

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
HARVEST PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		745.88
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	25393.35									
(c) Total Receipts (from Line 19)	83481.40	124981.40								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	108874.75	125727.28								
7. Total Disbursements (from Line 31)	82067.91	98920.44								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26806.84	26806.84								
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
HARVEST PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	2000.00	6000.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	2000.00	6000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	81481.40	118981.40
(c) Other Political Committees (such as PACs)	83481.40	124981.40
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	83481.40	124981.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	83481.40	124981.40

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.....	30059.91	46912.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	30059.91	46912.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	52008.00	52008.00
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))..	82067.91	98920.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	82067.91	98920.44

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)	83481.40	124981.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	83481.40	124981.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	30059.91	46912.44
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	30059.91	46912.44

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

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

FOR LINE NUMBER: PAGE 6 / 43
(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)
HARVEST PAC

A. Full Name (Last, First, Middle Initial)
Colleen Fain

Mailing Address 700 Avida Parkway

City State Zip Code
Coral Gables FL 33156

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

Name of Employer Occupation
n/a Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2007

Transaction ID: C109

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Matthew L. Sulkala

Mailing Address 628 I Street, SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation
PhRMA Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2007

Transaction ID: C113

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

TOTAL This Period (last page this line number only) ► 2000.00

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

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

FOR LINE NUMBER: PAGE 7 / 43

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HARVEST PAC

A.

Full Name (Last, First, Middle Initial)
ACCENTURE PAC

Mailing Address 800 Connecticut Ave NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00300707

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	7

Transaction ID: C138

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)
AIR LINE PILOTS ASSOCIATION PAC

Mailing Address 1625 Massachusetts Ave. NW
8th Floor

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	7

Transaction ID: C134

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)
ALTRIA GROUP INC. POLITICAL ACTION COMMITTEE (ALTRIAPAC)

Mailing Address 101 Constitution Ave NW
Suite 400W

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00089136

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

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

Transaction ID: C106

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional) ▶

6500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 43
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HARVEST PAC

A. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION

Mailing Address 1891 Preston White Drive

City Reston State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2007

Transaction ID: C105

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION

Mailing Address 1891 Preston White Drive

City Reston State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 14 / 2007

Transaction ID: C137

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF SURGEONS PROFESSIONAL ASSOCIATION PAC

Mailing Address 1640 Wisconsin Avenue NW

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00382424

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 14 / 2007

Transaction ID: C128

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► 6500.00

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 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HARVEST PAC

A. Full Name (Last, First, Middle Initial)
AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address 325 Seventh Street NW
Suite 700

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY
11 / 14 / 2007

Transaction ID: C127

Amount of Each Receipt this Period: 5000.00

B. Full Name (Last, First, Middle Initial)
B&D PAC

Mailing Address 300 N. Meridian Street
Suite 2700

City Indianapolis State IN Zip Code 46204

FEC ID number of contributing federal political committee. **C** C00386904

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
07 / 12 / 2007

Transaction ID: C103

Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
COMMITTEE FOR/ADV OF SE COTTON (CASC) SOUTHERN COTTONGROWERS INC/SE COTTON GROWERS ASSOCIATION

Mailing Address 139 Prominence Court
Ste. 110

City Dawsonville State GA Zip Code 30534

FEC ID number of contributing federal political committee. **C** C00300426

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: MM / DD / YYYY
07 / 12 / 2007

Transaction ID: C101

Amount of Each Receipt this Period: 1250.00

SUBTOTAL of Receipts This Page (optional) ► 7250.00

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 / 43

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HARVEST PAC

A.

Full Name (Last, First, Middle Initial)
CRUISE LINES INTERNATIONAL ASSOCIATION PAC (CLIA PAC)

Mailing Address 2111 WILSON BOULEVARD 8TH FLOOR

City State Zip Code
ARLINGTON VA 22201

FEC ID number of contributing federal political committee. **C** C00432393

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 19 / 2007

Transaction ID: C112

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
ERNST & YOUNG POLITICAL ACTION COMMITTEE

Mailing Address 1225 Connecticut Avenue N.W.

