

Image# 12972563339

PAGE 1 / 15

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

RECLAIMING FREEDOM PAC

ADDRESS (number and street) ▼

PO BOX 101462

☐ Check if different than previously reported. (ACC)

ARLINGTON

VA

22210

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00521427

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☒ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
04 01 2012

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2012

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 Brian J. Wise

Signature of Treasurer

Brian J. Wise

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
10 15 2012

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

RECLAIMING FREEDOM PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">3470.93</span>	<span style="border: 1px solid black; padding: 2px;">3470.93</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">3470.93</span>	<span style="border: 1px solid black; padding: 2px;">3470.93</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">2790.44</span>	<span style="border: 1px solid black; padding: 2px;">2790.44</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">680.49</span>	<span style="border: 1px solid black; padding: 2px;">680.49</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">22000.00</span>	



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

**RECLAIMING FREEDOM PAC**

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2012

To:

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**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).....

3000.00

3000.00

(ii) Unitemized .....

470.93

470.93

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

3470.93

3470.93

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

3470.93

3470.93

## 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 Transfers (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))..... ▶

3470.93

3470.93

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

3470.93

3470.93

**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) Allocated 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 .....	2790.44	2790.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2790.44	2790.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	2790.44	2790.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2790.44	2790.44

**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) .....	3470.93	3470.93
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3470.93	3470.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	2790.44	2790.44
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	2790.44	2790.44

# **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 6 OF 15

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

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NAME OF COMMITTEE (In Full)

**RECLAIMING FREEDOM PAC**

Full Name (Last, First, Middle Initial)

**A. Roger Hertog**

Mailing Address 745 5th Avenue

City  
New York

State Zip Code  
NY 10151

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 17 / 2012

Transaction ID : SA11AI.4099

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Richard Sugden**

Mailing Address 557 E. Broadway  
P.O. Box 2468

City  
Jackson

State Zip Code  
WY 83001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 12 / 2012

Transaction ID : SA11AI.4136

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

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

3000.00

3000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 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)

**RECLAIMING FREEDOM PAC**

Full Name (Last, First, Middle Initial)

**A. Facebook.com**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Mailing Address 156 University Avenue

City	State	Zip Code
Palo Alto	CA	94301

**Transaction ID : SB21B.4178**Purpose of Disbursement  
Advertising

004

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

27.13

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. Facebook.com**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

Mailing Address 156 University Avenue

City	State	Zip Code
Palo Alto	CA	94301

**Transaction ID : SB21B.4170**Purpose of Disbursement  
Advertising

004

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

29.42

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. Amy Pass**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2012

Mailing Address 2016 Stonehurst Drive

City	State	Zip Code
Nashville	TN	37215

**Transaction ID : SB21B.4169**Purpose of Disbursement  
Expense Reimbursement - Flight (see below if itemized)

002

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

715.09

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)..... ►

771.64

**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 8 OF 15

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**RECLAIMING FREEDOM PAC**

Full Name (Last, First, Middle Initial)

**A. Orbitz**

Mailing Address 500 W Madison St  
Suite 1000

City Chicago State IL Zip Code 60661

Purpose of Disbursement  
Flight

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
 State: District:

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

002

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
 05 / 23 / 2012

**Transaction ID : SB21B.4169.0**

Amount of Each Disbursement this Period

715.09

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Amy Pass**

Mailing Address 2016 Stonehurst Drive

City Nashville State TN Zip Code 37215

Purpose of Disbursement  
Expense Reimbursement - Parking (see below if itemized)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
 State: District:

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

002

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
 06 / 26 / 2012

**Transaction ID : SB21B.4196**

Amount of Each Disbursement this Period

13.00

Full Name (Last, First, Middle Initial)

**C. Amy Pass**

Mailing Address 2016 Stonehurst Drive

City Nashville State TN Zip Code 37215

Purpose of Disbursement  
Expense Reimbursement - Parking (see below if itemized)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
 State: District:

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

002

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
 06 / 26 / 2012

**Transaction ID : SB21B.4197**

Amount of Each Disbursement this Period

7.15

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

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

20.15

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 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)

