employer Occupation  
MILLER INVESTMENTS INVESTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2010

**Transaction ID:** SA11AI.97453

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
DR FRANK MILLER 750

Mailing Address 619 SUNSET HILL DR

City State Zip Code  
ROCKWALL TX 75087

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

Name of Employer Occupation  
DOCTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2010

**Transaction ID:** SA11AI.97454

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR JOHN L MINTER 779

Mailing Address 116 SEASCAPE DR

City State Zip Code  
PORT LAVACA TX 77979

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2010

**Transaction ID:** SA11AI.97479

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 185.00

**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 46 / 88
	<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)  
FREEDOM'S DEFENSE FUND

**A.**

Full Name (Last, First, Middle Initial) MS ANTOINETTE C MIRE 711		Date of Receipt
Mailing Address 301 WAYNE DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code SHREVEPORT LA 71105		<input type="text"/> 0 5 / <input type="text"/> 2 1 / <input type="text"/> 2 0 1 0
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		<b>Transaction ID:</b> SA11AI.97480
Name of Employer NONE Occupation RETIRED		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 140.00
Aggregate Year-to-Date ▼ <input type="text"/> 365.00		

**B.**

Full Name (Last, First, Middle Initial) MS EILEEN MONROE 377		Date of Receipt
Mailing Address 302 FRONT ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code LUTTRELL TN 37779		<input type="text"/> 0 6 / <input type="text"/> 2 9 / <input type="text"/> 2 0 1 0
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		<b>Transaction ID:</b> SA11AI.97508
Name of Employer NONE Occupation RETIRED		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 400.00
Aggregate Year-to-Date ▼ <input type="text"/> 465.00		

**C.**

Full Name (Last, First, Middle Initial) MRS EVA MOORE 327		Date of Receipt
Mailing Address 2 JADE ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code EUSTIS FL 32726		<input type="text"/> 0 6 / <input type="text"/> 0 8 / <input type="text"/> 2 0 1 0
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		<b>Transaction ID:</b> SA11AI.97528
Name of Employer NONE Occupation RETIRED		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 500.00
Aggregate Year-to-Date ▼ <input type="text"/> 1600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1040.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 88  
(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)  
FREEDOM'S DEFENSE FUND

**A.**

Full Name (Last, First, Middle Initial)  
MR HENRY A MULLER 328

Mailing Address 5742 PARKVIEW LAKE DR

City State Zip Code  
ORLANDO FL 32821

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 14 / 2010

Transaction ID: SA11AI.97600

Amount of Each Receipt this Period  
35.00

**B.**

Full Name (Last, First, Middle Initial)  
MR RAY ODEN 711, JR

Mailing Address 4630 OLD BROWNLEE RD

City State Zip Code  
BOSSIER CITY LA 71111

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 24 / 2010

Transaction ID: SA11AI.97786

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
MR RAY P ODEN 711, JR

Mailing Address 702 THORA BLVD

City State Zip Code  
SHREVEPORT LA 71111

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 29 / 2010

Transaction ID: SA11AI.97785

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1535.00**

**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 48 / 88  
(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)  
**FREEDOM'S DEFENSE FUND**

**A.** Full Name (Last, First, Middle Initial)  
MR KARL H OELFKE 775, JR

Mailing Address 110 BEGONIA ST

City State Zip Code  
**LAKE JACKSON TX 77566**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**264.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 08 / 2010**

**Transaction ID: SA11AI.97787**

Amount of Each Receipt this Period  
**176.00**

**B.** Full Name (Last, First, Middle Initial)  
MR LAWRENCE B OLMON 972

Mailing Address 1300 NE 16TH AVE APT 605

City State Zip Code  
**PORTLAND OR 97232**

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 08 / 2010**

**Transaction ID: SA11AI.97805**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
ALIZA OPPENSTEIN 331

Mailing Address 2751 NE 183RD ST APT 514

City State Zip Code  
**AVENTURA FL 33160**

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt  
MM / DD / YYYY  
**05 / 21 / 2010**

**Transaction ID: SA11AI.97822**

Amount of Each Receipt this Period  
**300.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **726.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 88

(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)  
FREEDOM'S DEFENSE FUND

**A.**

Full Name (Last, First, Middle Initial)  
MISS LAVENIA PAGE 271

Mailing Address 6303 SALEMTOWNE DR

City State Zip Code  
WINSTON SALEM NC 27106

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
314.00

Date of Receipt

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

Transaction ID: SA11AI.97880

Amount of Each Receipt this Period

132.00

**B.**

Full Name (Last, First, Middle Initial)  
MISS LAVENIA PAGE 271

Mailing Address 6303 SALEMTOWNE DR

City State Zip Code  
WINSTON SALEM NC 27106

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt

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

Transaction ID: SA11AI.97878

Amount of Each Receipt this Period

66.00

**C.**

Full Name (Last, First, Middle Initial)  
MS JULIA SILVA PALMA 200

Mailing Address 1425 17TH ST NW APT 405

City State Zip Code  
WASHINGTON DC 20036

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

Name of Employer Occupation  
US GOVERNMENT SECRETARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.97889