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00227744

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 12 / 2007

Transaction ID: C98

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)
FEDERAL EXPRESS POLITICAL ACTION COMMITTEE

Mailing Address 942 South Shady Grove Road

City State Zip Code
Memphis TN 38120

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 19 / 2007

Transaction ID: C110

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional) ▶

6000.00

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

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

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FOR LINE NUMBER: PAGE 11 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HARVEST PAC

A. Full Name (Last, First, Middle Initial)
FEDERATION OF AMERICAN HOSPITALS PAC

Mailing Address 801 PENNSYLVANIA AVENUE
SUITE 245

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00002261

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 7 / 2 0 0 7

Transaction ID: C139

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
FOOD MARKETING INSTITUTE POLITICAL ACTION COMMITTEE FOODPAC

Mailing Address 2345 Crystal Drive
Suite 800

City State Zip Code
Arlington VA 22202

FEC ID number of contributing federal political committee. **C** C00014555

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 1 2 / 2 0 0 7

Transaction ID: C100

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
FRONTIER OIL CORPORATION PAC

Mailing Address 10000 MEMORIAL DRIVE SUITE 600

City State Zip Code
HOUSTON TX 77024

FEC ID number of contributing federal political committee. **C** C00342766

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 4 / 2 0 0 7

Transaction ID: C129

Amount of Each Receipt this Period
2000.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 43
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HARVEST PAC

A. Full Name (Last, First, Middle Initial)
GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN (GDVPCP)

Mailing Address 2941 Fairview Park Dr.
Suite 100

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2007

Transaction ID: C136

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)

Mailing Address 655 15th Street NW Suite 445

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
12 / 07 / 2007

Transaction ID: C140

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address 1550 Crystal Drive
Suite 300

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2007

Transaction ID: C111

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► 10000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 / 43
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HARVEST PAC

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF FEDERAL CREDIT UNIONS POLITICAL ACTION COMMITTEE

Mailing Address 3138 North 10th Street

City State Zip Code
Arlington VA 22201

FEC ID number of contributing federal political committee. **C** C00040659

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1981.40

Date of Receipt
MM / DD / YYYY
11 / 05 / 2007

Transaction ID: C144

Amount of Each Receipt this Period
1981.40

* In-Kind: Fundraising/Food & Beverages

B. Full Name (Last, First, Middle Initial)
NATIONAL COTTON COUNCIL COMMITTEE FOR THE ADVANCEMENT OF COTTON

Mailing Address P.O. Box 820292

City State Zip Code
Memphis TN 38182

FEC ID number of contributing federal political committee. **C** C00023028

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
07 / 12 / 2007

Transaction ID: C102

Amount of Each Receipt this Period
1250.00

C. Full Name (Last, First, Middle Initial)
NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 1850 M Street NW Suite 540

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00130773

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2007

Transaction ID: C132

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **5731.40**

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

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

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

FOR LINE NUMBER: PAGE 14 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HARVEST PAC

A. Full Name (Last, First, Middle Initial)
NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION COMMITTEE
 Mailing Address 1850 M Street NW Suite 540
 City State Zip Code
 Washington DC 20036
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 4 / 2 0 0 7
Transaction ID: C131
 Amount of Each Receipt this Period
 2500.00
 FEC ID number of contributing federal political committee. **C** C00130773
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL RESTAURANT ASSOCIATION PAC
 Mailing Address 1200 17th Street NW
 City State Zip Code
 Washington DC 20036
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 0 7 / 2 0 0 7
Transaction ID: C104
 Amount of Each Receipt this Period
 2500.00
 FEC ID number of contributing federal political committee. **C** C00003764
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL RESTAURANT ASSOCIATION PAC
 Mailing Address 1200 17th Street NW
 City State Zip Code
 Washington DC 20036
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 4 / 2 0 0 7
Transaction ID: C133
 Amount of Each Receipt this Period
 2500.00
 FEC ID number of contributing federal political committee. **C** C00003764
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 43
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
HARVEST PAC

A.

Full Name (Last, First, Middle Initial)
PFIZER INC. PAC

Mailing Address 235 East 42nd Street

City State Zip Code
New York NY 10017

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2007

Transaction ID: C146

Amount of Each Receipt this Period
2500.00

B.

Full Name (Last, First, Middle Initial)
RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1100 Wilson Boulevard
Suite 1500

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
07 / 12 / 2007

Transaction ID: C99

Amount of Each Receipt this Period
2500.00

C.

