

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

RED PAC

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

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

C00389122

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

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

(a) Quarterly Reports:

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

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

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

Election on _____ in the State of _____

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

Election on _____ in the State of _____

5. Covering Period 05 01 2007 through 05 31 2007

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

Type or Print Name of Treasurer Mr. Casey A. Fletcher

Signature of Treasurer Electronically Filed by Mr. Casey A. Fletcher Date 10 11 2007

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

Office Use Only							
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
RED PAC

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		5182.92
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	28174.96									
(c) Total Receipts (from Line 19)	13018.40	113618.40								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	41193.36	118801.32								
7. Total Disbursements (from Line 31)	10802.89	88410.85								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30390.47	30390.47								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
RED PAC

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1018.40	1018.40
(i) Itemized (use Schedule A)	0.00	18100.00
(ii) Unitemized	1018.40	19118.40
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	12000.00	94500.00
(c) Other Political Committees (such as PACs)	13018.40	113618.40
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	13018.40	113618.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13018.40	113618.40

DETAILED SUMMARY PAGE
of Disbursements

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.....	10802.89	35410.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	10802.89	35410.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	53000.00
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))..	10802.89	88410.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	10802.89	88410.85

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	13018.40	113618.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13018.40	113618.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10802.89	35410.85
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10802.89	35410.85

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 13
	(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
RED PAC

Full Name (Last, First, Middle Initial) A. Mr. Anthony Foti		Date of Receipt M M / D D / Y Y Y Y Y 05 / 19 / 2007	
Mailing Address 6829 Corder Lane		Transaction ID: SA11A1.5068	
City Lorton	State VA	Zip Code 22079-1364	Amount of Each Receipt this Period 518.40
FEC ID number of contributing federal political committee. C		In-kind -	
Name of Employer Akin Gump Strauss	Occupation Government Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 518.40		

Full Name (Last, First, Middle Initial) B. David Wilson Jolly		Date of Receipt M M / D D / Y Y Y Y Y 05 / 09 / 2007	
Mailing Address 101 Constitution Avenue N.W.		Transaction ID: SA11A1.4967	
City Washington	State DC	Zip Code 20001	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		2007 Annual	
Name of Employer Van Scoyoc Associates	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1018.40
TOTAL This Period (last page this line number only) ▶	1018.40

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 13
	(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)
RED PAC

Full Name (Last, First, Middle Initial) A. ASCPA-Surgeons PAC		Date of Receipt MM / DD / YYYY 05 / 09 / 2007
Mailing Address 1640 Wisconsin Avenue NW		Transaction ID: SA11C.4969
City Washington	State DC	Zip Code 20007
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	2007 Annual
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. INSURPAC		Date of Receipt MM / DD / YYYY 05 / 18 / 2007
Mailing Address 412 FIRST STREET SE SUITE 300		Transaction ID: SA11C.4977
City WASHINGTON	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	2007 ANNUAL
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. MEDCO HEALTH PAC		Date of Receipt MM / DD / YYYY 05 / 19 / 2007
Mailing Address 591 REDWOOD HIGHWAY BLDG 4000		Transaction ID: SA11C.4982
City MILL VALLEY	State CA	Zip Code 94941
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	2007 Annual
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 13
	<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)
RED PAC

Full Name (Last, First, Middle Initial) A. OPHTHPAC		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 7	
Mailing Address 1101 VERMONT AVENUE SUITE 700		Transaction ID: SA11C.4971	
City State Zip Code WASHINGTON DC 20005	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	2007 ANNUAL		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 7	
Mailing Address 600 13th St. NW Suite 340		Transaction ID: SA11C.4981	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00010470	2007 ANNUAL		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	12000.00

**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 / 13

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

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NAME OF COMMITTEE (In Full)
RED PAC

