

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

ABSOLUTE ENERGY PAC

ADDRESS (number and street) 1372 STATE LINE ROAD

Check if different than previously reported. (ACC)

ST. ANSGAR IA 50472

2. **FEC IDENTIFICATION NUMBER** C00455048

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

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

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

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

(d) 30-Day **Post -Election** Report for the:

General (30G)  Runoff (30R)  Special (30S)

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

5. Covering Period 07 01 2010 through 09 30 2010

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

Type or Print Name of Treasurer Chris Schwarck

Signature of Treasurer Electronically Filed by Chris Schwarck Date 10 11 2010

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
ABSOLUTE ENERGY PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		20947.20
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	34022.20									
(c) Total Receipts (from Line 19) .....	10640.00	24715.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	44662.20	45662.20								
7. Total Disbursements (from Line 31) .....	20700.00	21700.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	23962.20	23962.20								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
ABSOLUTE ENERGY PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	8705.00	22130.00
(ii) Unitemized .....	1935.00	2585.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	10640.00	24715.00
(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) .....	10640.00	24715.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	10640.00	24715.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	10640.00	24715.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	20200.00	21200.00
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))..	20700.00	21700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20700.00	21700.00

**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) .....	10640.00	24715.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10640.00	24715.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 29  
(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)  
ABSOLUTE ENERGY PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) DONALD BURNS</p> <p>Mailing Address PO BOX 9</p> <p>City State Zip Code ST. ANSGAR IA 50472-0009</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer ABSOLUTE ENERGY, L.L.C.      Occupation COMMODITY SPECIALIST</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">225.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08 / 12 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.4301</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">75.00</span></p> <p>CONTRIBUTION</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) DONALD BURNS</p> <p>Mailing Address PO BOX 9</p> <p>City State Zip Code ST. ANSGAR IA 50472-0009</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer ABSOLUTE ENERGY, L.L.C.      Occupation COMMODITY SPECIALIST</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">625.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08 / 12 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.4310</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">400.00</span></p> <p>CONTRIBUTION - AUCT</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) SUE DOUGAN</p> <p>Mailing Address 21567 - 770TH AVENUE</p> <p>City State Zip Code OSTRANDER MN 55961</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer SELF      Occupation FARMER</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">450.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08 / 12 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.4278</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">75.00</span></p> <p>CONTRIBUTION</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">550.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 29
	<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)  
ABSOLUTE ENERGY PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) SUE DOUGAN	Date of Receipt MM / DD / YYYY 08 / 12 / 2010
	Mailing Address 21567 - 770TH AVENUE	<b>Transaction ID:</b> SA11AI.4311
	City State Zip Code OSTRANDER MN 55961	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION - AUCT
	Name of Employer SELF Occupation FARMER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 850.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) SUE DOUGAN	Date of Receipt MM / DD / YYYY 08 / 12 / 2010
	Mailing Address 21567 - 770TH AVENUE	<b>Transaction ID:</b> SA11AI.4323
	City State Zip Code OSTRANDER MN 55961	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION - WN
	Name of Employer SELF Occupation FARMER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 870.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Tom Edgington	Date of Receipt MM / DD / YYYY 08 / 12 / 2010
	Mailing Address 4476 Dogwood Avenue	<b>Transaction ID:</b> SA11AI.4313
	City State Zip Code St. Ansgar IA 50472	Amount of Each Receipt this Period 450.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION - AUCT
	Name of Employer Self Occupation Farmer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	870.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 29
	<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)  
ABSOLUTE ENERGY PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Greg Goplerud	Date of Receipt MM / DD / YYYY 08 / 12 / 2010
	Mailing Address 4631 Cameo Avenue	<b>Transaction ID:</b> SA11AI.4305
	City State Zip Code St. Ansgar IA 50472	Amount of Each Receipt this Period 450.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION - AUCT
	Name of Employer Self Occupation Farmer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Greg Goplerud	Date of Receipt MM / DD / YYYY 08 / 12 / 2010
	Mailing Address 4631 Cameo Avenue	<b>Transaction ID:</b> SA11AI.4324
	City State Zip Code St. Ansgar IA 50472	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION - WN
	Name of Employer Self Occupation Farmer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Peter Jahr	Date of Receipt MM / DD / YYYY 08 / 12 / 2010
	Mailing Address 4701 Echo Avenue	<b>Transaction ID:</b> SA11AI.4309
	City State Zip Code St. Ansgar IA 50472	Amount of Each Receipt this Period 800.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION - AUCT
	Name of Employer Self Occupation Farmer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1270.00
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 9 / 29  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ABSOLUTE ENERGY PAC

