

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
FREEDOM'S DEFENSE FUND

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>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	39382.68									
(c) Total Receipts (from Line 19)	170827.55	1200279.64								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	210210.23	1222218.94								
7. Total Disbursements (from Line 31)	208653.42	1220662.13								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1556.81	1556.81								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	130142.47									

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
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	40349.00	278026.13
(ii) Unitemized	130478.55	913021.31
(iii) TOTAL (add Lines 11(a)(i) and (ii)	170827.55	1191047.44
(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)	170827.55	1191047.44
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))	170827.55	1200279.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	170827.55	1200279.64

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	191653.42	1046967.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	191653.42	1046967.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	43500.00
24. Independent Expenditure (use Schedule E)	10000.00	125095.02
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.....	4000.00	5000.00
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))..	208653.42	1220662.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	208653.42	1220662.13

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)	170827.55	1191047.44
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	170827.55	1190947.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	191653.42	1046967.11
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	9232.20
38. Net Operating Expenditures (subtract Line 37 from Line 36)	191653.42	1037734.91

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 65
(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)
MRS HELEN AIN 334

Mailing Address 3211 S OCEAN BLVD APT 901

City State Zip Code
BOCA RATON FL 33487

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
580.00

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

Transaction ID: SA11AI.118960

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
MR JOHN ANDREWS 115

Mailing Address 2339 ROCKWOOD AVE

City State Zip Code
BALDWIN NY 11510

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 Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.119078

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
MR ROBERT L ARNOLD 453

Mailing Address 22 E GARLAND AVE

City State Zip Code
FAIRBORN OH 45324

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 ▼
350.00

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

Transaction ID: SA11AI.119116

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	▶	950.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 65
(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 H BAIRD 346		Date of Receipt MM / DD / YYYY 10 / 14 / 2010
Mailing Address 22236 WOODLAWN AVE		Transaction ID: SA11AI.119203
City BROOKSVILLE	State FL	Zip Code 34601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
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 ▼ 1135.00	

B.

Full Name (Last, First, Middle Initial) MS MARY H BAIRD 346		Date of Receipt MM / DD / YYYY 10 / 19 / 2010
Mailing Address 22236 WOODLAWN AVE		Transaction ID: SA11AI.119204
City BROOKSVILLE	State FL	Zip Code 34601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
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 ▼ 1335.00	

C.

Full Name (Last, First, Middle Initial) MS MARY H BAIRD 346		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 22236 WOODLAWN AVE		Transaction ID: SA11AI.119202
City BROOKSVILLE	State FL	Zip Code 34601
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1835.00	

SUBTOTAL of Receipts This Page (optional)	1700.00
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 8 / 65
	<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 DIXIE BEAR 926

Mailing Address 21 GLEN ECHO

City State Zip Code
TRABUCO CANYON CA 92679

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: MM / DD / YYYY
10 / 14 / 2010

Transaction ID: SA11AI.119389

Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
MR HANS BERGSTROM 334

Mailing Address 2612 SW 15TH ST

City State Zip Code
DEERFIELD BCH FL 33442

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

Name of Employer Occupation PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.119479

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
MRS JEAN BIVINS 301

Mailing Address 4700 W HIGHWAY 166

City State Zip Code
CARROLLTON GA 30117

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: MM / DD / YYYY
10 / 21 / 2010

Transaction ID: SA11AI.119545

Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 65
	<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 GARTH BLAKE 422

Mailing Address 918 TODD DEER LICK RD

City LEWISBURG State KY Zip Code 42256

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 10 / 21 / 2010

Transaction ID: SA11AI.119563

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
JEAN D BLOMFIELD 010

Mailing Address 11 MEADOW RD

City E LONGMEADOW State MA Zip Code 01028

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 ▼ 336.00

Date of Receipt 11 / 02 / 2010

Transaction ID: SA11AI.119587

Amount of Each Receipt this Period 176.00

C. Full Name (Last, First, Middle Initial)
MRS RUTH E BONHAM 922

Mailing Address 69255 GOLDEN WEST DR

City DESERT HOT SPRINGS State CA Zip Code 92241

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 10 / 14 / 2010

Transaction ID: SA11AI.119620

Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) ▶ 676.00

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 / 65
(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 RUTH E BONHAM 922

Mailing Address 69255 GOLDEN WEST DR

City State Zip Code
DESERT HOT SPRINGS CA 92241

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 ▼ **600.00**

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 26 / 2010

Transaction ID: SA11AI.119619

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
MR KENNETH T. BROWN 201

Mailing Address 828 VAN BUREN ST

City State Zip Code
HERNDON VA 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 ▼ **500.00**

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 15 / 2010

Transaction ID: SA11AI.119777

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
MR KENNETH T. BROWN 201

Mailing Address 828 VAN BUREN ST

City State Zip Code
HERNDON VA 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 ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 05 / 2010

Transaction ID: SA11AI.119778

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1700.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 65

(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 DAVID BURROWS 240, JR

Mailing Address 2301 STANLEY AVE SE

City State Zip Code
ROANOKE VA 24014

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 ▼ 550.00

Date of Receipt

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

Transaction ID: SA11AI.119955

Amount of Each Receipt this Period

100.00

B.

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 Occupation
NONE 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
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.120172

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
MRS COURTS CLEVELAND 760, JR

Mailing Address PO BOX 5187

City State Zip Code
GRANBURY TX 76049

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

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

Transaction ID: SA11AI.120308

Amount of Each Receipt this Period

200.00

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: (check only one)	PAGE 12 / 65
	<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 WALDRON S COWLEY 667

Mailing Address 5846 SE 10TH ST

City State Zip Code
COLUMBUS KS 66725

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.120483

Amount of Each Receipt this Period
105.00

B. Full Name (Last, First, Middle Initial)
MS LOIS CRANTZ 945

Mailing Address 617 TERRA CALIFORNIA DR APT 6

City State Zip Code
WALNUT CREEK CA 94595

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
11 / 02 / 2010

Transaction ID: SA11AI.120528

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MRS BETTY R CRAWFORD 527

Mailing Address 2505 IMPERIAL OAKS DR

City State Zip Code
MUSCATINE IA 52761

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

Name of Employer Occupation
PLU MOR LANES BOWLING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.120538

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **705.00**

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 / 65
(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 BETTY R CRAWFORD 527

Mailing Address 2505 IMPERIAL OAKS DR

City State Zip Code
MUSCATINE IA 52761

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

Name of Employer Occupation
PLU MOR LANES BOWLING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **11 / 02 / 2010**

Transaction ID: SA11AI.120537

Amount of Each Receipt this Period **100.00**

B.