Amount of Each Receipt this Period

300.00

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

498.00

**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 50 / 88
	<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)  
FREEDOM'S DEFENSE FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) MR GEORGE C PERREAULT 342		Date of Receipt
	Mailing Address 7336 CAPTAIN KIDD AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	SARASOTA	FL	34231
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.97969
Name of Employer SELF EMPLOYED		Occupation INVESTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/>
			100.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS BARBARA L PEYTON 926		Date of Receipt
	Mailing Address 725 MYSTIC WAY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	LAGUNA BEACH	CA	92651
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.97997
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 247.00	<input type="text"/>
			40.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MR JAMES POSEY 355		Date of Receipt
	Mailing Address PO BOX 249		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	DOUBLE SPGS	AL	35553
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.98099
Name of Employer POSEY SUPPLY CO		Occupation PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/>
			150.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 88  
(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)  
FREEDOM'S DEFENSE FUND

**A.**

Full Name (Last, First, Middle Initial)  
LOUIS E POTEMPA 773

Mailing Address 140 MARSEILLE

City State Zip Code  
MONTGOMERY TX 77356

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  

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

Transaction ID: SA11AI.98101

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
DR EDWARD PROBST 472, JR MD

Mailing Address 1920 FRANKLIN ST

City State Zip Code  
COLUMBUS IN 47201

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	4	/	2	0	1	0

Transaction ID: SA11AI.98137

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
MS BEATRICE R PUTMAN 050

Mailing Address 225 PUTNAM RD

City State Zip Code  
NEWBURY VT 05051

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	0

Transaction ID: SA11AI.98155

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.00**

**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 52 / 88
	<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)  
FREEDOM'S DEFENSE FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) MR NORMAN E REES 945	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 2406 HIGH POINTE CT	<b>Transaction ID:</b> SA11AI.98233
	City State Zip Code FAIRFIELD CA 94534	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR NORMAN E REES 945	Date of Receipt MM / DD / YYYY 06 / 02 / 2010
	Mailing Address 2406 HIGH POINTE CT	<b>Transaction ID:</b> SA11AI.98234
	City State Zip Code FAIRFIELD CA 94534	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR NORMAN E REES 945	Date of Receipt MM / DD / YYYY 06 / 21 / 2010
	Mailing Address 2406 HIGH POINTE CT	<b>Transaction ID:</b> SA11AI.98232
	City State Zip Code FAIRFIELD CA 94534	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 430.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	120.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 88  
(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)  
**FREEDOM'S DEFENSE FUND**

**A.**

Full Name (Last, First, Middle Initial)  
MRS ELLEN E REZABEK 683

Mailing Address 1505 EVERGREEN AVE

City State Zip Code  
**CRETE NE 68333**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**400.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 18 / 2010**

**Transaction ID: SA11AI.98275**

Amount of Each Receipt this Period  
**100.00**

**B.**

Full Name (Last, First, Middle Initial)  
MR JOHN W SAMPSON 339

Mailing Address 9614 PARKWOOD CT

City State Zip Code  
**FORT MYERS FL 33908**

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
MM / DD / YYYY  
**04 / 30 / 2010**

**Transaction ID: SA11AI.98514**

Amount of Each Receipt this Period  
**1000.00**

**C.**

Full Name (Last, First, Middle Initial)  
MRS MILTON V SANDEN 853

Mailing Address 9951 W WILLOW PT

City State Zip Code  
**SUN CITY AZ 85351**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**230.00**

Date of Receipt  
MM / DD / YYYY  
**05 / 20 / 2010**

**Transaction ID: SA11AI.98522**

Amount of Each Receipt this Period  
**30.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1130.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 88  
(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)  
FREEDOM'S DEFENSE FUND

**A.**

Full Name (Last, First, Middle Initial)  
MRS MILTON V SANDEN 853

Mailing Address 9951 W WILLOW PT

City State Zip Code  
SUN CITY AZ 85351

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2010

Transaction ID: SA11AI.98520

Amount of Each Receipt this Period  
40.00

**B.**

Full Name (Last, First, Middle Initial)  
MR EDWIN C SANDHAM 349

Mailing Address 1964 SW SAINT ANDREWS DR

City State Zip Code  
PALM CITY FL 34990

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2010

Transaction ID: SA11AI.98533

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
MR EDWIN C SANDHAM 349

Mailing Address 1964 SW SAINT ANDREWS DR

City State Zip Code  
PALM CITY FL 34990

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1350.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2010

Transaction ID: SA11AI.98529

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **340.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 88  
(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)  
FREEDOM'S DEFENSE FUND

**A.**

Full Name (Last, First, Middle Initial)  
MR EDWIN C SANDHAM 349

Mailing Address 1964 SW SAINT ANDREWS DR

City State Zip Code  
PALM CITY FL 34990

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1650.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	4	/	2	0	1	0

Transaction ID: SA11AI.98534

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
MR EDWIN C SANDHAM 349

Mailing Address 1964 SW SAINT ANDREWS DR

City State Zip Code  
PALM CITY FL 34990

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1850.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	8	/	2	0	1	0

Transaction ID: SA11AI.98530

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
MR EDWIN C SANDHAM 349

Mailing Address 1964 SW SAINT ANDREWS DR

City State Zip Code  
PALM CITY FL 34990

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	8	/	2	0	1	0

Transaction ID: SA11AI.98531

Amount of Each Receipt this Period  
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 56 / 88  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

**A.** Full Name (Last, First, Middle Initial)  
MR EDWIN C SANDHAM 349

Mailing Address 1964 SW SAINT ANDREWS DR

City State Zip Code  
PALM CITY FL 34990

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt: 06 / 29 / 2010  
Transaction ID: SA11AI.98532  
Amount of Each Receipt this Period: 200.00

**B.** Full Name (Last, First, Middle Initial)  
MR DONALD R SCIFRES 940

Mailing Address 26700 PALO HILLS DR

City State Zip Code  
LOS ALTOS HILLS CA 94022

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

Name of Employer SDL INC Occupation OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3250.00