Full Name (Last, First, Middle Initial)
SALLIE MAE INC POLITICAL ACTION COMMITTEE (SALLIE MAE PAC)

Mailing Address 11600 SALLIE MAE DRIVE

City State Zip Code
RESTON VA 20193

FEC ID number of contributing federal political committee. **C** C00331835

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2007

Transaction ID: C147

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **7500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 43
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HARVEST PAC

A. Full Name (Last, First, Middle Initial)
SMITHKLINE BEECHAM CORPORATION POLITICAL ACTION COMMITTEE (GLAXOSMITHKLINE PAC)

Mailing Address Five Moore Drive
P.O. Box 13358

City Res. Triangle Park State NC Zip Code 27709

FEC ID number of contributing federal political committee. **C** C00199703

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 11 / 14 / 2007
Transaction ID: C135
Amount of Each Receipt this Period: 5000.00

B. Full Name (Last, First, Middle Initial)
SONNENSCHN NATH & ROSENTHAL LLP POLITICAL ACTION COMMITTEE (SONNENSCHN PAC)

Mailing Address 1301 K STREET NW
SUITE 600 EAST TOWER

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00216127

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 11 / 14 / 2007
Transaction ID: C130
Amount of Each Receipt this Period: 2500.00

C. Full Name (Last, First, Middle Initial)
U.S.-CUBA DEMOCRACY POLITICAL ACTION COMMITTEE

Mailing Address 1200 West 49th Street

City Hialeah State FL Zip Code 33012

FEC ID number of contributing federal political committee. **C** C00387720

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 12 / 20 / 2007
Transaction ID: C143
Amount of Each Receipt this Period: 2500.00

SUBTOTAL of Receipts This Page (optional) ► 10000.00

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 17 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HARVEST PAC

A. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. POLITICAL ACTION COMMITTEE

Mailing Address 55 Glenlake Parkway N.E.

City Atlanta State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 1 / 2 0 0 7

Transaction ID: C145

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
UST INC. EXECUTIVES ADMINISTRATORS AND MANAGERS POLITICAL ACTION COMMITTEE

Mailing Address 100 West Putnam Avenue

City Greenwich State CT Zip Code 06830

FEC ID number of contributing federal political committee. **C** C00104851

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 0 7 / 2 0 0 7

Transaction ID: C108

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address 702 S.W. 8th Street

City Bentonville State AR Zip Code 72716

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 0 7 / 2 0 0 7

Transaction ID: C107

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **7500.00**

TOTAL This Period (last page this line number only) ► **81481.40**

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HARVEST PAC

A. Full Name (Last, First, Middle Initial)
Allen Boyd

Mailing Address 218 5th Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Travel/taxi

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D268
Date of Disbursement: 11 / 26 / 2007

Amount of Each Disbursement this Period: 20.00

B. Full Name (Last, First, Middle Initial)
Capital City Democratic Women's Club

Mailing Address PO Box 4068

City Tallahassee State FL Zip Code 32315

Purpose of Disbursement Event sponsor

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D201
Date of Disbursement: 07 / 18 / 2007

Amount of Each Disbursement this Period: 300.00

C. Full Name (Last, First, Middle Initial)
Davey Consulting LLC

Mailing Address 236 Massachusetts Ave., NE Suite 508

City Washington State DC Zip Code 20002

Purpose of Disbursement Fundraising consulting/expenses

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D202
Date of Disbursement: 07 / 18 / 2007

Amount of Each Disbursement this Period: 4103.65

SUBTOTAL of Disbursements This Page (optional) ► 4423.65

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HARVEST PAC

A.	Full Name (Last, First, Middle Initial) Davey Consulting LLC	Transaction ID: D265 Date of Disbursement 12 / 29 / 2007
	Mailing Address 236 Massachusetts Ave., NE Suite 508	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Fundraising consulting fee	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NATIONAL ASSOCIATION OF FEDERAL CREDIT UNIONS POLITICAL ACTION COMMITTEE	Transaction ID: D270 Date of Disbursement 11 / 05 / 2007
	Mailing Address 3138 North 10th Street	Amount of Each Disbursement this Period 1981.40
	City Arlington State VA Zip Code 22201	
	Purpose of Disbursement Fundraising/Food & Beverages	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