Full Name (Last, First, Middle Initial)
DR GEORGE J DANVELO 165

Mailing Address 4855 W RIDGE RD # 11

City State Zip Code
ERIE PA 16506

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

Name of Employer Occupation
DOCTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **10 / 21 / 2010**

Transaction ID: SA11AI.120646

Amount of Each Receipt this Period **100.00**

C.

Full Name (Last, First, Middle Initial)
MR EDWARD DEGROFF 330

Mailing Address 2701 N COURSE DR APT 115

City State Zip Code
POMPANO BEACH FL 33069

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 **10 / 18 / 2010**

Transaction ID: SA11AI.120752

Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional) ► **500.00**

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 / 65
(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)
DR JOHN K DUCKWORTH 386, MD

Mailing Address 2586 FOGG RD

City NESBIT State MS Zip Code 38651

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 ▼ 210.00

Date of Receipt: 10 / 26 / 2010
Transaction ID: SA11AI.120949
 Amount of Each Receipt this Period: 25.00

B.

Full Name (Last, First, Middle Initial)
DR JOHN K DUCKWORTH 386, MD

Mailing Address 2586 FOGG RD

City NESBIT State MS Zip Code 38651

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 ▼ 235.00

Date of Receipt: 11 / 01 / 2010
Transaction ID: SA11AI.120948
 Amount of Each Receipt this Period: 25.00

C.

Full Name (Last, First, Middle Initial)
DR JOHN K DUCKWORTH 386, MD

Mailing Address 2586 FOGG RD

City NESBIT State MS Zip Code 38651

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 ▼ 260.00

Date of Receipt: 11 / 11 / 2010
Transaction ID: SA11AI.120947
 Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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 / 65
(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)
MISS KATHRYN ERNST 493
 Mailing Address 159 WATER LILY WAY NE
 City State Zip Code
 COMSTOCK PARK MI 49321
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 1 0
Transaction ID: SA11AI.121163
 Amount of Each Receipt this Period
 300.00
 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

B. Full Name (Last, First, Middle Initial)
MR GEORGE FARMER 265, JR
 Mailing Address PO BOX 515
 City State Zip Code
 MORGANTOWN WV 26507
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 7 / 2 0 1 0
Transaction ID: SA11AI.121217
 Amount of Each Receipt this Period
 100.00
 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

C. Full Name (Last, First, Middle Initial)
MRS HELEN FARSON 918
 Mailing Address 211 S 6TH ST APT 111
 City State Zip Code
 ALHAMBRA CA 91801
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 1 / 2 0 1 0
Transaction ID: SA11AI.121230
 Amount of Each Receipt this Period
 39.00
 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 ▼
 202.00

SUBTOTAL of Receipts This Page (optional) ► **439.00**
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 16 / 65
	<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 J FITZGERALD 208		Date of Receipt
	Mailing Address 11411 ROCKVILLE PIKE		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	KENSINGTON	MD	20895
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.121330
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="150.00"/>
		<input type="text" value="300.00"/>	

B.	Full Name (Last, First, Middle Initial) MR RICHARD FITZGERALD 931		Date of Receipt
	Mailing Address 5500 CALLE REAL APT B103		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	SANTA BARBARA	CA	93111
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.121331
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="1125.00"/>	

C.	Full Name (Last, First, Middle Initial) MR ERNEST V FORTIN 342		Date of Receipt
	Mailing Address 4574 HIGHLAND OAKS CIR		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	SARASOTA	FL	34235
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.121379
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 ▼	<input type="text" value="50.00"/>
		<input type="text" value="216.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="450.00"/>
TOTAL 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 17 / 65
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MR WILLIAM FRICK 314
Mailing Address 1 PREACHERS PL

City SAVANNAH State GA Zip Code 31411

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: 10 / 19 / 2010
Transaction ID: SA11AI.121462
 Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
MR WILLIAM FRICK 314
Mailing Address 1 PREACHERS PL

City SAVANNAH State GA Zip Code 31411

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: 10 / 25 / 2010
Transaction ID: SA11AI.121463
 Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
MR DON GABIANELLI 995
Mailing Address 2221 MULDOON RD SPC 637

City ANCHORAGE State AK Zip Code 99504

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: 10 / 27 / 2010
Transaction ID: SA11AI.121500
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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 18 / 65
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MS RUTH GEALY 693

Mailing Address 1978 690TH RD

City State Zip Code
GORDON NE 69343

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 ▼ 238.00

Date of Receipt: 11 / 02 / 2010
Transaction ID: SA11AI.121575
Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial)
MS IRIS GLOEGE 339

Mailing Address 15480 KILMARNOCK DR

City State Zip Code
FORT MYERS FL 33912

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: 11 / 04 / 2010
Transaction ID: SA11AI.121654
Amount of Each Receipt this Period: 210.00

C. Full Name (Last, First, Middle Initial)
MRS MARIANA H GOBER 319

Mailing Address 2952 PEYTON DR

City State Zip Code
COLUMBUS GA 31903

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 725.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.121673
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 350.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 65
(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 MARIANA H GOBER 319
Mailing Address 2952 PEYTON DR

City State Zip Code
COLUMBUS GA 31903

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0
Transaction ID: SA11AI.121674
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
MRS MARIANA H GOBER 319
Mailing Address 2952 PEYTON DR

City State Zip Code
COLUMBUS GA 31903

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1075.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 1 0
Transaction ID: SA11AI.121672
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
MISS MAEJEL A 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 Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0
Transaction ID: SA11AI.121737
Amount of Each Receipt this Period 200.00

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: (check only one)	PAGE 20 / 65
	<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) MISS MAEJEL A GRAF 940		Date of Receipt
Mailing Address 68 ELENA 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
ATHERTON	CA	94027
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.121738
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 500.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	▼	
<input type="checkbox"/> Other (specify) ▼	<input type="text"/>	900.00

B.

