

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

RED PAC

ADDRESS (number and street) Post Office Box 51
 Check if different than previously reported. (ACC)
 Homeland FL 33847

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

C00389122

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

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

(a) Quarterly Reports:

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

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

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

Election on _____ in the State of _____

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

Election on _____ in the State of _____

5. Covering Period 03 01 2008 through 03 31 2008

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 Mr. Casey A. Fletcher

Signature of Treasurer Electronically Filed by Mr. Casey A. Fletcher Date 06 16 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
RED PAC

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		52232.21
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	57331.55									
(c) Total Receipts (from Line 19)	24500.00	66650.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	81831.55	118882.21								
7. Total Disbursements (from Line 31)	46677.41	83728.07								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35154.14	35154.14								
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)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
RED PAC

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	0.00	3150.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	3150.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	24500.00	63500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	24500.00	66650.00
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))	24500.00	66650.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24500.00	66650.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	3177.41	20728.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	3177.41	20728.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	43500.00	63000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	46677.41	83728.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46677.41	83728.07

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	24500.00	66650.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24500.00	66650.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3177.41	20728.07
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3177.41	20728.07

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

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

FOR LINE NUMBER: PAGE 6 / 15
(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)
RED PAC

A. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)
Mailing Address 1120 Connecticut Avenue NW
City Washington State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C** C00004275
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt 03 / 11 / 2008
Transaction ID: SA11C.5374
Amount of Each Receipt this Period 2500.00
2008 ANNUAL

B. Full Name (Last, First, Middle Initial)
AMERICAN INSURANCE ASSOCIATION PAC
Mailing Address 1130 CONNECTICUT AVE., NW SUITE 1000
City WASHINGTON State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C** C00103143
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 03 / 17 / 2008
Transaction ID: SA11C.5378
Amount of Each Receipt this Period 1000.00
2008 ANNUAL

C. Full Name (Last, First, Middle Initial)
ASPPA
Mailing Address 4245 N. FAIRFAX DRIVE, SUITE 750
City ARLINGTON State VA Zip Code 22203-1620
FEC ID number of contributing federal political committee. **C** C00333104
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 03 / 19 / 2008
Transaction ID: SA11C.5380
Amount of Each Receipt this Period 5000.00
2008 ANNUAL

SUBTOTAL of Receipts This Page (optional) ► 8500.00
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 / 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RED PAC

A. Full Name (Last, First, Middle Initial)
BANK OF AMERICA CORPORATION PAC (FKA MBNA CORPORATION FEDERAL POLITICAL COMMITTEE)
 Mailing Address 1100 North King Street
 City State Zip Code
Wilmington DE 19884
 Date of Receipt
03 / 10 / 2008
 Transaction ID: SA11C.5373
 Amount of Each Receipt this Period
5000.00
 2008 ANNUAL
 FEC ID number of contributing federal political committee. C C00252866
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

B. Full Name (Last, First, Middle Initial)
COMCAST CORP. POLITICAL ACTION COMMITTEE
 Mailing Address 1500 Market Street
35th Floor
 City State Zip Code
Philadelphia PA 19102
 Date of Receipt
03 / 24 / 2008
 Transaction ID: SA11C.5384
 Amount of Each Receipt this Period
1000.00
 2008 ANNUAL
 FEC ID number of contributing federal political committee. C C00248716
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
MASTERCARD INTERNATIONAL INC. EMPLOYEES PAC
 Mailing Address 2000 PURCHASE ST
 City State Zip Code
PURCHASE NY 10577
 Date of Receipt
03 / 31 / 2008
 Transaction ID: SA11C.5385
 Amount of Each Receipt this Period
1000.00
 2008 ANNUAL
 FEC ID number of contributing federal political committee. C C00410274
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)
RED PAC

A. Full Name (Last, First, Middle Initial)
MUTUAL OF OMAHA COMPANIES GEN MGRS PAC (COMPAC)
 Mailing Address Mutual of Omaha Plaza
 City State Zip Code
 Omaha NE 68175
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 05 / 2008
Transaction ID: SA11C.5372
 Amount of Each Receipt this Period
 500.00
 2008 ANNUAL
 FEC ID number of contributing federal political committee. **C** C00103572
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

B. Full Name (Last, First, Middle Initial)
NATIONAL CAPITAL FEDERAL CREDIT UNION
 Mailing Address 3138 10TH STREET NORTH
 City State Zip Code
 ARLINGTON VA 22201-2149
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 11 / 2008
Transaction ID: SA11C.5375
 Amount of Each Receipt this Period
 1500.00
 2008 ANNUAL
 FEC ID number of contributing federal political committee. **C** C00040659
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

C. Full Name (Last, First, Middle Initial)
PCIPAC
 Mailing Address 2600 SOUTH RIVER ROAD
 City State Zip Code
 DES PLAINES IL 60018-7800
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2008
Transaction ID: SA11C.5382
 Amount of Each Receipt this Period
 2000.00
 2008 ANNUAL
 FEC ID number of contributing federal political committee. **C** C00066472
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

SUBTOTAL of Receipts This Page (optional) ► 4000.00
TOTAL This Period (last page this line number only) ►

