

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

TO ORGANIZE A MAJORITY PAC (TOMPAC)

ADDRESS (number and street)

PO BOX 752

Check if different  
than previously  
reported. (ACC)

DES MOINES

IA

50303

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00385732

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Quarterly Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day  
**PRE-Election**  
Report for the:☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2008

through

03

31

2008

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

Type or Print Name of Treasurer

Theresa Kehoe

Signature of Treasurer

Electronically Filed by Theresa Kehoe

Date

04

10

2008

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
TO ORGANIZE A MAJORITY PAC (TOMPAC)

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		34882.94
(b) Cash on Hand at Beginning of Reporting Period .....	34882.94	
(c) Total Receipts (from Line 19) .....	41089.22	41089.22
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	75972.16	75972.16
7. Total Disbursements (from Line 31) .....	39974.76	39974.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	35997.40	35997.40
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

TO ORGANIZE A MAJORITY PAC (TOMPAC)

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	24000.00	24000.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	89.22	89.22
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	24089.22	24089.22
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	17000.00	17000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	41089.22	41089.22
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)) .....	41089.22	41089.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	41089.22	41089.22

**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)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	29974.76	29974.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	29974.76	29974.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
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))..	39974.76	39974.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39974.76	39974.76

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	41089.22	41089.22
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	41089.22	41089.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	29974.76	29974.76
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	29974.76	29974.76

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

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

FOR LINE NUMBER: PAGE 6 / 15

(check only one)

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

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NAME OF COMMITTEE (In Full)  
 TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.

Full Name (Last, First, Middle Initial)

Cindy Baxter

Mailing Address 2607 Avenue E

City

Fort Madison

State

IA

Zip Code

52627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frank Baxter Construction

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.12190

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Gordon Gund

Mailing Address 14 Nassau Street

City

Princeton

State

NJ

Zip Code

08542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Foundation Fighting Blind-  
ness

Occupation

Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.12188

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Lura Gund

Mailing Address PO Box 449

City

Princeton

State

NJ

Zip Code

08542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Foundation Fighting Blind-  
ness

Occupation

Fundraiser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.12185

Amount of Each Receipt this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 15

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

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NAME OF COMMITTEE (In Full)  
 TO ORGANIZE A MAJORITY PAC (TOMPAC)

**A.**

Full Name (Last, First, Middle Initial)

Alan Kahn

Mailing Address 49 Overhill Rd

City

Forest Hills

State

NY

Zip Code

11375

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Foundation Fighting  
Blindness

Occupation

National Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.12187

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

D Michael Smith

Mailing Address 3104 Rodman St NW

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenberg Traurig

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.12183

Amount of Each Receipt this Period

3000.00

**C.**

Full Name (Last, First, Middle Initial)

Lewis Weinberg

Mailing Address 3905 Country Club Blvd

City

Sioux City

State

IA

Zip Code

51104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Weinberg Investments

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.12180

Amount of Each Receipt this Period

1000.00

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

9000.00

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

24000.00

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

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

FOR LINE NUMBER: PAGE 8 / 15

(check only one)

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

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NAME OF COMMITTEE (In Full)  
 TO ORGANIZE A MAJORITY PAC (TOMPAC)

**A.**

Full Name (Last, First, Middle Initial)  
 Anheuser-Busch Political Action Committee  
 Mailing Address 1401 I St NW Ste 200

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing  
federal political committee. **C** C00034488

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  
 0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11C.12197

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
 CME/PAC Chicago Mercantile Exchange PAC  
 Mailing Address 30 S Wacker Dr

City State Zip Code  
 Chicago IL 60606

FEC ID number of contributing  
federal political committee. **C** C00076299

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 Y  
 0 2 / 1 1 / 2 0 0 8

Transaction ID: SA11C.12193

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
 Community Action Program PAC  
 Mailing Address 810 First Street NE Suite 530

City State Zip Code  
 Washington DC 20037

FEC ID number of contributing  
federal political committee. **C** C00163048

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  
 0 1 / 2 9 / 2 0 0 8

Transaction ID: SA11C.12191

Amount of Each Receipt this Period

5000.00

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

11000.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 15

(check only one)

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

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NAME OF COMMITTEE (In Full)  
 TO ORGANIZE A MAJORITY PAC (TOMPAC)

**A.**

Full Name (Last, First, Middle Initial)  
 Sheet Metal Workers' PAC

Mailing Address 1750 New York Ave NW

City State Zip Code  
 Washington DC 20006

FEC ID number of contributing  
federal political committee. **C** C00007542

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  
 0 3 / 1 7 / 2 0 0 8

Transaction ID: SA11C.12194

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
 Sonnenschein Pac

Mailing Address 1301 K St NW Ste 600

City State Zip Code  
 Washington DC 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 ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 3 1 / 2 0 0 8