Full Name (Last, First, Middle Initial) MRS DOROTHY G GRIFFIN 134		Date of Receipt
Mailing Address 8209 PHILLIPS RD		<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
ROME	NY	13440
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.121780
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 500.00
Name of Employer	Occupation	
VARFLEX CORP	PRESIDENT	
Receipt For:	Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	▼	
<input type="checkbox"/> Other (specify) ▼	<input type="text"/>	500.00

C.

Full Name (Last, First, Middle Initial) MS MARY GULINO 220		Date of Receipt
Mailing Address 4200 OLD COLUMBIA PIKE		<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
ANNANDALE	VA	22003
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.121830
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 200.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	▼	
<input type="checkbox"/> Other (specify) ▼	<input type="text"/>	735.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1200.00
TOTAL 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 21 / 65
(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 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 ▼ 985.00

Date of Receipt: 10 / 26 / 2010
Transaction ID: SA11AI.121829
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 800 BLOSSOM HILL RD UNIT E324

City LOS GATOS State CA Zip Code 95032

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 ▼ 1100.00

Date of Receipt: 10 / 14 / 2010
Transaction ID: SA11AI.121918
 Amount of Each Receipt this Period: 900.00

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

Mailing Address 800 BLOSSOM HILL RD UNIT E324

City LOS GATOS State CA Zip Code 95032

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 ▼ 1401.00

Date of Receipt: 10 / 26 / 2010
Transaction ID: SA11AI.121917
 Amount of Each Receipt this Period: 301.00

SUBTOTAL of Receipts This Page (optional) ► 1451.00

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 / 65
(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 VIOLET HANNA 916
Mailing Address 4123 MARY ELLEN AVE
City State Zip Code
STUDIO CITY CA 91604
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: 10 / 14 / 2010
Transaction ID: SA11AI.121938
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
MRS VIOLET HANNA 916
Mailing Address 4123 MARY ELLEN AVE
City State Zip Code
STUDIO CITY CA 91604
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 ▼ 3000.00
Date of Receipt: 10 / 21 / 2010
Transaction ID: SA11AI.121938
Amount of Each Receipt this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
MRS VIOLET HANNA 916
Mailing Address 4123 MARY ELLEN AVE
City State Zip Code
STUDIO CITY CA 91604
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 ▼ 3039.00
Date of Receipt: 11 / 17 / 2010
Transaction ID: SA11AI.121936
Amount of Each Receipt this Period: 39.00

SUBTOTAL of Receipts This Page (optional) ► 3039.00
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 / 65

(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 VIOLET HANNA 916

Mailing Address 4123 MARY ELLEN AVE

City State Zip Code
STUDIO CITY CA 91604

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 ▼ 4039.00

Date of Receipt

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

Transaction ID: SA11AI.121937

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
MR WILLIAM M HARLAN 850

Mailing Address 118 W MARYLAND AVE APT 114

City State Zip Code
PHOENIX AZ 85013

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 ▼ 400.00

Date of Receipt

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

Transaction ID: SA11AI.121983

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
MS MARY CAROLYN HAYS 645

Mailing Address 1202 HEARTLAND RD RM R216

City State Zip Code
SAINT JOSEPH MO 64506

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

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

Transaction ID: SA11AI.122084

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

1275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 65
	<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) MRS ELLA M HELM 300	Date of Receipt MM / DD / YYYY 10 / 28 / 2010
	Mailing Address 3385 HALLMARK DR SE	Transaction ID: SA11AI.122139
	City State Zip Code MARIETTA GA 30067	Amount of Each Receipt this Period 150.00
	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.	Full Name (Last, First, Middle Initial) MR JOHN A HUBBARD 216	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 129 HERON PT	Transaction ID: SA11AI.122478
	City State Zip Code CHESTERTOWN MD 21620	Amount of Each Receipt this Period 339.00
	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 ▼ 339.00

C.	Full Name (Last, First, Middle Initial) MR ELBERT P HUSELTON 078	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 29 PAPOOSE TRL	Transaction ID: SA11AI.122514
	City State Zip Code ANDOVER NJ 07821	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.00

SUBTOTAL of Receipts This Page (optional)	569.00
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 / 65

(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 JENIVIE L JACK 477

Mailing Address 8544 SOUTHPORT DR

City State Zip Code
EVANSVILLE IN 47711

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
232.00

Date of Receipt

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

Transaction ID: SA11AI.122552

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)
MR JENIVIE L JACK 477

Mailing Address 8544 SOUTHPORT DR

City State Zip Code
EVANSVILLE IN 47711

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
267.00

Date of Receipt

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

Transaction ID: SA11AI.122550

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)
MR RONALD W JACKSON 435

Mailing Address 5679 MONROE ST APT 1117

City State Zip Code
SYLVANIA OH 43560

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 ▼
400.00

Date of Receipt

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

Transaction ID: SA11AI.122562

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

370.00

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 26 / 65
	<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 SAMUEL C JOHNSON 363		Date of Receipt
	Mailing Address PO BOX 222		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	OZARK	AL	36361
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.122661
Name of Employer HUGHES-JOHNSON AUTO DEALERSHIP		Occupation CO-OWNER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

B.	Full Name (Last, First, Middle Initial) MRS MARY C KAEHLER 952		Date of Receipt
	Mailing Address 1025 ARMSTRONG RD		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	LODI	CA	95242
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.122783
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 ▼	<input type="text" value="100.00"/>
		<input type="text" value="300.00"/>	

C.	Full Name (Last, First, Middle Initial) MRS MARY C KAEHLER 952		Date of Receipt
	Mailing Address 1025 ARMSTRONG RD		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	LODI	CA	95242
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.122780
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 ▼	<input type="text" value="100.00"/>
		<input type="text" value="400.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="700.00"/>
TOTAL 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 27 / 65

(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 ARNO KALB 349

Mailing Address 5080 SE HANSON CIR

City State Zip Code
STUART FL 34997

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

Date of Receipt

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

Transaction ID: SA11AI.122787

Amount of Each Receipt this Period

201.00

B.