* in-kind received

C.	Full Name (Last, First, Middle Initial) National Association of Federal Credit Unions	Transaction ID: D269 Date of Disbursement 11 / 28 / 2007
	Mailing Address 3138 North 10th Street	Amount of Each Disbursement this Period 9500.00
	City Arlington State VA Zip Code 22201	
	Purpose of Disbursement Fundraising/Event site fee	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	16481.40
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HARVEST PAC

A.	Full Name (Last, First, Middle Initial) Winpisinger & Associates, Inc.	Transaction ID: D187 Date of Disbursement 07 / 27 / 2007
	Mailing Address 315 Inspiration Lane	Amount of Each Disbursement this Period 255.94
	City Gaithersburg State MD Zip Code 20878	
	Purpose of Disbursement Admin/Compliance	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Winpisinger & Associates, Inc.	Transaction ID: D242 Date of Disbursement 11 / 01 / 2007
	Mailing Address 315 Inspiration Lane	Amount of Each Disbursement this Period 167.37
	City Gaithersburg State MD Zip Code 20878	
	Purpose of Disbursement Admin/Compliance	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Davey Consulting LLC	Transaction ID: D185 Date of Disbursement 07 / 27 / 2007
	Mailing Address 236 Massachusetts Ave., NE Suite 508	Amount of Each Disbursement this Period 2110.59
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Fundraising/catering	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2533.90
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HARVEST PAC

A. Full Name (Last, First, Middle Initial) Ruths Chris Steak House Mailing Address 724 9th Street, NW City Washington State DC Zip Code 20001 Purpose of Disbursement Fundraising/catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D186 Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2007
	Category/Type Amount of Each Disbursement this Period 2110.59 [MEMO ITEM]	

B. Full Name (Last, First, Middle Initial) Business Card Mailing Address PO Box 15710 City Wilmington State DE Zip Code 19886 Purpose of Disbursement Credit card (see below) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D188 Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2007
	Category/Type Amount of Each Disbursement this Period 626.55	

C. Full Name (Last, First, Middle Initial) Morton's of Chicago Mailing Address 1050 Connecticut Avenue, NW City Washington State DC Zip Code 20036 Purpose of Disbursement Generic fundraising expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D191 Date of Disbursement M M / D D / Y Y Y Y 07 / 04 / 2007
	Category/Type Amount of Each Disbursement this Period 360.00 [MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	626.55
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 22 / 43

<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)
HARVEST PAC

A.	Full Name (Last, First, Middle Initial) Business Card	Transaction ID: D192 Date of Disbursement
	Mailing Address PO Box 15710	<input type="text" value="09"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Wilmington State DE Zip Code 19886	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit card (see below)	<input type="text" value="507.13"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Silver Slipper Restaurant	Transaction ID: D193 Date of Disbursement
	Mailing Address 531 Silver Slipper Lane	<input type="text" value="08"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Tallahassee State FL Zip Code 32303	Amount of Each Disbursement this Period
	Purpose of Disbursement Business meal	<input type="text" value="507.13"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Business Card	Transaction ID: D195 Date of Disbursement
	Mailing Address PO Box 15710	<input type="text" value="07"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Wilmington State DE Zip Code 19886	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit card (see below)	<input type="text" value="684.85"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1191.98"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HARVEST PAC

A. Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address PO Box 20706 City Atlanta State GA Zip Code 30320 Purpose of Disbursement Travel/Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D196 Date of Disbursement 07 / 12 / 2007
	Amount of Each Disbursement this Period 324.40 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) US Airways Mailing Address 4000 E. Harbor Blvd. City Phoenix State AZ Zip Code 85034 Purpose of Disbursement Travel/Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D199 Date of Disbursement 07 / 12 / 2007
	Amount of Each Disbursement this Period 246.80 [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) Allen Boyd Mailing Address 218 5th Street, SE City Washington State DC Zip Code 20003 Purpose of Disbursement Expenses (see below) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D203 Date of Disbursement 10 / 04 / 2007
	Amount of Each Disbursement this Period 843.06

SUBTOTAL of Disbursements This Page (optional) ▶	843.06
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HARVEST PAC

