

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
The Hawkeye PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

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	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">49581.39</td></tr></table>	49581.39
Y	Y	Y	Y									
2	0	0	7									
49581.39												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">49581.39</td></tr></table>	49581.39										
49581.39												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">62650.00</td></tr></table>	62650.00	<table border="1" style="width: 100%;"><tr><td align="right">62650.00</td></tr></table>	62650.00								
62650.00												
62650.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="right">112231.39</td></tr></table>	112231.39	<table border="1" style="width: 100%;"><tr><td align="right">112231.39</td></tr></table>	112231.39								
112231.39												
112231.39												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">69276.24</td></tr></table>	69276.24	<table border="1" style="width: 100%;"><tr><td align="right">69276.24</td></tr></table>	69276.24								
69276.24												
69276.24												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="right">42955.15</td></tr></table>	42955.15	<table border="1" style="width: 100%;"><tr><td align="right">42955.15</td></tr></table>	42955.15								
42955.15												
42955.15												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
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
The Hawkeye PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

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		
(i) Itemized (use Schedule A)	4650.00	4650.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4650.00	4650.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	58000.00	58000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	62650.00	62650.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	62650.00	62650.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	62650.00	62650.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	21526.24	21526.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	21526.24	21526.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	48000.00	48000.00
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.....	-250.00	-250.00
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))..	69276.24	69276.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	69276.24	69276.24

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)	62650.00	62650.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	62650.00	62650.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	21526.24	21526.24
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	21526.24	21526.24

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 20
	(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)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. American Hospital Assoc PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 325 Seventh Street Nw Suite 700		Transaction ID: 70703.C1175
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00106146		Receipt
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. American Optometric Association PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 7
Mailing Address 1505 Prince Street Suite 300		Transaction ID: 70703.C1170
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00024968		Receipt
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. American Physical Therapy Association		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 7
Mailing Address Physical Therapy PAC 1111 N. Fairfax Street		Transaction ID: 70703.C1169
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00012880		Receipt
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 20
	(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)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. American Podiatric Medical Association		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address Inc. Podiatry PAC 9312 Old Georgetown Road		Transaction ID: 70703.C1168
City State Zip Code Bethesda MD 20814	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00008839		Receipt
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Build PAC of Ntl Assoc of Home Builders		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 7
Mailing Address 1201 15th St NW		Transaction ID: 70703.C1171
City State Zip Code Washington DC 20005-2800	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00000901		Receipt
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. FirstEnergy PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 76 S Main Street		Transaction ID: 70703.C1173
City State Zip Code Akron OH 44308-1890	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00140855		Receipt
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	10500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 20
	<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)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Florida Power & Light Co. Employees PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7	
Mailing Address 700 Universe Blvd. PO Box 14000		Transaction ID: 70703.C1165	
City Juno Beach	State FL	Zip Code 33408	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C C00064774		Receipt	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. Metlife Inc. Employees Political		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7	
Mailing Address Participation Fund A 27-01 Queens Plaza North		Transaction ID: 70703.C1167	
City Long Island City	State NY	Zip Code 11101	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C C00040923		Receipt	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Mortgage Bankers Assoc. Of America PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 7	
Mailing Address 1919 Pennsylvania Avenue NW 8th Floor		Transaction ID: 70703.C1172	
City Washington	State DC	Zip Code 20006	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C C00004812		Receipt	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

SUBTOTAL of Receipts This Page (optional) ▶	12500.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 20		
	<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

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Mutual Of Omaha Companies PAC (IMPAC)		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address Mutual Of Omaha Plaza		Transaction ID: 70703.C1161	
City State Zip Code Omaha NE 68175	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C C00094581		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Mutual Of Omaha Companies PAC (IMPAC)		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7	
Mailing Address Mutual Of Omaha Plaza		Transaction ID: 70726.C1176	
City State Zip Code Omaha NE 68175	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. C C00094581		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. National Academy Of Elder Law Attorneys		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address Senior Rights PAC 1604 N Country Club Rd		Transaction ID: 70703.C1174	
City State Zip Code Tucson AZ 85716	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00393553		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 20
	(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)
The Hawkeye PAC