Full Name (Last, First, Middle Initial)
MR DONALD KELLER 341

Mailing Address 2165 HAWKSRIDGE DR

City State Zip Code
NAPLES FL 34105

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

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

Transaction ID: SA11AI.122850

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)
MR DONALD KELLER 341

Mailing Address 2165 HAWKSRIDGE DR

City State Zip Code
NAPLES FL 34105

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

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

Transaction ID: SA11AI.122849

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

401.00

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 / 65
(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 DONALD KELLER 341

Mailing Address 2165 HAWKSRIDGE DR

City State Zip Code
NAPLES FL 34105

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: SA11AI.122851

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
MR JAMES H LESTE 921

Mailing Address 11030 CAMINITO VISTA PACIFICA

City State Zip Code
SAN DIEGO CA 92131

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

Name of Employer Occupation
FIRST ASSOCIATES MORTGAGE CORP VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
278.00

Date of Receipt

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

Transaction ID: SA11AI.123328

Amount of Each Receipt this Period
139.00

C. Full Name (Last, First, Middle Initial)
RONALD LIVINGSTON 926

Mailing Address 1005 EMERALD BAY

City State Zip Code
LAGUNA BEACH CA 92651

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

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

Transaction ID: SA11AI.123428

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **314.00**

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 / 65
(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)
DARRYL LONG 647

Mailing Address RR 1 BOX 221A2

City State Zip Code
WALKER MO 64790

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
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.123453

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
DARRYL LONG 647

Mailing Address RR 1 BOX 221A2

City State Zip Code
WALKER MO 64790

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
10 / 25 / 2010

Transaction ID: SA11AI.123454

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
DARRYL LONG 647

Mailing Address RR 1 BOX 221A2

City State Zip Code
WALKER MO 64790

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2010

Transaction ID: SA11AI.123452

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 30 / 65
(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 PATRICIA LYNCH 816

Mailing Address PO BOX 2176

City State Zip Code
EDWARDS CO 81632

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

Transaction ID: SA11AI.123545

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MRS YVONNE M LYON 346

Mailing Address 3025 LEPRECHAUN LN

City State Zip Code
PALM HARBOR FL 34683

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

Transaction ID: SA11AI.123551

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR HELEN MASON 913

Mailing Address 9629 LANGDON AVE

City State Zip Code
NORTH HILLS CA 91343

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
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.123735

Amount of Each Receipt this Period
200.00

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: (check only one)	PAGE 31 / 65
	<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)
MRS MARY MATTHEWS 291

Mailing Address 4876 PATRICK RD

City WINNSBORO State SC Zip Code 29180

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

Name of Employer MONTGOMERY & YARBROUGH Occupation CPA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 21 / 2010

Transaction ID: SA11AI.123754

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
MR WALTER C MEHLENBACHER 145

Mailing Address 5 PLEASANTSIDE DR

City WAYLAND State NY Zip Code 14572

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 21 / 2010

Transaction ID: SA11AI.123998

Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
MR WALTER C MEHLENBACHER 145

Mailing Address 5 PLEASANTSIDE DR

City WAYLAND State NY Zip Code 14572

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 10 / 28 / 2010

Transaction ID: SA11AI.123997

Amount of Each Receipt this Period: 150.00

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: (check only one)	PAGE 32 / 65
	<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) MARJORIE MORRIS 144	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 1 0
	Mailing Address 2867 OUTLET RD	Transaction ID: SA11AI.124237
	City State Zip Code CLIFTON SPRINGS NY 14432	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GW LISK CO INC ENGINEER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) MR WILLIAM J MYHRE 973	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	Mailing Address 865 2ND AVE	Transaction ID: SA11AI.124340
	City State Zip Code SWEET HOME OR 97386	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NONE RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) MR WILLIAM J MYHRE 973	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 1 0
	Mailing Address 865 2ND AVE	Transaction ID: SA11AI.124339
	City State Zip Code SWEET HOME OR 97386	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NONE RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
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 / 65
(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 RICHARD NELSON 940

Mailing Address 81 CRESTWOOD DR

City State Zip Code
DALY CITY CA 94015

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: **10 / 26 / 2010**

Transaction ID: SA11AI.124411

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

B. Full Name (Last, First, Middle Initial)
MR LLOYD NIGHTINGALE 049

Mailing Address 69 STEVENS RD

City State Zip Code
SKOWHEGAN ME 04976

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

Name of Employer: Occupation:

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt: **10 / 29 / 2010**

Transaction ID: SA11AI.124491

Amount of Each Receipt this Period: **53.00**

C. Full Name (Last, First, Middle Initial)
MR LLOYD NIGHTINGALE 049

Mailing Address 69 STEVENS RD

City State Zip Code
SKOWHEGAN ME 04976

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

Name of Employer: Occupation:

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **287.00**

Date of Receipt: **11 / 04 / 2010**

Transaction ID: SA11AI.124490

Amount of Each Receipt this Period: **40.00**

SUBTOTAL of Receipts This Page (optional) ► **593.00**

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 34 / 65
	<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 EDNA PERRY 319	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	Mailing Address 6850 RIVER RD APT 320	Transaction ID: SA11AI.124864
	City State Zip Code COLUMBUS GA 31904	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00

B.	Full Name (Last, First, Middle Initial) MR KENNETH PIKE 530	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 1 0
	Mailing Address 104 S RURAL ST	Transaction ID: SA11AI.124949
	City State Zip Code HARTFORD WI 53027	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

C.	Full Name (Last, First, Middle Initial) MRS FLORENCE PRYBYSZ 463	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 1 0
	Mailing Address 50 N 500 W	Transaction ID: SA11AI.125090
	City State Zip Code VALPARAISO IN 46385	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NONE RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00

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 35 / 65
(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 E REES 945
Mailing Address 2406 HIGH POINTE CT

City State Zip Code
FAIRFIELD CA 94534

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 ▼ 220.00

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

Transaction ID: SA11AI.125215

Amount of Each Receipt this Period
60.00

B. Full Name (Last, First, Middle Initial)
MR NORMAN E REES 945
Mailing Address 2406 HIGH POINTE CT

City State Zip Code
FAIRFIELD CA 94534

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
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.125216

Amount of Each Receipt this Period
30.00

C. Full Name (Last, First, Middle Initial)
MR R ROBBINS 336
Mailing Address 1911 W RICHARDSON PL

City State Zip Code
TAMPA FL 33606

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 Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.125358

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 36 / 65
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
MR RICHARD G ROBERTSON 220

Mailing Address 10510 CLIPPER DR

City State Zip Code
FAIRFAX STATION VA 22039

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

Name of Employer Occupation
COMPUTER SCIENCES CO ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

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

Transaction ID: SA11AI.125374

Amount of Each Receipt this Period
315.00

B.