A. Full Name (Last, First, Middle Initial) Hyatt Hotel Mailing Address 100 Heron Blvd. City Cambridge State MD Zip Code 21613 Purpose of Disbursement Travel/Meal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D205 Date of Disbursement 10 / 04 / 2007
	Amount of Each Disbursement this Period 30.00 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) Hyatt Hotel Mailing Address 100 Heron Blvd. City Cambridge State MD Zip Code 21613 Purpose of Disbursement Travel/Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D206 Date of Disbursement 10 / 04 / 2007
	Amount of Each Disbursement this Period 742.86 [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) Trattoria Alberto Mailing Address 506 8th Street, SE City Washington State DC Zip Code 20003 Purpose of Disbursement Travel/Meal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D204 Date of Disbursement 10 / 04 / 2007
	Amount of Each Disbursement this Period 70.20 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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 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)
HARVEST PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Allen Boyd</p> <p>Mailing Address 218 5th Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Expenses (see below)</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D207</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2986.63"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Avis</p> <p>Mailing Address 23480 Autopilot Drive</p> <p>City Washington State DC Zip Code 20041</p> <p>Purpose of Disbursement Travel/Car rental</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D210</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="231.40"/></p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Avis</p> <p>Mailing Address 23480 Autopilot Drive</p> <p>City Washington State DC Zip Code 20041</p> <p>Purpose of Disbursement Travel/Car rental</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D215</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="385.68"/></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2986.63"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HARVEST PAC

A.	Full Name (Last, First, Middle Initial) Avis	Transaction ID: D217 Date of Disbursement 07 / 18 / 2007
	Mailing Address 23480 Autopilot Drive	Amount of Each Disbursement this Period 308.54
	City Washington State DC Zip Code 20041	
	Purpose of Disbursement Travel/Car rental	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Avis	Transaction ID: D220 Date of Disbursement 07 / 18 / 2007
	Mailing Address 23480 Autopilot Drive	Amount of Each Disbursement this Period 200.17
	City Washington State DC Zip Code 20041	
	Purpose of Disbursement Travel/Car rental	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: D209 Date of Disbursement 07 / 18 / 2007
	Mailing Address PO Box 20706	Amount of Each Disbursement this Period 722.80
	City Atlanta State GA Zip Code 30320	
	Purpose of Disbursement Travel/Airfare	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
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 27 / 43

<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)
HARVEST PAC

A. Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address PO Box 20706 City Atlanta State GA Zip Code 30320 Purpose of Disbursement Travel/Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D212 Date of Disbursement 07 / 18 / 2007
	Amount of Each Disbursement this Period 345.61 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) Trattoria Alberto Mailing Address 506 8th Street, SE City Washington State DC Zip Code 20003 Purpose of Disbursement Meal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D213 Date of Disbursement 07 / 18 / 2007
	Amount of Each Disbursement this Period 324.45 [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) Business Card Mailing Address PO Box 15710 City Wilmington State DE Zip Code 19886 Purpose of Disbursement Credit card (see below) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D266 Date of Disbursement 11 / 05 / 2007
	Amount of Each Disbursement this Period 457.50

SUBTOTAL of Disbursements This Page (optional) ▶	457.50
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HARVEST PAC

A.	Full Name (Last, First, Middle Initial) Wynfield Plantation LLC	Transaction ID: D267 Date of Disbursement 11 / 05 / 2007
	Mailing Address PO Box 71686	Amount of Each Disbursement this Period 457.50
	City Albany State GA Zip Code 31708	
	Purpose of Disbursement Fundraising/catering	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Allen Boyd	Transaction ID: D271 Date of Disbursement 12 / 04 / 2007
	Mailing Address 218 5th Street, SE	Amount of Each Disbursement this Period 515.24
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Expenses (see below)	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Walt Disney World Hotel	Transaction ID: D275 Date of Disbursement 10 / 10 / 2007
	Mailing Address PO Box 10100	Amount of Each Disbursement this Period 156.38
	City Lake Buena Vista State FL Zip Code 32830	
	Purpose of Disbursement Travel/Lodging	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	515.24
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HARVEST PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Walt Disney World Hotel</p> <p>Mailing Address PO Box 10100</p> <p>City Lake Buena Vista State FL Zip Code 32830</p> <p>Purpose of Disbursement Travel/Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D274 Date of Disbursement: 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 156.38</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Walt Disney World Hotel</p> <p>Mailing Address PO Box 10100</p> <p>City Lake Buena Vista State FL Zip Code 32830</p> <p>Purpose of Disbursement Travel/Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D273 Date of Disbursement: 10 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 101.24</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Walt Disney World Hotel</p> <p>Mailing Address PO Box 10100</p> <p>City Lake Buena Vista State FL Zip Code 32830</p> <p>Purpose of Disbursement Travel/Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D272 Date of Disbursement: 10 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 101.24</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	30059.91