A. Full Name (Last, First, Middle Initial)
New York Life Insurance Co. PAC

Mailing Address 51 Madison Ave.
Room 1109

City State Zip Code
New York NY 10010

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2007

Transaction ID: 70703.C1166

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Seniors Housing PAC

Mailing Address 5100 Wisconsin Avenue Nw #307

City State Zip Code
Washington DC 20016

FEC ID number of contributing federal political committee. **C** C00325332

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2007

Transaction ID: 70703.C1163

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	58000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 20
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

A. Full Name (Last, First, Middle Initial)
Robert Dole

Mailing Address 700 New Hampshire Ave Nw

City State Zip Code
Washington DC 20037

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

Name of Employer
Verner, Liipfert, Bernhardt..

Occupation
Special Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 0 7

Transaction ID: 70703.C1162

Amount of Each Receipt this Period
2500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Kathleen Clark Kies

Mailing Address 6109 Franklin Park Road

City State Zip Code
Mc Lean VA 22101

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

Name of Employer
Clark Consulting

Occupation
Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2150.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 7

Transaction ID: 70703.C1160

Amount of Each Receipt this Period
2150.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	4650.00
TOTAL This Period (last page this line number only)	▶	4650.00

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 12 / 20

<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)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Nicole Gustafson		Transaction ID: 70703.E499 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7	
Mailing Address 2000 South Eads Street		Amount of Each Disbursement this Period 856.54	
City Arlington	State VA	Zip Code 22202-	Category/ Type
Purpose of Disbursement MILEAGE/AIRFARE		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:		MILEAGE/AIRFARE	

Full Name (Last, First, Middle Initial) B. Aristotle International		Transaction ID: 70731.E511 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7	
Mailing Address 205 Pennsylvania Ave Se		Amount of Each Disbursement this Period 2400.00	
City Washington	State DC	Zip Code 20003-	Category/ Type
Purpose of Disbursement SOFTWARE SUPPORT		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:		SOFTWARE SUPPORT	

Full Name (Last, First, Middle Initial) C. Capital Knowledge Consulting		Transaction ID: 70703.E498 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7	
Mailing Address PO Box 7255		Amount of Each Disbursement this Period 2100.00	
City Des Moines	State IA	Zip Code 50309-	Category/ Type
Purpose of Disbursement BOOKKEEPING		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:		BOOKKEEPING	

SUBTOTAL of Disbursements This Page (optional) ▶	5356.54
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 13 / 20

<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)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Capital Knowledge Consulting		Transaction ID: 70731.E507 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 7
Mailing Address PO Box 7255		Amount of Each Disbursement this Period 1893.75
City Des Moines State IA Zip Code 50309-	Category/ Type BOOKKEEPING	
Purpose of Disbursement BOOKKEEPING		
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:		

Full Name (Last, First, Middle Initial) B. Capital Knowledge Consulting		Transaction ID: 70731.E508 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address PO Box 7255		Amount of Each Disbursement this Period 1275.00
City Des Moines State IA Zip Code 50309-	Category/ Type BOOKKEEPING	
Purpose of Disbursement BOOKKEEPING		
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:		

Full Name (Last, First, Middle Initial) C. Capital Knowledge Consulting		Transaction ID: 70731.E509 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address PO Box 7255		Amount of Each Disbursement this Period 337.50
City Des Moines State IA Zip Code 50309-	Category/ Type BOOKKEEPING	
Purpose of Disbursement BOOKKEEPING		
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) ▶	3506.25
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)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Capital Knowledge Consulting		Transaction ID: 70731.E510 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address PO Box 7255		Amount of Each Disbursement this Period 412.50
City Des Moines	State IA Zip Code 50309-	
Purpose of Disbursement BOOKKEEPING		Category/ Type BOOKKEEPING
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:		