**A.** Full Name (Last, First, Middle Initial)  
Steve Neeley  
 Mailing Address 4489 Echo Avenue  
 City State Zip Code  
 St. Ansgar IA 50472  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Farmer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00  
 Date of Receipt: 08 / 12 / 2010  
**Transaction ID:** SA11AI.4306  
 Amount of Each Receipt this Period: 250.00  
 CONTRIBUTION - AUCT

**B.** Full Name (Last, First, Middle Initial)  
Joel Nelson  
 Mailing Address 10186 572th Avenue  
 City State Zip Code  
 Lyle MN 55953  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Farmer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00  
 Date of Receipt: 08 / 12 / 2010  
**Transaction ID:** SA11AI.4307  
 Amount of Each Receipt this Period: 550.00  
 CONTRIBUTION - AUCT

**C.** Full Name (Last, First, Middle Initial)  
Troy Olson  
 Mailing Address 21656 - 880th Avenue  
 City State Zip Code  
 Oakland MN 56007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Absolute Energy, L.L.C. Occupation Grain Merchandiser  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00  
 Date of Receipt: 08 / 12 / 2010  
**Transaction ID:** SA11AI.4304  
 Amount of Each Receipt this Period: 150.00  
 CONTRIBUTION - AUCT

**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 10 / 29  
(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)  
ABSOLUTE ENERGY PAC

**A.**

Full Name (Last, First, Middle Initial)  
Troy Olson

Mailing Address 21656 - 880th Avenue

City State Zip Code  
Oakland MN 56007

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

Name of Employer Absolute Energy, L.L.C. Occupation Grain Merchandiser

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2010

**Transaction ID:** SA11AI.4321

Amount of Each Receipt this Period  
20.00

CONTRIBUTION - WN

**B.**

Full Name (Last, First, Middle Initial)  
CHRISTOPHER PATTERSON

Mailing Address 1879 - 500TH STREET

City State Zip Code  
ST. ANSGAR IA 50472-8667

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

Name of Employer SELF Occupation FARMER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2010

**Transaction ID:** SA11AI.4288

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
CHRISTOPHER PATTERSON

Mailing Address 1879 - 500TH STREET

City State Zip Code  
ST. ANSGAR IA 50472-8667

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

Name of Employer SELF Occupation FARMER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1075.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2010

**Transaction ID:** SA11AI.4302

Amount of Each Receipt this Period  
550.00

CONTRIBUTION - AUCT

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **645.00**

**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 / 29  
(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)  
**ABSOLUTE ENERGY PAC**

**A.**

Full Name (Last, First, Middle Initial)  
**CHRISTOPHER PATTERSON**

Mailing Address **1879 - 500TH STREET**

City **ST. ANSGAR** State **IA** Zip Code **50472-8667**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1095.00**

Date of Receipt **08 / 12 / 2010**

**Transaction ID: SA11AI.4320**

Amount of Each Receipt this Period **20.00**

**B.**

Full Name (Last, First, Middle Initial)  
**TERRY PATTERSON**

Mailing Address **4931 KIRKWOOD AVENUE**

City **ST. ANSGAR** State **IA** Zip Code **50472**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **08 / 12 / 2010**

**Transaction ID: SA11AI.4303**

Amount of Each Receipt this Period **200.00**

**CONTRIBUTION - AUCT**

**C.**

Full Name (Last, First, Middle Initial)  
**Chris Schwarck**

Mailing Address **520 South Pierce**

City **Mason City** State **IA** Zip Code **50401**

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

Name of Employer **Self** Occupation **Schwarck Agency**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt **08 / 12 / 2010**