Date of Receipt: 06 / 07 / 2010  
Transaction ID: SA11AI.98654  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
MR JACK M SEGAL 191

Mailing Address 5027 S CONVENT LN

City State Zip Code  
PHILADELPHIA PA 19114

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 06 / 30 / 2010  
Transaction ID: SA11AI.98681  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

**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 57 / 88  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

**A.** Full Name (Last, First, Middle Initial)  
MR DAVID R SENNETT 605

Mailing Address 4841 WOODLAND AVE

City State Zip Code  
WESTERN SPRINGS IL 60558

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

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

**Transaction ID:** SA11AI.98694

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
MR JOSEPH SHEA 282

Mailing Address 2521 DRYDEN LN

City State Zip Code  
CHARLOTTE NC 28210

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

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

**Transaction ID:** SA11AI.98724

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
DONALD SHEFFLER 100

Mailing Address 508 E 78TH ST APT 6B

City State Zip Code  
NEW YORK NY 10075

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

Name of Employer Occupation  
SELF EMPLOYED ILLUSTRATOR

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

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

**Transaction ID:** SA11AI.98729

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

**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 58 / 88

(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)  
FREEDOM'S DEFENSE FUND

**A.**

Full Name (Last, First, Middle Initial)

MRS AGNES T SMITH 582

Mailing Address PO BOX 537

City

NORTHWOOD

State

ND

Zip Code

58267

FEC ID number of contributing federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.98879

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR PAUL SNIDER 958

Mailing Address 5150 MADISON AVE

City

SACRAMENTO

State

CA

Zip Code

95841

FEC ID number of contributing federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
AUTO DEALER

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.98905

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MR DONALD L SNODGRASS 688

Mailing Address PO BOX 476

City

WOOD RIVER

State

NE

Zip Code

68883

FEC ID number of contributing federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.98909

Amount of Each Receipt this Period

30.00

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

380.00

**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 59 / 88

(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)  
FREEDOM'S DEFENSE FUND

**A.**

Full Name (Last, First, Middle Initial)  
MR WILLIAM B SNYDER 337

Mailing Address 555 5TH AVE NE PH 2

City State Zip Code  
ST PETERSBURG FL 33701

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

Name of Employer Occupation  
NONE RETIRED

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.98918

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)  
MS BEVERLY JANE SPECHT 925

Mailing Address 18012 BRIGHTMAN AVE

City State Zip Code  
LAKE ELSINORE CA 92530

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.98955

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)  
MISS CHARLENE SPRANKEL 625

Mailing Address 120 FENWAY DR

City State Zip Code  
DECATUR IL 62521

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

Name of Employer Occupation  
RETIRED MATH PROFESSOR

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.98968

Amount of Each Receipt this Period

750.00

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

980.00

**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 60 / 88  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

**A.** Full Name (Last, First, Middle Initial)  
MR ROGER A STARBAR 015  
Mailing Address 121 SOUTH RD  
City HOLDEN State MA Zip Code 01520  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 05 / 20 / 2010  
Transaction ID: SA11AI.98992  
Amount of Each Receipt this Period 75.00

**B.** Full Name (Last, First, Middle Initial)  
STEVEN STEFELY 601  
Mailing Address 941 S EUCLID AVE  
City ELMHURST State IL Zip Code 60126  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 06 / 08 / 2010  
Transaction ID: SA11AI.99006  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
MR ARTHUR W STELSON 301  
Mailing Address 1101 STONEY CREEK LN  
City AUSTELL State GA Zip Code 30168  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 211.00  
Date of Receipt 06 / 08 / 2010  
Transaction ID: SA11AI.99019  
Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 345.00  
**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 61 / 88  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

**A.** Full Name (Last, First, Middle Initial)  
MR BOYD W STEPHENSON 244  
Mailing Address PO BOX 104

City State Zip Code  
MONTEREY VA 24465

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

Name of Employer Occupation  
NONE SELF EMPLOYED

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

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2010

Transaction ID: SA11AI.99030

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MAJ DONALD S STONE 133  
Mailing Address 1144 HARDCRABBLE RD

City State Zip Code  
CASSVILLE NY 13318

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

Name of Employer Occupation  
US MILITARY OFFICER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1240.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2010

Transaction ID: SA11AI.99054

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
MAJ DONALD S STONE 133  
Mailing Address 1144 HARDCRABBLE RD

City State Zip Code  
CASSVILLE NY 13318

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

Name of Employer Occupation  
US MILITARY OFFICER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1280.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2010

Transaction ID: SA11AI.99055

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 290.00

**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 62 / 88  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

**A.**

Full Name (Last, First, Middle Initial)  
MISS CHLOE STUDWELL 068

Mailing Address PO BOX 5053

City State Zip Code  
BROOKFIELD CT 06804

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2010

Transaction ID: SA11AI.99090

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
MR DENNIS SUENOBU 967

Mailing Address 2159 AINAOLA DR

City State Zip Code  
HILO HI 96720

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2010

Transaction ID: SA11AI.99100

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
MR ROBERT SUNDERLAND 890

Mailing Address 953 PYRITE AVE  
953 PYRITE AVE

City State Zip Code  
HENDERSON NV 89011

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1435.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2010

Transaction ID: SA11AI.99115

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

**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 63 / 88  
(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)  
FREEDOM'S DEFENSE FUND

**A.**

Full Name (Last, First, Middle Initial)  
MR ROBERT SUNDERLAND 890

Mailing Address 953 PYRITE AVE  
953 PYRITE AVE

City Henderson State NV Zip Code 89011

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1460.00

Date of Receipt: 06 / 21 / 2010  
Transaction ID: SA11AI.99114  
Amount of Each Receipt this Period: 25.00