**RECLAIMING FREEDOM PAC**

Full Name (Last, First, Middle Initial)

**A. Amy Pass**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2012

Mailing Address 2016 Stonehurst Drive

City	State	Zip Code
Nashville	TN	37215

**Transaction ID : SB21B.4198**Purpose of Disbursement  
Expense Reimbursement - Meal (see below if itemized)

003

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

56.29
-------

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. Amy Pass**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2012

Mailing Address 2016 Stonehurst Drive

City	State	Zip Code
Nashville	TN	37215

**Transaction ID : SB21B.4199**Purpose of Disbursement  
Expense Reimbursement - Parking (see below if itemized)

002

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

10.00
-------

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. Amy Pass**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2012

Mailing Address 2016 Stonehurst Drive

City	State	Zip Code
Nashville	TN	37215

**Transaction ID : SB21B.4200**Purpose of Disbursement  
Expense Reimbursement - Meal (see below if itemized)

002

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

7.18
------

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)..... ►

73.47
-------

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 15

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**RECLAIMING FREEDOM PAC**

Full Name (Last, First, Middle Initial)

**A. Regus Management Group LLC**

Mailing Address P.O.Box 842456

City Dallas                      State TX                      Zip Code 75284

Purpose of Disbursement  
Office Rental

001

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

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

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06                      28                      2012
**Transaction ID : SB21B.4172**

Amount of Each Disbursement this Period

238.00

Full Name (Last, First, Middle Initial)

**B. Carolyn M. Wise**Mailing Address 211 North Union Street  
Suite 100

City Alexandria                      State VA                      Zip Code 22314

Purpose of Disbursement  
Expense Reimbursement

004

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

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

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06                      05                      2012
**Transaction ID : SB21B.4103**

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

**C. Facebook.com**

Mailing Address 156 University Avenue

City Palo Alto                      State CA                      Zip Code 94301

Purpose of Disbursement  
Ads

004

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

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

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05                      03                      2012
**Transaction ID : SB21B.4103.1**

Amount of Each Disbursement this Period

223.44

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

838.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 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)

**RECLAIMING FREEDOM PAC**

Full Name (Last, First, Middle Initial)

**A. Carolyn M. Wise**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2012

Mailing Address 211 North Union Street  
Suite 100

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Expense Reimbursement - Office Space (see below if itemized)

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.4201**

Amount of Each Disbursement this Period

406.00
--------

Full Name (Last, First, Middle Initial)

**B. Regus Management Group LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		20		2012

Mailing Address P.O.Box 842456

City Dallas State TX Zip Code 75284

Purpose of Disbursement  
Office Lease

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.4201.0**

Amount of Each Disbursement this Period

406.00
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Carolyn M. Wise**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2012

Mailing Address 211 North Union Street  
Suite 100

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Expense Reimbursement - PO Box (see below if itemized)

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.4202**

Amount of Each Disbursement this Period

53.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

459.00
--------

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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 13 OF 15

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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)

**RECLAIMING FREEDOM PAC**

Full Name (Last, First, Middle Initial)

**A. Carolyn M. Wise**

Mailing Address 211 North Union Street  
Suite 100

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Expense Reimbursement - Meal (see below if itemized)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

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

001

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2012

**Transaction ID : SB21B.4204**

Amount of Each Disbursement this Period

65.13

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

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

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

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

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

65.13

2227.39

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 14 OF 15

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**RECLAIMING FREEDOM PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CRAFT DC**Nature of Debt (Purpose):  
Consultants - Web Video

Mailing Address 706 7th Street SE

City State

Zip Code

Washington

DC

20003

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4346

Amount Incurred This Period

7000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CRAFT DC**Nature of Debt (Purpose):  
Consultants - Internet and Social Media

Mailing Address 706 7th Street SE

City State

Zip Code

Washington

DC

20003

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4190

Amount Incurred This Period

15000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

22000.00

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

22000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

22000.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SD10  
Transaction ID : SD10.4346

Amount of debt is disputed; disclosure of debt is not an admission of amount owed.

Form/Schedule: SD10  
Transaction ID: SD10.4190

Amount of debt is disputed; disclosure of debt is not an admission of amount owed.