**Transaction ID: SA11AI.4312**

Amount of Each Receipt this Period **950.00**

**CONTRIBUTION - AUCT**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1170.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 29
	<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)  
ABSOLUTE ENERGY PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Dan Schwarck	Date of Receipt MM / DD / YYYY 08 / 12 / 2010
	Mailing Address 13328 Addison Avenue	<b>Transaction ID:</b> SA11AI.4308
	City State Zip Code Riceville IA 50466	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION - AUCT</b>
	Name of Employer Self Occupation Farmer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 925.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Rick Schwarck	Date of Receipt MM / DD / YYYY 08 / 12 / 2010
	Mailing Address 4674 Dancer Avenue	<b>Transaction ID:</b> SA11AI.4285
	City State Zip Code St. Ansgar IA 50472	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Absolute Energy, L.L.C. Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Rick Schwarck	Date of Receipt MM / DD / YYYY 09 / 13 / 2010
	Mailing Address 4674 Dancer Avenue	<b>Transaction ID:</b> SA11AI.4336
	City State Zip Code St. Ansgar IA 50472	Amount of Each Receipt this Period 2200.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION - AUCT</b>
	Name of Employer Absolute Energy, L.L.C. Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 29	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ABSOLUTE ENERGY PAC

**A.** Full Name (Last, First, Middle Initial)  
JOHN H. THOMSON

Mailing Address 824 CRESCENT DRIVE

City State Zip Code  
CRESCO IA 52136

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

Name of Employer Occupation  
CUS BANK BANKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.4333

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	8705.00

**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 14 / 29

<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)  
ABSOLUTE ENERGY PAC

**A.** Full Name (Last, First, Middle Initial)  
CHARLES E SENATOR GRASSLEY

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement  
DONATION

Candidate Name  
CHARLES E SENATOR GRASSLEY

Office Sought:  House  
 Senate  
 President  
State: IA District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

012  
Category/  
Type

Transaction ID: SB23.4471  
Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
THOMAS P. LATHAM

Mailing Address P.O. Box 71

City Clarion State IA Zip Code 50525

Purpose of Disbursement  
DONATION

Candidate Name  
THOMAS P. LATHAM

Office Sought:  House  
 Senate  
 President  
State: IA District: 04

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

012  
Category/  
Type

Transaction ID: SB23.4472  
Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

250.00

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

500.00

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

500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ABSOLUTE ENERGY PAC

A.

Full Name (Last, First, Middle Initial)  
BILL ANDERSON

Transaction ID: SB29.4408  
Date of Disbursement

Mailing Address 1138 MASON AVENUE

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	0

City PIERSON State IA Zip Code 51048

Amount of Each Disbursement this Period

400.00
--------

Purpose of Disbursement  
DONATION

012  
Category/  
Type

Candidate Name  
FRIENDS OF BILL ANDERSON

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: IA District:

B.

Full Name (Last, First, Middle Initial)  
MCKINLEY BAILEY

Transaction ID: SB29.4430  
Date of Disbursement

Mailing Address PO BOX 64

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	0

City WEBSTER CITY State IA Zip Code 50595

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
DONATION

012  
Category/  
Type

Candidate Name  
BAILEY FOR STATE HOUSE

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: IA District:

C.

Full Name (Last, First, Middle Initial)  
MERLIN BARTZ

Transaction ID: SB29.4406  
Date of Disbursement

Mailing Address 2081 410TH STREET

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	0

City GRAFTON State IA Zip Code 50440

Amount of Each Disbursement this Period

400.00
--------

Purpose of Disbursement  
DONATION

012  
Category/  
Type

Candidate Name  
MERLIN BARTZ CITIZENS FOR GOOD GOVERNMENT

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: IA District:

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

1300.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
ABSOLUTE ENERGY PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) DARYL BEALL</p> <p>Mailing Address 1928 N 22ND STREET</p> <p>City FT DODGE State IA Zip Code 50501</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name PEOPLE FOR BEALL</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.4390</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 400.00</p> <p>012 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DENNIS BLACK</p> <p>Mailing Address 5239 E 156TH STREET S</p> <p>City GRINNELL State IA Zip Code 50112</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name DENNIS BLACK FOR STATE SENATE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.4384</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>012 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) NANCY BOETTGER</p> <p>Mailing Address 926 IRONWOOD ROAD</p> <p>City HARLAN State IA Zip Code 51537</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name NANCY BOETTGER STATE SENATE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.4400</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 400.00</p> <p>012 Category/ Type</p>

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

1300.00

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



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
ABSOLUTE ENERGY PAC

A.