**B.**

Full Name (Last, First, Middle Initial)  
EDWIN SANDHAM TRUST 349

Mailing Address 1964 SW SAINT ANDREWS DR

City PALM CITY State FL Zip Code 34990

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 28 / 2010  
Transaction ID: SA11AI.99322  
Amount of Each Receipt this Period: 250.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS MARTHA H TURNEY 193

Mailing Address 1361 BOOT RD #265

City WEST CHESTER State PA Zip Code 19380

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 297.33

Date of Receipt: 05 / 10 / 2010  
Transaction ID: SA11AI.99345  
Amount of Each Receipt this Period: 35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 310.00

**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 64 / 88
	<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)  
**FREEDOM'S DEFENSE FUND**

**A.** Full Name (Last, First, Middle Initial)  
MRS MARTHA H TURNEY 193

Mailing Address 1361 BOOT RD #265

City State Zip Code  
**WEST CHESTER PA 19380**

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

Name of Employer NONE Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **397.33**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**05 24 2010**

**Transaction ID: SA11AI.99346**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
MR CALVIN K UPP 671

Mailing Address 212 N ELM ST

City State Zip Code  
**WELLINGTON KS 67152**

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

Name of Employer NONE Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**05 20 2010**

**Transaction ID: SA11AI.99374**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
MR CALVIN K UPP 671

Mailing Address 212 N ELM ST

City State Zip Code  
**WELLINGTON KS 67152**

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

Name of Employer NONE Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**06 10 2010**

**Transaction ID: SA11AI.99372**

Amount of Each Receipt this Period  
**25.00**

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 88  
(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)  
FREEDOM'S DEFENSE FUND

**A.**

Full Name (Last, First, Middle Initial)  
MR CALVIN K UPP 671

Mailing Address 212 N ELM ST

City Wellington State KS Zip Code 67152

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 06 / 28 / 2010  
Transaction ID: SA11AI.99373  
Amount of Each Receipt this Period 25.00

**B.**

Full Name (Last, First, Middle Initial)  
MR ALEXANDER P USTICK 935

Mailing Address PO BOX 599

City RIDGECREST State CA Zip Code 93556

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 08 / 2010  
Transaction ID: SA11AI.99377  
Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
MR JAMES VAN VALKENBURG 190

Mailing Address 535 GRADYVILLE RD # B125

City NEWTOWN SQUARE State PA Zip Code 19073

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 08 / 2010  
Transaction ID: SA11AI.99399  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 425.00

**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 66 / 88  
(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)  
FREEDOM'S DEFENSE FUND

**A.**

Full Name (Last, First, Middle Initial)  
MR PHILIP E WAGNER 958

Mailing Address 145 GLOBE AVE

City State Zip Code  
SACRAMENTO CA 95815

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: SA11AI.99467

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR PHILIP E WAGNER 958

Mailing Address 145 GLOBE AVE

City State Zip Code  
SACRAMENTO CA 95815

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

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

Transaction ID: SA11AI.99466

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
MR KENNETH C WALLACE 287

Mailing Address 1380 GLEN CANNON DR

City State Zip Code  
PISGAH FOREST NC 28768

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.99487

Amount of Each Receipt this Period  
50.00

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

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

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

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

FOR LINE NUMBER: PAGE 67 / 88  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

**A.** Full Name (Last, First, Middle Initial)  
MR KENNETH C WALLACE 287

Mailing Address 1380 GLEN CANNON DR

City State Zip Code  
PISGAH FOREST NC 28768

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

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

Transaction ID: SA11AI.99488

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
MS ALICE M WELLS 189

Mailing Address 14220 ANNS CHOICE WAY

City State Zip Code  
WARMINSTER PA 18974

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.99590

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
MS ALICE M WELLS 189

Mailing Address 14220 ANNS CHOICE WAY

City State Zip Code  
WARMINSTER PA 18974

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.99591

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 160.00

**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 68 / 88  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

**A.** Full Name (Last, First, Middle Initial)  
MRS JUNE WILLIAMS 927  
Mailing Address 11300 WARNER AVE APT D101

City State Zip Code  
FOUNTAIN VALLEY CA 92708

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

Transaction ID: SA11AI.99701

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
MRS JUNE WILLIAMS 927  
Mailing Address 11300 WARNER AVE APT D101

City State Zip Code  
FOUNTAIN VALLEY CA 92708

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt  
MM / DD / YYYY  
06 / 07 / 2010

Transaction ID: SA11AI.99700

Amount of Each Receipt this Period  
5.00

**C.** Full Name (Last, First, Middle Initial)  
MRS EDNA A WITTKOPF 505  
Mailing Address 10 E COLLEGE ST

City State Zip Code  
ALGONA IA 50511

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2010

Transaction ID: SA11AI.99750

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **50.00**

**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 69 / 88  
(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)  
FREEDOM'S DEFENSE FUND

**A.**

Full Name (Last, First, Middle Initial)  
MR DAVIS H WOOD 199

Mailing Address PO BOX 349

City State Zip Code  
FREDERICA DE 19946

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

Name of Employer Occupation  
L & W AGENCY INSURANCE AGENT

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

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2010

Transaction ID: SA11AI.99780

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR JAHLEEL WOODBRIDGE 577

Mailing Address 13120 LAVON CT

City State Zip Code  
HOT SPRINGS SD 57747

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

Name of Employer Occupation  
NONE RETIRED

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

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2010

Transaction ID: SA11AI.99786

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
MR JAHLEEL WOODBRIDGE 577

Mailing Address 13120 LAVON CT

City State Zip Code  
HOT SPRINGS SD 57747

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2010

Transaction ID: SA11AI.99787

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

**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 70 / 88  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**FREEDOM'S DEFENSE FUND**