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

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

A.	Full Name (Last, First, Middle Initial) R J REYNOLDS PAC		Date of Receipt
	Mailing Address P O BOX 718		<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	WINSTON-SALEM	NC	27102
	FEC ID number of contributing federal political committee.		Transaction ID: SA11C.5377
	<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text" value="5000.00"/>
Receipt For:		Aggregate Year-to-Date ▼	2008 ANNUAL
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="24500.00"/>

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

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

FOR LINE NUMBER: (check only one)

PAGE 10 / 15

<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)
RED PAC

<p>A. Full Name (Last, First, Middle Initial) Epiphany Productions</p> <p>Mailing Address 104 Hume Avenue</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement PAC FUNDRAISING EXPENSE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB21B.5389</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="3070.96"/></p>
<p>B. Full Name (Last, First, Middle Initial) VERIZON</p> <p>Mailing Address P O BOX 1001</p> <p>City SAN ANGELO State TX Zip Code 76902-1001</p> <p>Purpose of Disbursement TELEPHONE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB21B.5390</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="66.45"/></p>

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 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)
RED PAC

<p>A. Full Name (Last, First, Middle Initial) DARREN P. WHITE FOR CONGRESS</p> <p>Mailing Address P O BOX 16601</p> <p>City ALBUQUERQUE State NM Zip Code 87191</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5412</p> <p>Date of Disbursement 03 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) DEAN ANDAL FOR CONGRESS</p> <p>Mailing Address 7540 SHORELINE DR</p> <p>City STOCKTON State CA Zip Code 95219</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5408</p> <p>Date of Disbursement 03 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) ERIK PAULSEN FOR CONGRESS</p> <p>Mailing Address P. O. BOX 44369</p> <p>City EDEN PRAIRIE State MN Zip Code 55344</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5410</p> <p>Date of Disbursement 03 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 15

<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)
RED PAC

A.	Full Name (Last, First, Middle Initial) JON PORTER FOR CONGRESS	Transaction ID: SB23.5402
	Mailing Address P. O. BOX 26087	Date of Disbursement 03 / 31 / 2008
	City LAS VEGAS State NV Zip Code 89126	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement CONTRIBUTION Candidate Name	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MICHELLE BACHMANN FOR CONGRESS	Transaction ID: SB23.5399
	Mailing Address 1801 JOHNSON DRIVE	Date of Disbursement 03 / 31 / 2008
	City STILLWATER State MN Zip Code 55082	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement CONTRIBUTION Candidate Name	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PHILLIP ENGLISH FOR CONGRESS	Transaction ID: SB23.5393
	Mailing Address 530 WEST SIXTH STREET	Date of Disbursement 03 / 31 / 2008
	City ERIE State PA Zip Code 16507	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement CONTRIBUTION Candidate Name	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	10000.00
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 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)
RED PAC

A.

Full Name (Last, First, Middle Initial)
RIC KELLER FOR CONGRESS

Mailing Address P O BOX 1453

City ORLANDO State FL Zip Code 32802

Purpose of Disbursement
CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: FL District: 08

Transaction ID: SB23.5391
Date of Disbursement

03 / 31 / 2008

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
SALI FOR CONGRESS

Mailing Address PO Box 71

City KUNA State ID Zip Code 83634

Purpose of Disbursement
CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: ID District: 01

Transaction ID: SB23.5401
Date of Disbursement

03 / 31 / 2008

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)
SAMUEL GRAVES FOR CONGRESS

Mailing Address 110 SOUTH 10TH AVE

City TARKIO State MO Zip Code 64491

Purpose of Disbursement
CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MO District:

Transaction ID: SB23.5406
Date of Disbursement

03 / 31 / 2008

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional) ▶

11500.00

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 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)
RED PAC

<p>A. Full Name (Last, First, Middle Initial) SAMUEL GRAVES FOR CONGRESS</p> <p>Mailing Address 110 SOUTH 10TH AVE</p> <p>City TARKIO State MO Zip Code 64491</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MO District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5461</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		3	1		2	0	0	8													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) STEVE AUSTRIA FOR CONGRESS</p> <p>Mailing Address 2537 OBETZ DR</p> <p>City BEAVERCREEK State OH Zip Code 45434</p> <p>Purpose of Disbursement 2008 ANNUAL</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 07</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5417</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">5000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	8	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		3	1		2	0	0	8													
5000.00																						
<p>C. Full Name (Last, First, Middle Initial) TIMOTHY WALBERG FOR CONGRESS</p> <p>Mailing Address 6769 TEACHOUT ROAD</p> <p>City TIPTON State MI Zip Code 49287</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 07</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5397</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		3	1		2	0	0	8													
1000.00																						

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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)

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<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)
RED PAC

A.	Full Name (Last, First, Middle Initial) TOM FEENEY FOR CONGRESS	Transaction ID: SB23.5395 Date of Disbursement
	Mailing Address 1420 ALFAYA TRAIL #103	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City OVIEDO State FL Zip Code 32765	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name	<input type="text" value="5000.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	<input type="text" value="011"/> Category/Type
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) VITO FOSSELLA FOR CONGRESS	Transaction ID: SB23.5404 Date of Disbursement
	Mailing Address 15 GRANDVIEW TERRACE	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City STATEN ISLAND State NY Zip Code 10308	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name	<input type="text" value="2500.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	<input type="text" value="011"/> Category/Type
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="43500.00"/>