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)
HARVEST PAC

<p>A. Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS</p> <p>Mailing Address P.O. Box 8508</p> <p>City Utica State NY Zip Code 13505</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Michael Arcuri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D224 Date of Disbursement 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS</p> <p>Mailing Address P.O. Box 8508</p> <p>City Utica State NY Zip Code 13505</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Michael Arcuri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D249 Date of Disbursement 12 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) BOSWELL FOR CONGRESS</p> <p>Mailing Address PO Box 6220</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Leonard Boswell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D226 Date of Disbursement 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)
HARVEST PAC

A. Full Name (Last, First, Middle Initial) BOSWELL FOR CONGRESS <hr/> Mailing Address PO Box 6220 <hr/> City Des Moines State IA Zip Code 50309 <hr/> Purpose of Disbursement Contribution Candidate Name Leonard Boswell <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D251 Date of Disbursement <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>1</td><td>2</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	9	/	2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y											
1	2	/	2	9	/	2	0	0	7												
Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																				
1000.00																					

B. Full Name (Last, First, Middle Initial) CARNEY FOR CONGRESS <hr/> Mailing Address P.O. Box A <hr/> City Clarks Summit State PA Zip Code 18411 <hr/> Purpose of Disbursement Contribution Candidate Name Christopher Carney <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D236 Date of Disbursement <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>9</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	6	/	2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y											
0	9	/	2	6	/	2	0	0	7												
Amount of Each Disbursement this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																				
2000.00																					

C. Full Name (Last, First, Middle Initial) CARNEY FOR CONGRESS <hr/> Mailing Address P.O. Box A <hr/> City Clarks Summit State PA Zip Code 18411 <hr/> Purpose of Disbursement Contribution Candidate Name Christopher Carney <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D250 Date of Disbursement <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>1</td><td>2</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	9	/	2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y											
1	2	/	2	9	/	2	0	0	7												
Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																				
1000.00																					

SUBTOTAL of Disbursements This Page (optional) ▶	<table border="1"> <tr> <td>4000.00</td> </tr> </table>	4000.00
4000.00		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <td> </td> </tr> </table>	

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
HARVEST PAC

A.	Full Name (Last, First, Middle Initial) CHARLIE MELANCON CAMPAIGN COMMITTEE INC	Transaction ID: D232 Date of Disbursement 09 / 26 / 2007
	Mailing Address PO Box 549	Amount of Each Disbursement this Period 1000.00
	City Napoleonville State LA Zip Code 70390	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name Charlie Melancon	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CHARLIE STUART FOR CONGRESS	Transaction ID: D262 Date of Disbursement 12 / 29 / 2007
	Mailing Address P.O. Box 560908	Amount of Each Disbursement this Period 1000.00
	City Orlando State FL Zip Code 32856	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name Charlie Stuart	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT CHRIS MURPHY	Transaction ID: D234 Date of Disbursement 09 / 26 / 2007
	Mailing Address P.O. Box 127	Amount of Each Disbursement this Period 1000.00
	City Cheshire State CT Zip Code 06410	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name Christopher S Murphy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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)
HARVEST PAC

<p>A. Full Name (Last, First, Middle Initial) DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA</p> <p>Mailing Address 214 South Bronough Street</p> <p>City Tallahassee State FL Zip Code 32302</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D223 Date of Disbursement: 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA</p> <p>Mailing Address 214 South Bronough Street</p> <p>City Tallahassee State FL Zip Code 32302</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D194 Date of Disbursement: 10 / 23 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) DONNELLY FOR CONGRESS</p> <p>Mailing Address PO BOX 515</p> <p>City BUFFALO State NY Zip Code 14223</p> <p>Purpose of Disbursement Contribution Candidate Name Joe Donnelly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 28 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D227 Date of Disbursement: 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
HARVEST PAC

A.