**A.** Full Name (Last, First, Middle Initial)  
MR BRUCE M WYCKOFF 940

Mailing Address **1215 CHESTERTON AVE**

City **REDWOOD CITY** State **CA** Zip Code **94061**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **05 / 26 / 2010**  
**Transaction ID: SA11AI.99826**  
 Amount of Each Receipt this Period **100.00**

**B.** Full Name (Last, First, Middle Initial)  
MR FRANK A YOUNG 193

Mailing Address **530 FRANKLIN WAY**

City **WEST CHESTER** State **PA** Zip Code **19380**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **05 / 17 / 2010**  
**Transaction ID: SA11AI.99858**  
 Amount of Each Receipt this Period **250.00**

**C.** Full Name (Last, First, Middle Initial)  
MISS JUDY ZARNDT 535

Mailing Address **7772 W OLD SAUK RD**

City **VERONA** State **WI** Zip Code **53593**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **06 / 17 / 2010**  
**Transaction ID: SA11AI.99875**  
 Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

**TOTAL** This Period (last page this line number only) ..... ► **32398.92**

# 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)  
FREEDOM'S DEFENSE FUND

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) BASE CONNECT, INC</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL - CREATIVE</p> <p>Candidate Name FREEDOM'S DEFENSE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.93751</p> <p>Date of Disbursement 05 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 9690.29</p> <p>003 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL - POSTAGE</p> <p>Candidate Name FREEDOM'S DEFENSE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.99901</p> <p>Date of Disbursement 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 4400.00</p> <p>003 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL - POSTAGE</p> <p>Candidate Name FREEDOM'S DEFENSE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.99902</p> <p>Date of Disbursement 05 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 18169.00</p> <p>003 Category/ Type</p>

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

32259.29

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

**A. CENTURY DATA MAILING SERVICE**

Full Name (Last, First, Middle Initial)

Mailing Address 1155 15TH STREET, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

Candidate Name  
FREEDOM'S DEFENSE FUND

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B.99903  
Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2010

Amount of Each Disbursement this Period

6458.08

**B. CENTURY DATA MAILING SERVICE**

Full Name (Last, First, Middle Initial)

Mailing Address 1155 15TH STREET, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

Candidate Name  
FREEDOM'S DEFENSE FUND

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B.93752  
Date of Disbursement

MM / DD / YYYY  
05 / 26 / 2010

Amount of Each Disbursement this Period

16714.78

**C. CENTURY DATA MAILING SERVICE**

Full Name (Last, First, Middle Initial)

Mailing Address 1155 15TH STREET, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

Candidate Name  
FREEDOM'S DEFENSE FUND

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B.93753  
Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2010

Amount of Each Disbursement this Period

6000.00

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

29172.86

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>CENTURY DATA MAILING SERVICE</b>	<b>Transaction ID:</b> SB21B.93754 Date of Disbursement 06 / 03 / 2010	
	Mailing Address 1155 15TH STREET, NW SUITE 410		
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period 5759.36	
	Purpose of Disbursement DIRECT MAIL - POSTAGE	003 Category/ Type	
	Candidate Name FREEDOM'S DEFENSE FUND		
	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>B.</b>	Full Name (Last, First, Middle Initial) <b>CENTURY DATA MAILING SERVICE</b>	<b>Transaction ID:</b> SB21B.93755 Date of Disbursement 06 / 10 / 2010	
	Mailing Address 1155 15TH STREET, NW SUITE 410		
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period 8090.92	
	Purpose of Disbursement DIRECT MAIL - POSTAGE	003 Category/ Type	
	Candidate Name FREEDOM'S DEFENSE FUND		
	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>C.</b>	Full Name (Last, First, Middle Initial) <b>CENTURY DATA MAILING SERVICE</b>	<b>Transaction ID:</b> SB21B.93756 Date of Disbursement 06 / 17 / 2010	
	Mailing Address 1155 15TH STREET, NW SUITE 410		
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period 20219.94	
	Purpose of Disbursement DIRECT MAIL - POSTAGE	003 Category/ Type	
	Candidate Name FREEDOM'S DEFENSE FUND		
	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) ..... ▶

34070.22

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

A.	Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE	Transaction ID: SB21B.93757 Date of Disbursement																			
	Mailing Address 1155 15TH STREET, NW SUITE 410	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	1	0												
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL - POSTAGE	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name FREEDOM'S DEFENSE FUND	003 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) COLORTREE, INC. OF VIRGINIA	Transaction ID: SB21B.93758 Date of Disbursement																			
	Mailing Address 2519 BRITTONS HILL RD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	1	0												
	City RICHMOND State VA Zip Code 23230	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL - PRINTING	<table border="1"><tr><td>1748.00</td></tr></table>	1748.00																		
1748.00																					
	Candidate Name FREEDOM'S DEFENSE FUND	003 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) CONQUEST COMMUNICATIONS	Transaction ID: SB21B.99923 Date of Disbursement																			
	Mailing Address 2812 EMERYWOOD PARKWAY SUITE 103	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	1	0												
	City RICHMOND State VA Zip Code 23294	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT CONTACT SERVICES	<table border="1"><tr><td>2285.00</td></tr></table>	2285.00																		
2285.00																					
	Candidate Name FREEDOM'S DEFENSE FUND	005 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>9033.00</td></tr></table>	9033.00
9033.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