Full Name (Last, First, Middle Initial)
MRS JEANETTE RODEGHIER 544

Mailing Address 1440 TOWNSHIP AVE

City State Zip Code
WISCONSIN RAPIDS WI 54494

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 ▼ 250.00

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

Transaction ID: SA11AI.125398

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
MRS DOLORES C ROME 058

Mailing Address 214 GOODWIN MTN LN

City State Zip Code
ORLEANS VT 05860

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

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

Transaction ID: SA11AI.125428

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **715.00**

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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 37 / 65
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MRS DOLORES C ROME 058		Date of Receipt MM / DD / YYYY 11 / 04 / 2010		
	Mailing Address 214 GOODWIN MTN LN		Transaction ID: SA11AI.125427		
	City ORLEANS	State VT	Zip Code 05860	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00			

B.	Full Name (Last, First, Middle Initial) MRS DOLORES C ROME 058		Date of Receipt MM / DD / YYYY 11 / 11 / 2010		
	Mailing Address 214 GOODWIN MTN LN		Transaction ID: SA11AI.125429		
	City ORLEANS	State VT	Zip Code 05860	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00			

C.	Full Name (Last, First, Middle Initial) MRS ESTHERMAE L ROOKE 780		Date of Receipt MM / DD / YYYY 10 / 28 / 2010		
	Mailing Address 75 LAGUNA VISTA PT		Transaction ID: SA11AI.125433		
	City KERRVILLE	State TX	Zip Code 78028	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	450.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 65

(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)
WAYNE L RYAN 681

Mailing Address 7002 S 109TH ST

City State Zip Code
LA VISTA NE 68128

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

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

Transaction ID: SA11AI.125540

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
MRS VIDA SANDERSON 810

Mailing Address 406 WILLO

City State Zip Code
LAMAR CO 81052

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
1	0	/	1	5	/	2	0	1	0

Transaction ID: SA11AI.125584

Amount of Each Receipt this Period

264.00

C.

Full Name (Last, First, Middle Initial)
MRS VIDA SANDERSON 810

Mailing Address 406 WILLO

City State Zip Code
LAMAR CO 81052

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 ▼
303.00

Date of Receipt

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

Transaction ID: SA11AI.125585

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional) ▶

553.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 65
(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
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 4 / 2 0 1 0
Transaction ID: SA11AI.125590
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

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
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 4 / 2 0 1 0
Transaction ID: SA11AI.125592
 Amount of Each Receipt this Period
 300.00
 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 ▼ 550.00

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
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 1 0
Transaction ID: SA11AI.125591
 Amount of Each Receipt this Period
 300.00
 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 ▼ 850.00

SUBTOTAL of Receipts This Page (optional) ► 850.00
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 / 65
(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 ▼ 1150.00

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

Transaction ID: SA11AI.125593

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 ▼ 1250.00

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

Transaction ID: SA11AI.125589

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
MRS ALYCE SCHLECH 760

Mailing Address 611 NE ALSBURY BLVD APT 524

City State Zip Code
BURLESON TX 76028

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 Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.125667

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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 41 / 65
	<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) MRS ALYCE SCHLECH 760		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 611 NE ALSBURY BLVD APT 524		Transaction ID: SA11AI.125666
City BURLESON	State TX	Zip Code 76028
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) MR NORMAN SCHWOTZER 152		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 730 BOWER HILL RD APT 302		Transaction ID: SA11AI.125757
City PITTSBURGH	State PA	Zip Code 15243
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) MR DONALD R SCISRES 940		Date of Receipt MM / DD / YYYY 10 / 14 / 2010
Mailing Address 26700 PALO HILLS DR		Transaction ID: SA11AI.125765
City LOS ALTOS HILLS	State CA	Zip Code 94022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
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 ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
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 / 65

(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 JOHN SEAGRAVE 875

Mailing Address 11 W GUTIERREZ UNIT 3270

City State Zip Code
SANTA FE NM 87506

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

Name of Employer Occupation
DOCTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00

Date of Receipt

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

Transaction ID: SA11AI.125780

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
LOUIS H SHORNICK 391

Mailing Address 108 ROYAL GARDEN TER

City State Zip Code
MADISON MS 39110

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
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.125882

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
MR HERCHIEL SIMS 294

Mailing Address 536 BUFFLEHEAD DR

City State Zip Code
JOHNS ISLAND SC 29455

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

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

Transaction ID: SA11AI.125923

Amount of Each Receipt this Period

150.00

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 43 / 65
	<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 JOE A SLABAUGH 563

Mailing Address 16644 231ST AVE

City LONG PRAIRIE State MN Zip Code 56347

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt: 11 / 11 / 2010
Transaction ID: SA11AI.125962
Amount of Each Receipt this Period: 75.00

B. Full Name (Last, First, Middle Initial)
CLAUDE SMITH 735

Mailing Address 216 1/2 E PIERCE ST

City MANGUM State OK Zip Code 73554

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 11 / 2010
Transaction ID: SA11AI.126038
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
R SOHN 333

Mailing Address 9232 NW 9TH CT

City PLANTATION State FL Zip Code 33324

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

Name of Employer Occupation
MEMORIAL HEALTHCARE SYSTEM CLINICAL RESEARCHER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 10 / 14 / 2010
Transaction ID: SA11AI.126079
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00

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 44 / 65
	<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 SUNDERLAND 890	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	Mailing Address 953 PYRITE AVE	Transaction ID: SA11AI.126373
	City Henderson State NV Zip Code 89011	Amount of Each Receipt this Period 200.00
	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 ▼ 527.00

B.	Full Name (Last, First, Middle Initial) MR ROBERT SUNDERLAND 890	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0
	Mailing Address 953 PYRITE AVE	Transaction ID: SA11AI.126374
	City Henderson State NV Zip Code 89011	Amount of Each Receipt this Period 58.00
	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 ▼ 585.00