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

Transaction ID: D255

Date of Disbursement

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

Mailing Address PO BOX 515

Amount of Each Disbursement this Period

1000.00

City State Zip Code
BUFFALO NY 14223

Purpose of Disbursement
Contribution

--

Category/
Type

Candidate Name
Joe Donnelly

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NY District: 28

B.

Full Name (Last, First, Middle Initial)
ELLSWORTH FOR CONGRESS COMMITTEE

Transaction ID: D237

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	7

Mailing Address P.O. Box 62

Amount of Each Disbursement this Period

2000.00

City State Zip Code
Evansville IN 47701

Purpose of Disbursement
Contribution

--

Category/
Type

Candidate Name
Brad Ellsworth

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IN District: 08

C.

Full Name (Last, First, Middle Initial)
ELLSWORTH FOR CONGRESS COMMITTEE

Transaction ID: D254

Date of Disbursement

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

Mailing Address P.O. Box 62

Amount of Each Disbursement this Period

1000.00

City State Zip Code
Evansville IN 47701

Purpose of Disbursement
Contribution

--

Category/
Type

Candidate Name
Brad Ellsworth

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IN District: 08

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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)

PAGE 35 / 43

<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)
HARVEST PAC

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JIM MARSHALL	Transaction ID: D231 Date of Disbursement
	Mailing Address 586 Orange Street	<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
	City Macon State GA Zip Code 31201	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Jim Marshall	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW	Transaction ID: D235 Date of Disbursement
	Mailing Address PO Box 8166	<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
	City Savannah State GA Zip Code 31412	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
	Candidate Name John Barrow	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW	Transaction ID: D248 Date of Disbursement
	Mailing Address PO Box 8166	<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
	City Savannah State GA Zip Code 31412	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name John Barrow	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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)
HARVEST PAC

A.	Full Name (Last, First, Middle Initial) GIFFORDS FOR CONGRESS	Transaction ID: D228 Date of Disbursement 09 / 26 / 2007
	Mailing Address PO Box 12886	Amount of Each Disbursement this Period 1000.00
	City Tucson State AZ Zip Code 85732	
	Purpose of Disbursement Contribution Candidate Name Gabrielle Giffords Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) GIFFORDS FOR CONGRESS	Transaction ID: D253 Date of Disbursement 12 / 29 / 2007
	Mailing Address PO Box 12886	Amount of Each Disbursement this Period 1000.00
	City Tucson State AZ Zip Code 85732	
	Purpose of Disbursement Contribution Candidate Name Gabrielle Giffords Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) GILLIBRAND FOR CONGRESS	Transaction ID: D229 Date of Disbursement 09 / 26 / 2007
	Mailing Address P.O. Box 15734	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Contribution Candidate Name Kirsten E. Gillibrand Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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)
HARVEST PAC

A. Full Name (Last, First, Middle Initial)
GILLIBRAND FOR CONGRESS

Mailing Address P.O. Box 15734

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name
Kirsten E. Gillibrand

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NY District: 20

Transaction ID: D258

Date of Disbursement

12 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
HEATH SHULER FOR CONGRESS

Mailing Address PO Box 8446

City Asheville State NC Zip Code 28814

Purpose of Disbursement
Contribution

Candidate Name
Heath Shuler

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NC District: 11

Transaction ID: D240

Date of Disbursement

09 / 26 / 2007

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
HEATH SHULER FOR CONGRESS

Mailing Address PO Box 8446

City Asheville State NC Zip Code 28814

Purpose of Disbursement
Contribution

Candidate Name
Heath Shuler

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NC District: 11

Transaction ID: D247

Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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 38 / 43

<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)
HARVEST PAC

A.	Full Name (Last, First, Middle Initial) HOOSIERS FOR HILL	Transaction ID: D230 Date of Disbursement
	Mailing Address PO Box 1071	<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
	City Seymour State IN Zip Code 47274	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Baron Hill	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: IN District: 09	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HOOSIERS FOR HILL	Transaction ID: D257 Date of Disbursement
	Mailing Address PO Box 1071	<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
	City Seymour State IN Zip Code 47274	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Baron Hill	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: IN District: 09	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JENNINGS 2008	Transaction ID: D263 Date of Disbursement
	Mailing Address PO Box 49135	<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
	City Sarasota State FL Zip Code 34230	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2008.00"/>
	Candidate Name Christine Jennings	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: FL District: 13	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4008.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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)
HARVEST PAC

A.