Full Name (Last, First, Middle Initial)  
JOE BOLKCOM

Transaction ID: SB29.4388  
Date of Disbursement

Mailing Address 728 2ND AVENUE

/   /

City IOWA CITY State IA Zip Code 52245

Amount of Each Disbursement this Period

Purpose of Disbursement  
DONATION

Category/  
Type

Candidate Name  
JOE BOLKCOM FOR IOWA SENATE

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: IA District:

B.

Full Name (Last, First, Middle Initial)  
TOD BOWMAN

Transaction ID: SB29.4392  
Date of Disbursement

Mailing Address 812 GRANT STREET

/   /

City MAQUOKETA State IA Zip Code 52060

Amount of Each Disbursement this Period

Purpose of Disbursement  
DONATION

Category/  
Type

Candidate Name  
FRIENDS OF TOD BOWMAN

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: IA District:

C.

Full Name (Last, First, Middle Initial)  
TERRY BRANSTAD

Transaction ID: SB29.4346  
Date of Disbursement

Mailing Address 3590 - 109TH STREET

/   /

City URBANDALE State IA Zip Code 50322

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION

Category/  
Type

Candidate Name  
GOVERNOR BRANSTAD 2010

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: IA District:

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)

PAGE 18 / 29

<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)  
ABSOLUTE ENERGY PAC

A.	Full Name (Last, First, Middle Initial) JOSHUA BYRNES	Transaction ID: SB29.4464 Date of Disbursement 09 / 27 / 2010
	Mailing Address 1479 380TH STREET	Amount of Each Disbursement this Period 400.00
	City OSAGE State IA Zip Code 50461	
	Purpose of Disbursement DONATION	012 Category/ Type
	Candidate Name BYRNES FOR STATEHOUSE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) THOMAS COURTNEY	Transaction ID: SB29.4374 Date of Disbursement 09 / 27 / 2010
	Mailing Address 2200 SUMMER STREET	Amount of Each Disbursement this Period 400.00
	City BURLINGTON State IA Zip Code 52601	
	Purpose of Disbursement DONATION	012 Category/ Type
	Candidate Name THOMAS COURTNEY FOR STATE SENATE	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DAVID DAWSON	Transaction ID: SB29.4432 Date of Disbursement 09 / 27 / 2010
	Mailing Address 400 ESSEX STREET	Amount of Each Disbursement this Period 300.00
	City SIOUX CITY State IA Zip Code 51103	
	Purpose of Disbursement DONATION	012 Category/ Type
	Candidate Name DAVID DAWSON FOR IOWA HOUSE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 29

<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)  
ABSOLUTE ENERGY PAC

A.	Full Name (Last, First, Middle Initial) WILLIAM DOTZLER	Transaction ID: SB29.4386 Date of Disbursement 09 / 27 / 2010
	Mailing Address 2837 CEDAR TERRACE DRIVE	Amount of Each Disbursement this Period 300.00
	City WATERLOO State IA Zip Code 50702	
	Purpose of Disbursement DONATION	012 Category/ Type
	Candidate Name CITIZENS TO ELECT BILL DOTZLER	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) EUGENE FRAISE	Transaction ID: SB29.4382 Date of Disbursement 09 / 27 / 2010
	Mailing Address RT 1	Amount of Each Disbursement this Period 300.00
	City FT MADISON State IA Zip Code 52627	
	Purpose of Disbursement DONATION	012 Category/ Type
	Candidate Name EUGENE FRAISE FOR SENATE	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOEL FRY	Transaction ID: SB29.4454 Date of Disbursement 09 / 27 / 2010
	Mailing Address 1473 195TH AVENUE	Amount of Each Disbursement this Period 1000.00
	City OSCEOLA State IA Zip Code 50213	
	Purpose of Disbursement DONATION	012 Category/ Type
	Candidate Name JOEL FRY FOR IOWA HOUSE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 29

<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)  
ABSOLUTE ENERGY PAC

A.