C.	Full Name (Last, First, Middle Initial) MR ROBERT SUNDERLAND 890	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0
	Mailing Address 953 PYRITE AVE	Transaction ID: SA11AI.126375
	City Henderson State NV Zip Code 89011	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 ▼ 635.00

SUBTOTAL of Receipts This Page (optional)	308.00
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 45 / 65

(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)
L H THOMPSON 978

Mailing Address 275 NE 15TH ST

City State Zip Code
HERMISTON OR 97838

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
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.126531

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
MR EDWIN TTEE 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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: SA11AI.126655

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
MR CALVIN 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 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
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.126704

Amount of Each Receipt this Period

150.00

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 46 / 65

(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 HAROLD E WHITT 456

Mailing Address 636 NEIGHBORHOOD RD

City State Zip Code
GALLIPOLIS OH 45631

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
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.127119

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
MS JEAN WIGGINS 305

Mailing Address 56 JONES CIR

City State Zip Code
DAHLONEGA GA 30533

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

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

Transaction ID: SA11AI.127132

Amount of Each Receipt this Period
35.00

C.

Full Name (Last, First, Middle Initial)
MR PHILLIP WILK 721

Mailing Address 7625 ONEAL LN

City State Zip Code
NORTH LITTLE ROCK AR 72113

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 226.00

Date of Receipt

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

Transaction ID: SA11AI.127151

Amount of Each Receipt this Period
226.00

SUBTOTAL of Receipts This Page (optional) ▶

561.00

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 47 / 65
(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 LORAN F WILKENS 670

Mailing Address 625 S MAIN ST

City State Zip Code
HESSTON KS 67062

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
10 25 2010

Transaction ID: SA11AI.127155

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)
MR LORAN F WILKENS 670

Mailing Address 625 S MAIN ST

City State Zip Code
HESSTON KS 67062

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 ▼ **330.00**

Date of Receipt
M M / D D / Y Y Y Y
10 26 2010

Transaction ID: SA11AI.127154

Amount of Each Receipt this Period
75.00

C.

Full Name (Last, First, Middle Initial)
MR JAMES B WILLIAMS 752

Mailing Address 4500 ROLAND AVE APT 602

City State Zip Code
DALLAS TX 75219

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

Name of Employer BC WILLIAMS BAKERY SERVICE INC Occupation **BAKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
M M / D D / Y Y Y Y
10 26 2010

Transaction ID: SA11AI.127178

Amount of Each Receipt this Period
400.00

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: (check only one)	PAGE 48 / 65
	<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 SARAH WILSON 142	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 715 RENAISSANCE DR APT 205	Transaction ID: SA11AI.127200
	City State Zip Code WILLIAMSVILLE NY 14221	Amount of Each Receipt this Period 675.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NONE Occupation HOMEMAKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 675.00	

B.	Full Name (Last, First, Middle Initial) MRS JOAN WINCHELL 891	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 8978 SPANISH RIDGE AVE STE 101	Transaction ID: SA11AI.127229
	City State Zip Code LAS VEGAS NV 89148	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) MR DAVIS H WOOD 199	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address PO BOX 349	Transaction ID: SA11AI.127291
	City State Zip Code FREDERICA DE 19946	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer L & W AGENCY Occupation INSURANCE AGENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	▶	1425.00
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 49 / 65
	<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 JAMES T WYNNE 234

Mailing Address 1344 LAKEVIEW DR

City State Zip Code
VIRGINIA BEACH VA 23455

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

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

Transaction ID: SA11AI.127369

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
MR CHARLES YODER 925

Mailing Address 40485 MURRIETA HOT SPRINGS RD

City State Zip Code
MURRIETA CA 92563

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

Name of Employer Occupation
SELF EMPLOYED FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.127393

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
MISS HANNA-ROSE ZIMMERMANN 805

Mailing Address 508 W TRILBY RD APT 203

City State Zip Code
FORT COLLINS CO 80525

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

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

Transaction ID: SA11AI.127452

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► **1950.00**

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 50 / 65
(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)
MISS HANNA-ROSE ZIMMERMANN 805
Mailing Address 508 W TRILBY RD APT 203
City State Zip Code
FORT COLLINS CO 80525
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3250.00
Date of Receipt: MM / DD / YYYY
10 / 18 / 2010
Transaction ID: SA11AI.127451
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
MISS HANNA-ROSE ZIMMERMANN 805
Mailing Address 508 W TRILBY RD APT 203
City State Zip Code
FORT COLLINS CO 80525
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4000.00
Date of Receipt: MM / DD / YYYY
10 / 21 / 2010
Transaction ID: SA11AI.127453
Amount of Each Receipt this Period: 750.00

C. Full Name (Last, First, Middle Initial)
MISS HANNA-ROSE ZIMMERMANN 805
Mailing Address 508 W TRILBY RD APT 203
City State Zip Code
FORT COLLINS CO 80525
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt: MM / DD / YYYY
10 / 29 / 2010
Transaction ID: SA11AI.127450
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2750.00
TOTAL This Period (last page this line number only) ► 40349.00

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BASE CONNECT, INC	Transaction ID: SB21B.127475 Date of Disbursement
	Mailing Address 1155 15TH STREET, NW SUITE 410	<input type="text" value="11"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL - CREATIVE FEES	<input type="text" value="2682.24"/>
	Candidate Name FREEDOM'S DEFENSE FUND	<input type="text" value="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) BASE CONNECT, INC	Transaction ID: SB21B.127476 Date of Disbursement
	Mailing Address 1155 15TH STREET, NW SUITE 410	<input type="text" value="11"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL - CREATIVE FEES	<input type="text" value="10359.49"/>
	Candidate Name FREEDOM'S DEFENSE FUND	<input type="text" value="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) BASE CONNECT, INC	Transaction ID: SB21B.127477 Date of Disbursement
	Mailing Address 1155 15TH STREET, NW SUITE 410	<input type="text" value="11"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL - CREATIVE FEES	<input type="text" value="4603.19"/>
	Candidate Name FREEDOM'S DEFENSE FUND	<input type="text" value="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) ▼

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
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

003
Category/
Type

Candidate Name
FREEDOM'S DEFENSE FUND

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.127491
Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

8000.00

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

003
Category/
Type

Candidate Name
FREEDOM'S DEFENSE FUND

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.127492
Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