<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)  
FREEDOM'S DEFENSE FUND

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>CONSOLIDATED MAILING SERVICES</b></p> <p>Mailing Address 504 SHAW RD SUITE 206</p> <p>City STERLING State VA Zip Code 20166</p> <p>Purpose of Disbursement DIRECT MAIL - PRINTING</p> <p>Candidate Name FREEDOM'S DEFENSE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.99904 <b>Date of Disbursement</b> 05 / 13 / 2010</p> <p><b>Amount of Each Disbursement this Period</b> 7092.79</p> <p>003 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>CONSOLIDATED MAILING SERVICES</b></p> <p>Mailing Address 504 SHAW RD SUITE 206</p> <p>City STERLING State VA Zip Code 20166</p> <p>Purpose of Disbursement DIRECT MAIL - PRINTING</p> <p>Candidate Name FREEDOM'S DEFENSE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.93759 <b>Date of Disbursement</b> 05 / 26 / 2010</p> <p><b>Amount of Each Disbursement this Period</b> 2125.50</p> <p>003 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>CONSOLIDATED MAILING SERVICES</b></p> <p>Mailing Address 504 SHAW RD SUITE 206</p> <p>City STERLING State VA Zip Code 20166</p> <p>Purpose of Disbursement DIRECT MAIL - PRINTING</p> <p>Candidate Name FREEDOM'S DEFENSE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.93760 <b>Date of Disbursement</b> 06 / 17 / 2010</p> <p><b>Amount of Each Disbursement this Period</b> 7866.55</p> <p>003 Category/ Type</p>

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

17084.84

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

<p><b>A.</b> Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement SERVICE CHARGE</p> <p>Candidate Name FREEDOM'S DEFENSE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.99905</p> <p>Date of Disbursement 04 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 343.41</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement AMEX DISCOUNT FEE</p> <p>Candidate Name FREEDOM'S DEFENSE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.99906</p> <p>Date of Disbursement 04 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 75.84</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement MERCHANT SERVICE CHARGE</p> <p>Candidate Name FREEDOM'S DEFENSE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.99925</p> <p>Date of Disbursement 05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 174.88</p> <p>001 Category/ Type</p>

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

594.13

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>FIRST VIRGINIA COMMUNITY BANK</b>	<b>Transaction ID:</b> SB21B.99907 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 0	
	Mailing Address 11325 RANDOM HILLS DR SUITE 240		Amount of Each Disbursement this Period 293.59
	City FAIRFAX State VA Zip Code 22030		
	Purpose of Disbursement MERCHANT SERVICE CHARGE	001 Category/ Type	
	Candidate Name FREEDOM'S DEFENSE FUND		
	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>B.</b>	Full Name (Last, First, Middle Initial) <b>FIRST VIRGINIA COMMUNITY BANK</b>	<b>Transaction ID:</b> SB21B.99926 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 0	
	Mailing Address 11325 RANDOM HILLS DR SUITE 240		Amount of Each Disbursement this Period 54.25
	City FAIRFAX State VA Zip Code 22030		
	Purpose of Disbursement MERCHANT SERVICE CHARGE	001 Category/ Type	
	Candidate Name FREEDOM'S DEFENSE FUND		
	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>C.</b>	Full Name (Last, First, Middle Initial) <b>FIRST VIRGINIA COMMUNITY BANK</b>	<b>Transaction ID:</b> SB21B.99927 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 1 0	
	Mailing Address 11325 RANDOM HILLS DR SUITE 240		Amount of Each Disbursement this Period 23.88
	City FAIRFAX State VA Zip Code 22030		
	Purpose of Disbursement AMEX DISCOUNT FEE	001 Category/ Type	
	Candidate Name FREEDOM'S DEFENSE FUND		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	371.72
<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)  
FREEDOM'S DEFENSE FUND

<p><b>A.</b> Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement AMEX COLLECTION FEE</p> <p>Candidate Name FREEDOM'S DEFENSE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.93761</p> <p>Date of Disbursement 05 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 4.95</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement SERVICE CHARGE</p> <p>Candidate Name FREEDOM'S DEFENSE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.93762</p> <p>Date of Disbursement 05 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 200.81</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement AMEX DISCOUNT FEE</p> <p>Candidate Name FREEDOM'S DEFENSE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.93763</p> <p>Date of Disbursement 05 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 9.92</p> <p>001 Category/ Type</p>

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

215.68

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

A.	Full Name (Last, First, Middle Initial) <b>FIRST VIRGINIA COMMUNITY BANK</b>	<b>Transaction ID:</b> SB21B.93764 Date of Disbursement 06 / 02 / 2010	
	Mailing Address 11325 RANDOM HILLS DR SUITE 240		Amount of Each Disbursement this Period 240.20
	City FAIRFAX State VA Zip Code 22030		
	Purpose of Disbursement MERCHANT SERVICE CHARGE	001 Category/ Type	
	Candidate Name FREEDOM'S DEFENSE FUND		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) <b>FIRST VIRGINIA COMMUNITY BANK</b>	<b>Transaction ID:</b> SB21B.99928 Date of Disbursement 06 / 02 / 2010	
	Mailing Address 11325 RANDOM HILLS DR SUITE 240		Amount of Each Disbursement this Period 25.60
	City FAIRFAX State VA Zip Code 22030		
	Purpose of Disbursement SERVICE CHARGE	001 Category/ Type	
	Candidate Name FREEDOM'S DEFENSE FUND		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) <b>FIRST VIRGINIA COMMUNITY BANK</b>	<b>Transaction ID:</b> SB21B.99929 Date of Disbursement 06 / 03 / 2010	
	Mailing Address 11325 RANDOM HILLS DR SUITE 240		Amount of Each Disbursement this Period 35.54
	City FAIRFAX State VA Zip Code 22030		
	Purpose of Disbursement SERVICE CHARGE	001 Category/ Type	
	Candidate Name FREEDOM'S DEFENSE FUND		
	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) ..... ▶