Full Name (Last, First, Middle Initial)  
CHRISTOPHER HALL

Transaction ID: SB29.4434  
Date of Disbursement

Mailing Address PO BOX 4579

/   /

City State Zip Code  
SIOUX CITY IA 51104

Amount of Each Disbursement this Period

Purpose of Disbursement  
DONATION

Category/  
Type

Candidate Name  
CHRISTOPHER HALL FOR IOWA

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: IA District:

B.

Full Name (Last, First, Middle Initial)  
TOM HANCOCK

Transaction ID: SB29.4380  
Date of Disbursement

Mailing Address 310 E MAIN STREET

/   /

City State Zip Code  
EPWORTH IA 52045

Amount of Each Disbursement this Period

Purpose of Disbursement  
DONATION

Category/  
Type

Candidate Name  
TOM HANCOCK FOR SENATE

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: IA District:

C.

Full Name (Last, First, Middle Initial)  
HUBERT HOUSER

Transaction ID: SB29.4402  
Date of Disbursement

Mailing Address 34697 BEECHNUT ROAD

/   /

City State Zip Code  
CARSON IA 51525

Amount of Each Disbursement this Period

Purpose of Disbursement  
DONATION

Category/  
Type

Candidate Name  
PEOPLE FOR HOUSER

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: IA District:

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 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)  
ABSOLUTE ENERGY PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) JANE JECH</p> <p>Mailing Address 125 W MERLE HIBBS BLVD #250</p> <p>City MARSHALLTOWN State IA Zip Code 50158</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name JANE JECH FOR IOWA HOUSE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.4462</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>012 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ANESA KAJTAZOVIC</p> <p>Mailing Address 1225 EAST RIDGEWAY</p> <p>City WATERLOO State IA Zip Code 50702</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name ANESA KAJTAZOVIC FOR IA HOUSE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.4436</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>012 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DANIEL KELLEY</p> <p>Mailing Address 1104 W 11 STREET SO</p> <p>City NEWTON State IA Zip Code 50208</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name DAN KELLEY FOR STATE REP</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.4438</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>012 Category/ Type</p>

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

900.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
ABSOLUTE ENERGY PAC

A.

Full Name (Last, First, Middle Initial)  
JOHN KIBBIE

Transaction ID: SB29.4371  
Date of Disbursement

Mailing Address P.O. BOX 190

/   /

City EMMETSBURG State IA Zip Code 50536

Amount of Each Disbursement this Period

Purpose of Disbursement  
DONATION

Category/  
Type

Candidate Name  
JOHN KIBBIE FOR SENATE

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: IA District:

B.

Full Name (Last, First, Middle Initial)  
GLEN MASSIE

Transaction ID: SB29.4460  
Date of Disbursement

Mailing Address 8054 WARREN DRIVE

/   /

City DES MOINES State IA Zip Code 50320

Amount of Each Disbursement this Period

Purpose of Disbursement  
DONATION

Category/  
Type

Candidate Name  
GLEN MASSIE IOWA HOUSE

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: IA District:

C.

Full Name (Last, First, Middle Initial)  
PAUL MCKINLEY

Transaction ID: SB29.4398  
Date of Disbursement

Mailing Address 21884 483RD LN

/   /

City CHARITON State IA Zip Code 50049

Amount of Each Disbursement this Period

Purpose of Disbursement  
DONATION

Category/  
Type

Candidate Name  
PAUL MCKINLEY FOR IOWA

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: IA District:

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 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)  
ABSOLUTE ENERGY PAC