Full Name (Last, First, Middle Initial) B. Freehold Properties		Transaction ID: 70731.E505 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address Limited Brands Three Limited Parkway (dc3)		Amount of Each Disbursement this Period -685.20
City Columbus	State OH Zip Code 43230-	
Purpose of Disbursement :VD 9/04 CK-SEELIMITED BRAND		Category/ Type :VD 9/04 CK-SEELIMITED BR- AND
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:		

Full Name (Last, First, Middle Initial) C. Hoffman Consulting		Transaction ID: 70703.E501 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 3905 Sylvian Avenue		Amount of Each Disbursement this Period 11000.00
City Sioux City	State IA Zip Code 51104-1325	
Purpose of Disbursement FUNDRAISING FEE		Category/ Type FUNDRAISING FEE
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) ▶	10727.30
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

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(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)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Limited Brands, Inc.		Transaction ID: 70731.E506 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 3 Limited Parkway		Amount of Each Disbursement this Period 685.20
City Columbus State OH Zip Code 43230-	REPLACE AIRFARE REIMBURSEMENT CHECK	
Purpose of Disbursement REPLACE AIRFARE REIMBURSEMENT CHECK		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) ▼

Full Name (Last, First, Middle Initial) B. The Monocle		Transaction ID: 70731.E514 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address 107 D Street, Ne		Amount of Each Disbursement this Period 808.00
City Washington State DC Zip Code 20002-	MEALS FOR PAC FUNDRAISING EVENT	
Purpose of Disbursement MEALS FOR PAC FUNDRAISING EVENT		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) ▼

Full Name (Last, First, Middle Initial) C. Winifreds Catering		Transaction ID: 70703.E503 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7
Mailing Address		Amount of Each Disbursement this Period 333.38
City State Zip Code -	CATERING MEALS	
Purpose of Disbursement CATERING MEALS		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) ▶	1826.58
TOTAL This Period (last page this line number only) ▶	21416.67

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Coleman for Senate 08		Transaction ID: 70731.E521 Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2007
Mailing Address 7300 Hudson blvd, Ste 270A		Amount of Each Disbursement this Period 2000.00
City Saint Paul State MN Zip Code 55128-	Category/ Type PRIMARY 08	
Purpose of Disbursement PRIMARY 08		
Candidate Name NORM COLEMAN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Coleman for Senate 08		Transaction ID: 70731.E512 Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2007
Mailing Address 7300 Hudson blvd, Ste 270A		Amount of Each Disbursement this Period 3000.00
City Saint Paul State MN Zip Code 55128-	Category/ Type PRIMARY 08	
Purpose of Disbursement PRIMARY 08		
Candidate Name NORM COLEMAN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Collins for Senator		Transaction ID: 70731.E517 Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2007
Mailing Address PO Box 1096		Amount of Each Disbursement this Period 2000.00
City Bangor State ME Zip Code 04402-	Category/ Type PRIMARY 08	
Purpose of Disbursement PRIMARY 08		
Candidate Name SUSAN M COLLINS		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Collins for Senator		Transaction ID: 70731.E520 Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2007
Mailing Address PO Box 1096		Amount of Each Disbursement this Period 0.00
City Bangor State ME Zip Code 04402-	VOID	
Purpose of Disbursement VOID Candidate Name SUSAN M COLLINS Office Sought: <input type="checkbox"/> House <input checked="" 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: ME District: 00		
Category/Type		

Full Name (Last, First, Middle Initial) B. People for Domenici		Transaction ID: 70731.E515 Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2007
Mailing Address PO Box 93656		Amount of Each Disbursement this Period 2000.00
City Albuquerque State NM Zip Code 87199-	PRIMARY 08	
Purpose of Disbursement PRIMARY 08 Candidate Name PETE V DOMENICI Office Sought: <input type="checkbox"/> House <input checked="" 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: NM District: 00		
Category/Type		