**301.34**

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>FIRST VIRGINIA COMMUNITY BANK</b>	<b>Transaction ID:</b> SB21B.99930 Date of Disbursement 06 / 16 / 2010	
	Mailing Address 11325 RANDOM HILLS DR SUITE 240		
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period 100.00	
	Purpose of Disbursement MERCHANT SERVICE CHARGE	001 Category/ Type	
	Candidate Name FREEDOM'S DEFENSE FUND		
	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>B.</b>	Full Name (Last, First, Middle Initial) <b>FIRST VIRGINIA COMMUNITY BANK</b>	<b>Transaction ID:</b> SB21B.93765 Date of Disbursement 06 / 28 / 2010	
	Mailing Address 11325 RANDOM HILLS DR SUITE 240		
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period 4.95	
	Purpose of Disbursement AMEX COLLECTION FEE	001 Category/ Type	
	Candidate Name FREEDOM'S DEFENSE FUND		
	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>C.</b>	Full Name (Last, First, Middle Initial) <b>FIRST VIRGINIA COMMUNITY BANK</b>	<b>Transaction ID:</b> SB21B.93766 Date of Disbursement 06 / 30 / 2010	
	Mailing Address 11325 RANDOM HILLS DR SUITE 240		
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period 223.40	
	Purpose of Disbursement SERVICE CHARGE	001 Category/ Type	
	Candidate Name FREEDOM'S DEFENSE FUND		
	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) ..... ▶

**328.35**

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

A.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.99908 Date of Disbursement																			
	Mailing Address 11325 RANDOM HILLS DR SUITE 240	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period																			
	Purpose of Disbursement AMEX DISCOUNT FEE	<table border="1"><tr><td>27.36</td></tr></table>	27.36																		
27.36																					
	Candidate Name FREEDOM'S DEFENSE FUND	001 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) SAM PIMM	Transaction ID: SB21B.99931 Date of Disbursement																			
	Mailing Address 1155 - 15TH STREET NW	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	1	0												
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONSULTING - STRATEGY	<table border="1"><tr><td>3250.00</td></tr></table>	3250.00																		
3250.00																					
	Candidate Name FREEDOM'S DEFENSE FUND	001 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) US POSTMASTER	Transaction ID: SB21B.93771 Date of Disbursement																			
	Mailing Address 1400 L STREET, NW LBBY 2	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	8		2	0	1	0												
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PO BOX RENEWAL	<table border="1"><tr><td>520.00</td></tr></table>	520.00																		
520.00																					
	Candidate Name FREEDOM'S DEFENSE FUND	001 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>3797.36</td></tr></table>	3797.36
3797.36		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
FREEDOM'S DEFENSE FUND

A.	Full Name (Last, First, Middle Initial) WASHINGTON INTELLIGENCE BUREAU	Transaction ID: SB21B.99909 Date of Disbursement																			
	Mailing Address 4128 PEPSI PLACE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	1	0												
	City CHANTILLY State VA Zip Code 20151	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CAGING & ESCROW SERVICES	<table border="1"><tr><td>1976.89</td></tr></table>	1976.89																		
1976.89																					
	Candidate Name FREEDOM'S DEFENSE FUND	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) WASHINGTON INTELLIGENCE BUREAU	Transaction ID: SB21B.99910 Date of Disbursement																			
	Mailing Address 4128 PEPSI PLACE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	3		2	0	1	0												
	City CHANTILLY State VA Zip Code 20151	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CAGING & ESCROW SERVICES	<table border="1"><tr><td>1350.78</td></tr></table>	1350.78																		
1350.78																					
	Candidate Name FREEDOM'S DEFENSE FUND	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) WASHINGTON INTELLIGENCE BUREAU	Transaction ID: SB21B.99911 Date of Disbursement																			
	Mailing Address 4128 PEPSI PLACE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	3		2	0	1	0												
	City CHANTILLY State VA Zip Code 20151	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CAGING & ESCROW SERVICES	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00																		
1500.00																					
	Candidate Name FREEDOM'S DEFENSE FUND	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>4827.67</td></tr></table>	4827.67
4827.67		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 83 / 88

<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)  
FREEDOM'S DEFENSE FUND

A.