Full Name (Last, First, Middle Initial) A. 3DOG CONSULTING LTD.		Transaction ID: SB21B.4985 Date of Disbursement 05 / 03 / 2007
Mailing Address 104 HUME AVE		Amount of Each Disbursement this Period 1824.75
City ALEXANDRIA	State VA Zip Code 22301	
Purpose of Disbursement FUNDRAISING EXPENSE		
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. Barbour, Griffith & Rogers		Transaction ID: SB21B.4987 Date of Disbursement 05 / 03 / 2007
Mailing Address 1275 Pennsylvania Avenue, NW Tenth Floor		Amount of Each Disbursement this Period 250.00
City Washington	State DC Zip Code 20004	
Purpose of Disbursement FUNDRAISING EXPENSE		
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. KAREN BOSWELL		Transaction ID: SB21B.4991 Date of Disbursement 05 / 24 / 2007
Mailing Address PO BOX 1981		Amount of Each Disbursement this Period 465.24
City BARTOW	State FL Zip Code 33831	
Purpose of Disbursement REIMBURSE FOR SUPPLIES		
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)	2539.99
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
RED PAC

Full Name (Last, First, Middle Initial) A. DESIGN CUISINE		Transaction ID: SB21B.4988 Date of Disbursement
Mailing Address 1275 PENNSYLVANIA AVE NW		<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement FUNDRAISING EXPENSE	<input type="text" value="001"/>	
Candidate Name	Category/ Type	
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:	Amount of Each Disbursement this Period <input type="text" value="1838.70"/>	

Full Name (Last, First, Middle Initial) B. PHIL DUGGER		Transaction ID: SB21B.5004 Date of Disbursement
Mailing Address 1775 EDISON DR		<input type="text" value="05"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City ENGLEWOOD	State FL	Zip Code 34224
Purpose of Disbursement PAC FUNDRAISING EXPENSE	<input type="text"/>	
Candidate Name	Category/ Type	
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:	Amount of Each Disbursement this Period <input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) C. Epiphany Productions		Transaction ID: SB21B.4984 Date of Disbursement
Mailing Address 104 Hume Avenue		<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Alexandria	State VA	Zip Code 22301
Purpose of Disbursement PAC FUNDRAISING CONSULTING FEE	<input type="text"/>	
Candidate Name	Category/ Type	
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:	Amount of Each Disbursement this Period <input type="text" value="3000.00"/>	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5288.70"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 13

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

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NAME OF COMMITTEE (In Full)
RED PAC

Full Name (Last, First, Middle Initial) A. Mr. Anthony Foti		Transaction ID: SB21B.5069 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 7	
Mailing Address 6829 Corder Lane		Amount of Each Disbursement this Period 518.40	
City Lorton State VA Zip Code 22079-1364	Purpose of Disbursement In-kind - Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Van Hubbard		Transaction ID: SB21B.5001 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 7	
Mailing Address Post Office Box 146		Amount of Each Disbursement this Period 1300.00	
City Placida State FL Zip Code 33946	Purpose of Disbursement PAC FUNDRAISING EXPENSE Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MATT JOYNER		Transaction ID: SB21B.4994 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 1285 HIBISCUS		Amount of Each Disbursement this Period 584.00	
City BARTOW State FL Zip Code 33830	Purpose of Disbursement REIMBURSE FOR SUPPLIES Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2402.40
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
RED PAC

Full Name (Last, First, Middle Initial) A. Mr. Greg Penix		Transaction ID: SB21B.4999 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 7
Mailing Address 5112 Fernbrook Lane		Amount of Each Disbursement this Period 1100.00
City Lakeland State FL Zip Code 33811	Category/ Type	
Purpose of Disbursement PAC FUNDRAISING EXPENSE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FRANK RUBY		Transaction ID: SB21B.5002 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 7
Mailing Address 1775 EDISON DR		Amount of Each Disbursement this Period 650.00
City ENGGLEWOOD State FL Zip Code 34224	Category/ Type	
Purpose of Disbursement PAC FUNDRAISING EXPENSE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mr. John Spinks		Transaction ID: SB21B.4997 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 7
Mailing Address 5393 Callaway Street		Amount of Each Disbursement this Period 650.00
City Port Charlotte State FL Zip Code 33981	Category/ Type	
Purpose of Disbursement PAC FUNDRAISING EXPENSE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2400.00
TOTAL This Period (last page this line number only) ▶	12631.09