17535.64

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

003
Category/
Type

Candidate Name
FREEDOM'S DEFENSE FUND

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.127493
Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

12440.97

SUBTOTAL of Disbursements This Page (optional) ▶

37976.61

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 53 / 65

<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.127494 Date of Disbursement 11 / 11 / 2010	
	Mailing Address 1155 15TH STREET, NW SUITE 410		Amount of Each Disbursement this Period 6024.73
	City: WASHINGTON State: DC Zip Code: 20005		
	Purpose of Disbursement: DIRECT MAIL - POSTAGE	003	
	Candidate Name: FREEDOM'S DEFENSE FUND	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.127495 Date of Disbursement 10 / 14 / 2010	
	Mailing Address 2519 BRITTONS HILL RD		Amount of Each Disbursement this Period 2329.80
	City: RICHMOND State: VA Zip Code: 23230		
	Purpose of Disbursement: DIRECT MAIL - PRINTING	003	
	Candidate Name: FREEDOM'S DEFENSE FUND	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) CONSOLIDATED MAILING SERVICES	Transaction ID: SB21B.127482 Date of Disbursement 10 / 14 / 2010	
	Mailing Address 504 SHAW RD SUITE 206		Amount of Each Disbursement this Period 19486.08
	City: STERLING State: VA Zip Code: 20166		
	Purpose of Disbursement: DIRECT MAIL - PRINTING	003	
	Candidate Name: FREEDOM'S DEFENSE FUND	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	27840.61
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. CONSOLIDATED MAILING SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address 504 SHAW RD
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement
DIRECT MAIL - PRINTING

Candidate Name
FREEDOM'S DEFENSE FUND

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.127483
Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

5728.11

B. CONSOLIDATED MAILING SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address 504 SHAW RD
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement
DIRECT MAIL - PRINTING

Candidate Name
FREEDOM'S DEFENSE FUND

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.127484
Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

35300.71

C. CONSOLIDATED MAILING SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address 504 SHAW RD
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement
DIRECT MAIL - PRINTING

Candidate Name
FREEDOM'S DEFENSE FUND

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.127485
Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

5202.75

SUBTOTAL of Disbursements This Page (optional) ▶

46231.57

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.127505 Date of Disbursement	
	Mailing Address 11325 RANDOM HILLS DR SUITE 240	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>	
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period	<input type="text" value="4.95"/>
	Purpose of Disbursement AMEX COLLECTION FEE	<input type="text" value="001"/>	Category/Type
	Candidate Name FREEDOM'S DEFENSE FUND		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
B.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.127497 Date of Disbursement	
	Mailing Address 11325 RANDOM HILLS DR SUITE 240	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>	
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period	<input type="text" value="4.95"/>
	Purpose of Disbursement AMEX COLLECTION FEE	<input type="text" value="001"/>	Category/Type
	Candidate Name FREEDOM'S DEFENSE FUND		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
C.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.127508 Date of Disbursement	
	Mailing Address 11325 RANDOM HILLS DR SUITE 240	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>	
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period	<input type="text" value="10.83"/>
	Purpose of Disbursement SERVICE CHARGE	<input type="text" value="001"/>	Category/Type
	Candidate Name FREEDOM'S DEFENSE FUND		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="20.73"/>
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

<input 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.127496 Date of Disbursement
	Mailing Address 11325 RANDOM HILLS DR SUITE 240	<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period
	Purpose of Disbursement AMEX DISCOUNT FEE	<input type="text" value="41.63"/>
	Candidate Name FREEDOM'S DEFENSE FUND	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.127498 Date of Disbursement
	Mailing Address 11325 RANDOM HILLS DR SUITE 240	<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period
	Purpose of Disbursement SERVICE CHARGE	<input type="text" value="523.73"/>
	Candidate Name FREEDOM'S DEFENSE FUND	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.127499 Date of Disbursement
	Mailing Address 11325 RANDOM HILLS DR SUITE 240	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period
	Purpose of Disbursement MERCHANT SERVICE CHARGE	<input type="text" value="357.86"/>
	Candidate Name FREEDOM'S DEFENSE FUND	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. 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 AUTHNET BILLING</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>Transaction ID: SB21B.127506 Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 26.95</p> <p>001 Category/ Type</p>
<p>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>Transaction ID: SB21B.127507 Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 36.75</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) INTEGRAM</p> <p>Mailing Address 8421 HILLTOP RD</p> <p>City FAIRFAX State VA Zip Code 22031</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>Transaction ID: SB21B.127486 Date of Disbursement 11 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 10120.67</p> <p>003 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10184.37

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

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

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

FOR LINE NUMBER: (check only one)

<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) LEGACY LISTS, INC. Mailing Address 1155 15TH STREET, NW SUITE 410 City WASHINGTON State DC Zip Code 20005 Purpose of Disbursement LIST RENTALS Candidate Name FREEDOM'S DEFENSE FUND Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.127487 Date of Disbursement 10 / 21 / 2010 Amount of Each Disbursement this Period 300.00	003 Category/ Type
B.	Full Name (Last, First, Middle Initial) LEGACY LISTS, INC. Mailing Address 1155 15TH STREET, NW SUITE 410 City WASHINGTON State DC Zip Code 20005 Purpose of Disbursement LIST RENTALS Candidate Name FREEDOM'S DEFENSE FUND Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.127488 Date of Disbursement 11 / 05 / 2010 Amount of Each Disbursement this Period 17961.94	003 Category/ Type
C.	Full Name (Last, First, Middle Initial) LEGACY LISTS, INC. Mailing Address 1155 15TH STREET, NW SUITE 410 City WASHINGTON State DC Zip Code 20005 Purpose of Disbursement LIST RENTALS Candidate Name FREEDOM'S DEFENSE FUND Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.127489 Date of Disbursement 11 / 05 / 2010 Amount of Each Disbursement this Period 1162.68	003 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