Full Name (Last, First, Middle Initial)  
WASHINGTON INTELLIGENCE BUREAU

Transaction ID: SB21B.93772

Date of Disbursement

Mailing Address 4128 PEPSI PLACE

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	0

City State Zip Code  
CHANTILLY VA 20151

Amount of Each Disbursement this Period

55.00
-------

Purpose of Disbursement  
BRM PERMIT FEE

001
Category/ Type

Candidate Name  
FREEDOM'S DEFENSE FUND

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

55.00
-------

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

132111.46
-----------

**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)  
FREEDOM'S DEFENSE FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>ALAN NUNNELEE FOR CONGRESS</b>  Mailing Address <b>PO BOX 7092</b>  City <b>TUPELO</b> State <b>MS</b> Zip Code <b>38802</b> Purpose of Disbursement <b>POLITICAL CONTRIBUTION</b> Candidate Name <b>ALAN NUNNELEE</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>MS</b> District: <b>01</b>	Transaction ID: <b>SB23.99922</b> Date of Disbursement M M / D D / Y Y Y Y <b>06 / 16 / 2010</b>  Amount of Each Disbursement this Period <b>1500.00</b>  Category/Type <b>011</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>ANNA C LITTLE FOR CONGRESS INC</b>  Mailing Address <b>PO BOX 382</b>  City <b>HIGHLANDS</b> State <b>NJ</b> Zip Code <b>07732</b> Purpose of Disbursement <b>POLITICAL CONTRIBUTION</b> Candidate Name <b>ANNA C LITTLE</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>NJ</b> District: <b>06</b>	Transaction ID: <b>SB23.99939</b> Date of Disbursement M M / D D / Y Y Y Y <b>06 / 28 / 2010</b>  Amount of Each Disbursement this Period <b>5000.00</b>  Category/Type <b>011</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>CHRISTINA JEFFREY FOR CONGRESS</b>  Mailing Address <b>PO BOX 170906</b>  City <b>SPARTANBURG</b> State <b>SC</b> Zip Code <b>29301</b> Purpose of Disbursement <b>POLITICAL CONTRIBUTION</b> Candidate Name <b>CHRISTINA JEFFREY</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>SC</b> District: <b>04</b>	Transaction ID: <b>SB23.99912</b> Date of Disbursement M M / D D / Y Y Y Y <b>05 / 13 / 2010</b>  Amount of Each Disbursement this Period <b>2500.00</b>  Category/Type <b>011</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>9000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
FREEDOM'S DEFENSE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) CLINT DIDIER FOR SENATE <hr/> Mailing Address 8770 N GLADE RD <hr/> City PASCO State WA Zip Code 99301 <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION <hr/> Candidate Name CLINT B DIDIER <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.93767 Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) FIMIAN FOR CONGRESS <hr/> Mailing Address PO Box 3131 <hr/> City Oakton State VA Zip Code 22124 <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION <hr/> Candidate Name KEITH S FIMIAN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.99919 Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) SCOTT GARRETT FOR CONGRESS <hr/> Mailing Address P.O. Box 905 <hr/> City Newton State NJ Zip Code 07860 <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION <hr/> Candidate Name SCOTT GARRETT <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.99913 Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

4500.00

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

13500.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor BASE CONNECT, INC	Nature of Debt (Purpose): DIRECT MAIL - CREATIVE
Mailing Address 1155 15TH STREET, NW SUITE 410	
City State ZIP Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period 15494.30	<b>Transaction ID:</b> SD10.44275	
Amount Incurred This Period 0.00	Payment This Period 9690.29	Outstanding Balance at Close of This Period 5804.01

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor BASE CONNECT, INC	Nature of Debt (Purpose): DIRECT MAIL - CREATIVE
Mailing Address 1155 15TH STREET, NW SUITE 410	
City State ZIP Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period 16036.10	<b>Transaction ID:</b> SD10.4112	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 16036.10

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor CATTERTON PRINTING	Nature of Debt (Purpose): DIRECT MAIL - PRINTING
Mailing Address 100 POST OFFICE RD	
City State ZIP Code WALDORF MD 20602	

Outstanding Balance Beginning This Period 1299.00	<b>Transaction ID:</b> SD10.4126	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1299.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>23139.11</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 87 / 88	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
FREEDOM'S DEFENSE FUND

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor RED CAP STRATEGY INC	Nature of Debt (Purpose): MEDIA & PRODUCTION
Mailing Address 510 FIRST AVE N SUITE 650	
City State ZIP Code MINNEAPOLIS MN 55403	

Outstanding Balance Beginning This Period	<b>Transaction ID: SD10.93774</b>	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
26000.00	22576.16	3423.84

1) <b>SUBTOTALS</b> This Period This Page (optional).....	3423.84
2) <b>TOTALS</b> This Period (last page this line number only).....	26562.95
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	26562.95

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

NAME OF COMMITTEE (In Full) FREEDOM'S DEFENSE FUND		FEC IDENTIFICATION NUMBER <b>C</b> C00401786
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle, Initial) of Payee  
RED CAP STRATEGY INC

---

Mailing Address  
510 FIRST AVE N  
SUITE 650

---

City MINNEAPOLIS	State MN	Zip Code 55403
---------------------	-------------	-------------------

---

Purpose of Expenditure MEDIA BUY	Category/ Type 004
-------------------------------------	--------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
WILLIAM RUSSELL

---

Calendar Year-To-Date Per Election for Office Sought	56018.86
---	----------

Date  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Amount  
20000.00

Transaction ID: SE.99933

Office Sought:  House State: PA  
 Senate District: 12  
 Presidential

Check One:  Support  Oppose

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

Full Name (Last, First, Middle, Initial) of Payee  
RED CAP STRATEGY INC

---

Mailing Address  
510 FIRST AVE N  
SUITE 650

---

City MINNEAPOLIS	State MN	Zip Code 55403
---------------------	-------------	-------------------

---

Purpose of Expenditure PRODUCTION COSTS	Category/ Type 004
--	--------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
WILLIAM RUSSELL

---

Calendar Year-To-Date Per Election for Office Sought	58595.02
---	----------

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

Amount  
2576.16

Transaction ID: SE.93775

Office Sought:  House State: PA  
 Senate District: 12  
 Presidential

Check One:  Support  Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures .....	22576.16
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	22576.16

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

MICHAEL CENTANNI  
Signature

Date M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 1 0