Transaction ID: SA11C.12195

Amount of Each Receipt this Period

1000.00

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

6000.00

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

17000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 15

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

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NAME OF COMMITTEE (In Full)  
TO ORGANIZE A MAJORITY PAC (TOMPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) DiNino Associates LLC	<b>Transaction ID:</b> SB21B.12155 <b>Date of Disbursement</b>																				
Mailing Address 210 Whitestone Road	<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>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	4		2	0	0	8												
City Silver Spring State MD Zip Code 20901	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement fundraising retainer for TOMPAC Candidate Name	<table border="1"> <tr> <td colspan="10">4000.00</td> </tr> </table>	4000.00																			
4000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DiNino Associates LLC	<b>Transaction ID:</b> SB21B.12160 <b>Date of Disbursement</b>																				
Mailing Address 210 Whitestone Road	<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>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	9		2	0	0	8												
City Silver Spring State MD Zip Code 20901	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement travel expenses for TOMPAC Candidate Name	<table border="1"> <tr> <td colspan="10">1198.40</td> </tr> </table>	1198.40																			
1198.40																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DiNino Associates LLC	<b>Transaction ID:</b> SB21B.12165 <b>Date of Disbursement</b>																				
Mailing Address 210 Whitestone Road	<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>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	0	8												
City Silver Spring State MD Zip Code 20901	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement fundraising retainer for TOMPAC Candidate Name	<table border="1"> <tr> <td colspan="10">4000.00</td> </tr> </table>	4000.00																			
4000.00																					
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) .....

9198.40

**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)

PAGE 11 / 15

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

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NAME OF COMMITTEE (In Full)  
TO ORGANIZE A MAJORITY PAC (TOMPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) DiNino Associates LLC	<b>Transaction ID:</b> SB21B.12169 <b>Date of Disbursement</b>
Mailing Address 210 Whitestone Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 3 / 2 0 0 8</div> </div>
City Silver Spring State MD Zip Code 20901	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement fundraising retainer for TOMPAC Candidate Name	<div>4000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) DiNino Associates LLC	<b>Transaction ID:</b> SB21B.12173 <b>Date of Disbursement</b>
Mailing Address 210 Whitestone Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 8</div> </div>
City Silver Spring State MD Zip Code 20901	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement fundraising retainer for TOMPAC Candidate Name	<div>4000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Flowers by Anthony	<b>Transaction ID:</b> SB21B.12156 <b>Date of Disbursement</b>
Mailing Address 3300 SW 9th St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 4 / 2 0 0 8</div> </div>
City Des Moines State IA Zip Code 50315	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement flowers for TOMPAC exps Candidate Name	<div>7563.50</div>
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) .....

**15563.50**

**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)

PAGE 12 / 15

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

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NAME OF COMMITTEE (In Full)  
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.

Full Name (Last, First, Middle Initial)

Hotel Fort Des Moines

Mailing Address 10th and Walnut

City State Zip Code  
Des Moines IA 50309

Purpose of Disbursement  
site exp for TOMPAC fundraiser

Candidate Name

Category/  
Type

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

State: District:

Transaction ID: SB21B.12161

Date of Disbursement

01 / 19 / 2008

Amount of Each Disbursement this Period

751.03

B.

Full Name (Last, First, Middle Initial)

Jeremy Gold

Mailing Address 2801 Quebec St NW #444

City State Zip Code  
Washington DC 20008

Purpose of Disbursement  
catering, site, travel exp for TOMPAC

Candidate Name

Category/  
Type

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

State: District:

Transaction ID: SB21B.12164

Date of Disbursement

01 / 22 / 2008

Amount of Each Disbursement this Period

2059.90

C.

Full Name (Last, First, Middle Initial)

Jeremy Gold

Mailing Address 2801 Quebec St NW #444

City State Zip Code  
Washington DC 20008

Purpose of Disbursement  
travel exp for fundraising for TOMPAC

Candidate Name

Category/  
Type

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

State: District:

Transaction ID: SB21B.12171

Date of Disbursement

03 / 16 / 2008

Amount of Each Disbursement this Period

695.22

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

3506.15

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
TO ORGANIZE A MAJORITY PAC (TOMPAC)

**A.**

Full Name (Last, First, Middle Initial)

Molly Scherrman

Mailing Address 3918 Lincoln Place Drive

City State Zip Code  
Des Moines IA 50312

Purpose of Disbursement  
site expenses for TOMPAC fundraiser

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.12158

Date of Disbursement

/   /

Amount of Each Disbursement this Period

262.23

**B.**

Full Name (Last, First, Middle Initial)

United Airlines

Mailing Address PO Box 66100

City State Zip Code  
Chicago IL 60666

Purpose of Disbursement  
airfare TOMPAC travel exp

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.12162

Date of Disbursement

/   /

Amount of Each Disbursement this Period

296.55

**C.**

Full Name (Last, First, Middle Initial)

USPO

Mailing Address 1165 2nd Avenue

City State Zip Code  
Des Moines IA 50318

Purpose of Disbursement  
po box rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.12167

Date of Disbursement

/   /

Amount of Each Disbursement this Period

40.00

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

598.78

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.

Full Name (Last, First, Middle Initial)  
USPO

Mailing Address 1165 2nd Avenue

City State Zip Code  
Des Moines IA 50318

Purpose of Disbursement  
postage fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12172

Date of Disbursement

/   /

Amount of Each Disbursement this Period

550.00

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

550.00

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

29416.83

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

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

FOR LINE NUMBER:  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
TO ORGANIZE A MAJORITY PAC (TOMPAC)

**A.**

Full Name (Last, First, Middle Initial)  
Boswell for Congress

Mailing Address Box 6220

City State Zip Code  
Des Moines IA 50309

Purpose of Disbursement  
contribution primary

Candidate Name  
LEONARD L. BOSWELL

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IA District: 03

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.12178

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2008

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
DEM SEN CAMP COMM

Mailing Address 120 MARYLAND AVENUE NE

City State Zip Code  
WASHINGTON DC 20002

Purpose of Disbursement  
contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB23.12179

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2008

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

10000.00