19424.62

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) PATTON-KIEHL GROUP, INC.	Transaction ID: SB21B.127500
	Mailing Address PO BOX 590	Date of Disbursement 10 / 14 / 2010
	City THORNBURG State VA Zip Code 22565	Amount of Each Disbursement this Period 2500.68
	Purpose of Disbursement DIRECT MAIL - MAILSHOP 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) PATTON-KIEHL GROUP, INC.	Transaction ID: SB21B.127501
	Mailing Address PO BOX 590	Date of Disbursement 11 / 05 / 2010
	City THORNBURG State VA Zip Code 22565	Amount of Each Disbursement this Period 4479.24
	Purpose of Disbursement DIRECT MAIL - MAILSHOP 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) RST MARKETING	Transaction ID: SB21B.127490
	Mailing Address 1272 CORPORATE PARK RD	Date of Disbursement 11 / 05 / 2010
	City FOREST State VA Zip Code 24551	Amount of Each Disbursement this Period 9845.45
	Purpose of Disbursement DIRECT MAIL - PRINTING 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) ▼

SUBTOTAL of Disbursements This Page (optional)	16825.37
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 60 / 65

<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

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
CAGING & ESCROW SERVICES

Candidate Name
FREEDOM'S DEFENSE FUND

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB21B.127503

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7060.25

B. Full Name (Last, First, Middle Initial)
WEST END PRINTING CO.

Mailing Address 1609 SHERWOOD AVE

City RICHMOND State VA Zip Code 23220

Purpose of Disbursement
DIRECT MAIL - PRINTING

Candidate Name
FREEDOM'S DEFENSE FUND

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB21B.127504

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7521.15

SUBTOTAL of Disbursements This Page (optional) ►

14581.40

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

191653.42

**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

A.	Full Name (Last, First, Middle Initial) MANY INDIVIDUAL CONSERVATIVES HELPING ELECT LEADERS EVERYWHERE (MICHELEPAC)	Transaction ID: SB23.127510
	Mailing Address PO BOX 251190	Date of Disbursement 10 / 19 / 2010
	City WOODBURY State MN Zip Code 55125	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name FREEDOM'S DEFENSE FUND	011 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) SUSAN B ANTHONY LIST INC	Transaction ID: SB23.127513
	Mailing Address 1707 L STREET NW STE 750	Date of Disbursement 10 / 19 / 2010
	City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name FREEDOM'S DEFENSE FUND	011 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) TOWNSEND FOR NEW YORK	Transaction ID: SB23.127509
	Mailing Address PO BOX 425	Date of Disbursement 10 / 14 / 2010
	City CORNWALL State NY Zip Code 12518	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name JAY TOWNSEND	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	3000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 62 / 65

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

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

A. Full Name (Last, First, Middle Initial) CMTE TO ELECT BILL O'BRIEN AS SPEAKER (NH)	Transaction ID: SB29.127515 Date of Disbursement 11 / 16 / 2010
	Mailing Address 88 N MAIN STREET SUITE 209 City CONCORD State NH Zip Code 03057 Purpose of Disbursement POLITICAL CONTRIBUTION (NH LEGISLATURE) Category/Type 012 Candidate Name FREEDOM'S DEFENSE FUND Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:
Amount of Each Disbursement this Period 3000.00	
B. Full Name (Last, First, Middle Initial) MOONEY FOR SENATE (MD)	Transaction ID: SB29.127517 Date of Disbursement 10 / 19 / 2010
	Mailing Address 1705 N MARKET ST City FREDERICK State MD Zip Code 21701 Purpose of Disbursement POLITICAL CONTRIBUTION (MD SENATE) Category/Type 012 Candidate Name FREEDOM'S DEFENSE FUND Office Sought: <input 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: District:
Amount of Each Disbursement this Period 1000.00	

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

4000.00

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

A. 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 2682.24		Transaction ID: SD10.44275	
Amount Incurred This Period 0.00	Payment This Period 2682.24	Outstanding Balance at Close of This Period 0.00	

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 36262.42		Transaction ID: SD10.4112	
Amount Incurred This Period 71490.61	Payment This Period 14962.68	Outstanding Balance at Close of This Period 92790.35	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CONSOLIDATED MAILING SERVICES			Nature of Debt (Purpose): DIRECT MAIL - PRINTING
Mailing Address 504 SHAW RD SUITE 206			
City	State	ZIP Code	
STERLING	VA	20166	

Outstanding Balance Beginning This Period 57772.33		Transaction ID: SD10.115770	
Amount Incurred This Period 21556.22	Payment This Period 65717.65	Outstanding Balance at Close of This Period 13610.90	

1) SUBTOTALS This Period This Page (optional).....	▶	106401.25
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) 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)

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor INTEGRAM			Nature of Debt (Purpose): DIRECT MAIL - PRINTING
Mailing Address 8421 HILLTOP RD			
City FAIRFAX	State VA	ZIP Code 22031	

Outstanding Balance Beginning This Period		Transaction ID: SD10.115771	
10120.67			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
20234.91	10120.67	20234.91	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LEGACY LISTS, INC.			Nature of Debt (Purpose): LIST RENTALS
Mailing Address 1155 15TH STREET, NW SUITE 410			
City WASHINGTON	State DC	ZIP Code 20005	

Outstanding Balance Beginning This Period		Transaction ID: SD10.115772	
20447.74			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
2483.19	19424.62	3506.31	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RST MARKETING			Nature of Debt (Purpose): DIRECT MAIL - PRINTING
Mailing Address 1272 CORPORATE PARK RD			
City FOREST	State VA	ZIP Code 24551	

Outstanding Balance Beginning This Period		Transaction ID: SD10.115775	
9845.45			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	9845.45	0.00	

1) SUBTOTALS This Period This Page (optional).....	▶	23741.22
2) TOTALS This Period (last page this line number only).....	▶	130142.47
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	130142.47

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) FREEDOM'S DEFENSE FUND		FEC IDENTIFICATION NUMBER C C00401786	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Full Name (Last, First, Middle, Initial) of Payee RED CAP STRATEGY INC		Amount 10000.00	
Mailing Address 510 FIRST AVE N SUITE 650		Transaction ID: SE.127502	
City MINNEAPOLIS	State MN	Zip Code 55403	Office Sought: <input checked="" type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential
Purpose of Expenditure MEDIA BUY		Category/ Type	004
Name of Federal Candidate supported or Opposed by expenditure: FRANK JR PALLONE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
		66500.00	

(a) SUBTOTAL of Itemized Independent Expenditures	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	10000.00
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.	
SCOTT B MACKENZIE Signature	Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0