Full Name (Last, First, Middle Initial) C. Lindsey Graham for Senate		Transaction ID: 70731.E523 Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2007
Mailing Address Po Box 1801		Amount of Each Disbursement this Period 2000.00
City Columbia State SC Zip Code 29202-	PRIMARY 08	
Purpose of Disbursement PRIMARY 08 Candidate Name LINDSEY OLIN GRAHAM Office Sought: <input type="checkbox"/> House <input checked="" 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: SC District: 00		
Category/Type		

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Lindsey Graham for Senate		Transaction ID: 70731.E525 Date of Disbursement 06 / 30 / 2007
Mailing Address Po Box 1801		Amount of Each Disbursement this Period 3000.00
City Columbia State SC Zip Code 29202-	Category/ Type PRIMARY 08	
Purpose of Disbursement PRIMARY 08		
Candidate Name LINDSEY OLIN GRAHAM		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Inhofe for US Senate		Transaction ID: 70731.E526 Date of Disbursement 06 / 30 / 2007
Mailing Address PO Box 13300		Amount of Each Disbursement this Period 5000.00
City Oklahoma City State OK Zip Code 73113-	Category/ Type PRIMARY 08	
Purpose of Disbursement PRIMARY 08		
Candidate Name JAMES M INHOFE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Pat Roberts for Senate		Transaction ID: 70731.E518 Date of Disbursement 03 / 13 / 2007
Mailing Address PO Box 433		Amount of Each Disbursement this Period 2000.00
City Great Bend State KS Zip Code 67530-	Category/ Type PRIMARY 08	
Purpose of Disbursement PRIMARY 08		
Candidate Name PAT ROBERTS		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Team Sununu		Transaction ID: 70731.E524 Date of Disbursement 06 / 30 / 2007
Mailing Address Po Box 500		Amount of Each Disbursement this Period 5000.00
City Rye State NH Zip Code 03870-	Purpose of Disbursement PRIMARY 08 Candidate Name JOHN E SUNUNU Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type PRIMARY 08		

Full Name (Last, First, Middle Initial) B. Elizabeth Dole Committee, Inc.		Transaction ID: 70731.E522 Date of Disbursement 03 / 08 / 2007
Mailing Address PO Box 2918		Amount of Each Disbursement this Period 2000.00
City Raleigh State NC Zip Code 27602-	Purpose of Disbursement PRIMARY 08 Candidate Name ELIZABETH DOLE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type PRIMARY 08		

Full Name (Last, First, Middle Initial) C. Friends of Gordon Smith		Transaction ID: 70731.E513 Date of Disbursement 06 / 22 / 2007
Mailing Address 228 S Washington Ste 115		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22314-	Purpose of Disbursement PRIMARY 08 Candidate Name GORDON HAROLD SMITH Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type PRIMARY 08		

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
The Hawkeye PAC

Full Name (Last, First, Middle Initial) A. Friends of Gordon Smith		Transaction ID: 70731.E516 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 228 S Washington Ste 115		Amount of Each Disbursement this Period 2000.00
City Alexandria State VA Zip Code 22314-	Category/ Type PRIMARY 08	
Purpose of Disbursement PRIMARY 08		
Candidate Name GORDON HAROLD SMITH		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Gordon Smith		Transaction ID: 70731.E519 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 228 S Washington Ste 115		Amount of Each Disbursement this Period 2000.00
City Alexandria State VA Zip Code 22314-	Category/ Type PRIMARY 08	
Purpose of Disbursement PRIMARY 08		
Candidate Name GORDON HAROLD SMITH		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. National Republican Senatorial Committee		Transaction ID: 70731.E527 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 425 Second Street Ne		Amount of Each Disbursement this Period 15000.00
City Washington State DC Zip Code 20002-	Category/ Type CONTRIBUTION	
Purpose of Disbursement CONTRIBUTION		
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 checked="" type="checkbox"/> Other (specify) ▼ Other	

SUBTOTAL of Disbursements This Page (optional) ▶	19000.00
TOTAL This Period (last page this line number only) ▶	48000.00