A.	Full Name (Last, First, Middle Initial) HELEN MILLER	Transaction ID: SB29.4426 Date of Disbursement 09 / 27 / 2010
	Mailing Address 1936 15TH AVENUE NORTH	Amount of Each Disbursement this Period 300.00
	City FT DODGE State IA Zip Code 50501	
	Purpose of Disbursement DONATION Candidate Name COMMITTEE TO ELECT HELEN MILLER	012 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LANNIE MILLER	Transaction ID: SB29.4452 Date of Disbursement 09 / 27 / 2010
	Mailing Address 301 1ST AVENUE SW	Amount of Each Disbursement this Period 500.00
	City WEST BEND State IA Zip Code 50597	
	Purpose of Disbursement DONATION Candidate Name LANNIE MILLER 4 STATEHOUSE	012 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PATRICK MURPHY	Transaction ID: SB29.4412 Date of Disbursement 09 / 27 / 2010
	Mailing Address 155 NORTH GRANDVIEW AVENUE	Amount of Each Disbursement this Period 500.00
	City DUBUQUE State IA Zip Code 52001	
	Purpose of Disbursement DONATION Candidate Name PATRICK MURPHY FOR STATE REP	012 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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<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)  
ABSOLUTE ENERGY PAC

<b>A.</b> Full Name (Last, First, Middle Initial) BILL NORTHEY <hr/> Mailing Address PO BOX 212 <hr/> City OKOBOJI State IA Zip Code 51355 <hr/> Purpose of Disbursement DONATION <hr/> Candidate Name NORTHEY FOR IOWA AGRICULTURE <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4350 Date of Disbursement 09 / 27 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type 012
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) RICHARD OLIVE <hr/> Mailing Address 1264 NORTHRIDGE BLVD <hr/> City STORY CITY State IA Zip Code 50248 <hr/> Purpose of Disbursement DONATION <hr/> Candidate Name OLIVE THE SUPPORTERS OF RICH <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4394 Date of Disbursement 09 / 27 / 2010
	Amount of Each Disbursement this Period 300.00
	Category/ Type 012
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) DONOVAN OLSON <hr/> Mailing Address 2103 GREENE STREET <hr/> City BOONE State IA Zip Code 50036 <hr/> Purpose of Disbursement DONATION <hr/> Candidate Name DONOVAN OLSON FOR STATE REPRESENTATIVE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4424 Date of Disbursement 09 / 27 / 2010
	Amount of Each Disbursement this Period 300.00
	Category/ Type 012
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1100.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
ABSOLUTE ENERGY PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) KRAIG PAULSEN	Transaction ID: SB29.4358
	Mailing Address P.O. BOX 250	Date of Disbursement 09 / 27 / 2010
	City HIAWATHA State IA Zip Code 52233	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement DONATION Candidate Name KRAIG PAULSEN	012 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>B.</b>	Full Name (Last, First, Middle Initial) ROSS PAUSTIAN	Transaction ID: SB29.4456
	Mailing Address 389 WEST PARKVIEW DRIVE	Date of Disbursement 09 / 27 / 2010
	City WALCOTT State IA Zip Code 52773	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement DONATION Candidate Name ROSS PAUSTIAN FOR STATE HOUSE	012 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>C.</b>	Full Name (Last, First, Middle Initial) AMANDA RAGAN	Transaction ID: SB29.4377
	Mailing Address 20 GRANITE COURT SE	Date of Disbursement 09 / 27 / 2010
	City MASON CITY State IA Zip Code 50401	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement DONATION Candidate Name AMANDA RAGAN FOR IOWA SENATE	012 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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<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)  
ABSOLUTE ENERGY PAC

A.	Full Name (Last, First, Middle Initial) NATHAN REICHERT	Transaction ID: SB29.4416 Date of Disbursement 09 / 27 / 2010
	Mailing Address 1155 IOWA AVENUE	Amount of Each Disbursement this Period 500.00
	City MUSCATINE State IA Zip Code 52761	
	Purpose of Disbursement DONATION Candidate Name COM TO ELECT NATHAN REICHERT	012 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WALT ROGERS	Transaction ID: SB29.4458 Date of Disbursement 09 / 27 / 2010
	Mailing Address 4202 BRIARWOOD DRIVE	Amount of Each Disbursement this Period 500.00
	City CEDAR FALLS State IA Zip Code 50613	
	Purpose of Disbursement DONATION Candidate Name WALT ROGERS FOR IOWA	012 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) THOMAS SANDS	Transaction ID: SB29.4360 Date of Disbursement 09 / 27 / 2010
	Mailing Address 13247 - 130TH STREET	Amount of Each Disbursement this Period 300.00
	City WAPELLO State IA Zip Code 52653	
	Purpose of Disbursement DONATION Candidate Name THOMAS SANDS	012 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
ABSOLUTE ENERGY PAC