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

Mailing Address PO BOX 1547

City State Zip Code
NEW SMYRNA BEACH FL 32170

Purpose of Disbursement
Contribution

Candidate Name
Suzanne Kosmas

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 24

Transaction ID: D244

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

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

Mailing Address P.O. Box 58606

City State Zip Code
Houston TX 77258

Purpose of Disbursement
Contribution

Candidate Name
Nicholas Lampson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 22

Transaction ID: D238

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

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

Mailing Address P.O. Box 58606

City State Zip Code
Houston TX 77258

Purpose of Disbursement
Contribution

Candidate Name
Nicholas Lampson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 22

Transaction ID: D256

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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)
HARVEST PAC

A.	Full Name (Last, First, Middle Initial) MELISSA BEAN FOR CONGRESS	Transaction ID: D225 Date of Disbursement 09 / 26 / 2007
	Mailing Address POST OFFICE BOX 3068	Amount of Each Disbursement this Period 1000.00
	City BARRINGTON State IL Zip Code 60010	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name Melissa Bean	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 08	

B.	Full Name (Last, First, Middle Initial) MELISSA BEAN FOR CONGRESS	Transaction ID: D252 Date of Disbursement 12 / 29 / 2007
	Mailing Address POST OFFICE BOX 3068	Amount of Each Disbursement this Period 1000.00
	City BARRINGTON State IL Zip Code 60010	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name Melissa Bean	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 08	

C.	Full Name (Last, First, Middle Initial) MOORE FOR CONGRESS	Transaction ID: D260 Date of Disbursement 12 / 29 / 2007
	Mailing Address PO BOX 14631	Amount of Each Disbursement this Period 1000.00
	City Shawnee Mission State KS Zip Code 66285	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name Dennis Moore	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: KS District: 03	

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)
HARVEST PAC

A.	Full Name (Last, First, Middle Initial) PATRICK MURPHY FOR CONGRESS	Transaction ID: D233
	Mailing Address P.O. Box 868	Date of Disbursement 09 / 26 / 2007
	City Levittown State PA Zip Code 19058	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name Patrick Murphy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PATRICK MURPHY FOR CONGRESS	Transaction ID: D259
	Mailing Address P.O. Box 868	Date of Disbursement 12 / 29 / 2007
	City Levittown State PA Zip Code 19058	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name Patrick Murphy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TIM MAHONEY FOR FLORIDA	Transaction ID: D239
	Mailing Address 4114 Northlake Blvd Ste 300	Date of Disbursement 09 / 26 / 2007
	City Palm Beach Gardens State FL Zip Code 33410	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name Tim Mahoney	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 42 / 43

<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)
HARVEST PAC

A.	Full Name (Last, First, Middle Initial) TIM MAHONEY FOR FLORIDA	Transaction ID: D261 Date of Disbursement 12 / 29 / 2007
	Mailing Address 4114 Northlake Blvd Ste 300	Amount of Each Disbursement this Period 1000.00
	City Palm Beach Gardens State FL Zip Code 33410	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name Tim Mahoney	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TINKLENBERG FOR CONGRESS	Transaction ID: D245 Date of Disbursement 12 / 05 / 2007
	Mailing Address 9298 CENTRAL AVE NE	Amount of Each Disbursement this Period 1000.00
	City BLAINE State MN Zip Code 55434	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name Elwyn Glenn Tinklenberg	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ZACK SPACE FOR CONGRESS COMMITTEE	Transaction ID: D241 Date of Disbursement 09 / 26 / 2007
	Mailing Address 123 West High Avenue	Amount of Each Disbursement this Period 2000.00
	City New Philadelphia State OH Zip Code 44663	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name Zack Space	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 / 43

<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)
HARVEST PAC

A.

Full Name (Last, First, Middle Initial)
ZACK SPACE FOR CONGRESS COMMITTEE

Transaction ID: D264

Date of Disbursement

Mailing Address 123 West High Avenue

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

City State Zip Code
New Philadelphia OH 44663

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

--

Candidate Name
Zack Space

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OH District: 18

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

52008.00