A.	Full Name (Last, First, Middle Initial) PAUL SHOMSHOR	Transaction ID: SB29.4428 Date of Disbursement 09 / 27 / 2010
	Mailing Address 3018 AVENUE M	
	City COUNCIL BLUFFS State IA Zip Code 51501	Amount of Each Disbursement this Period 400.00
	Purpose of Disbursement DONATION Candidate Name PAUL SHOMSHOR FOR IOWA HOUSE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:	012 Category/ Type

B.	Full Name (Last, First, Middle Initial) CHARLES SODERBERG	Transaction ID: SB29.4362 Date of Disbursement 09 / 27 / 2010
	Mailing Address 800 2ND STREET S.E.	
	City LEMARS State IA Zip Code 51031	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement DONATION Candidate Name CHARLES SODERBERG Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:	012 Category/ Type

C.	Full Name (Last, First, Middle Initial) SHARON STECKMAN	Transaction ID: SB29.4414 Date of Disbursement 09 / 27 / 2010
	Mailing Address 1038 15TH STREET NE	
	City MASON CITY State IA Zip Code 50401	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement DONATIONS Candidate Name CITIZENS FOR SHARON STECKMAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:	012 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
ABSOLUTE ENERGY PAC

A.

Full Name (Last, First, Middle Initial)  
ANNETTE SWEENEY

Mailing Address 21547 HWY S27

City ALDEN State IA Zip Code 50006

Purpose of Disbursement  
DONATION

Candidate Name  
ANNETTE SWEENEY FOR STATE HOUSE

Office Sought:  House  
 Senate  
 President

State: IA District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB29.4444  
Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

500.00

012  
Category/  
Type

B.

Full Name (Last, First, Middle Initial)  
ROGER THOMAS

Mailing Address 17658 DOMINO ROAD

City ELKADER State IA Zip Code 52043

Purpose of Disbursement  
DONATION

Candidate Name  
PEOPLE FOR ROGER THOMAS

Office Sought:  House  
 Senate  
 President

State: IA District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB29.4418  
Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

300.00

012  
Category/  
Type

C.

Full Name (Last, First, Middle Initial)  
LINDA UPMEYER

Mailing Address 2175 PINE AVENUE

City GARNER State IA Zip Code 50438

Purpose of Disbursement  
DONATION

Candidate Name  
LINDA UPMEYER FOR HOUSE

Office Sought:  House  
 Senate  
 President

State: IA District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB29.4442  
Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

600.00

012  
Category/  
Type

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

1400.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
ABSOLUTE ENERGY PAC

<b>A.</b> Full Name (Last, First, Middle Initial) ANDREW WENTHE <hr/> Mailing Address PO BOX 123 <hr/> City HAWKEYE State IA Zip Code 52147 <hr/> Purpose of Disbursement DONATION <hr/> Candidate Name CITIZENS ELECT ANDREW WENTHE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4422 Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type 012
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) GARY WORTHAN <hr/> Mailing Address 5647 105 AVENUE <hr/> City STORM LAKE State IA Zip Code 50588 <hr/> Purpose of Disbursement DONATION <hr/> Candidate Name GARY WORTHAN FOR IOWA HOUSE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4446 Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2010
	Amount of Each Disbursement this Period 300.00
	Category/ Type 012
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) RAY ZIRKELBACH <hr/> Mailing Address 401 NORTH CEDAR <hr/> City MONTICELLO State IA Zip Code 52310 <hr/> Purpose of Disbursement DONATION <hr/> Candidate Name CITIZENS FOR ZIRKELBACH <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4420 Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2010
	Amount of Each Disbursement this Period 300.00
	Category/ Type 012
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	18900.00