

# 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

Freedom First PAC

ADDRESS (number and street) PO BOX 9190

Check if different than previously reported. (ACC)

ST PAUL MN 55109

2. **FEC IDENTIFICATION NUMBER** C00467688

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:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day **Post -Election** Report for the:

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

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2010 through 09 30 2010

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 Don Stiles

Signature of Treasurer Electronically Filed by Don Stiles Date 10 15 2010

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**

Write or Type Committee Name  
Freedom First PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		884075.19
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	939413.11									
(c) Total Receipts (from Line 19) .....	565274.07	1861129.94								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1504687.18	2745205.13								
7. Total Disbursements (from Line 31) .....	906924.19	2147442.14								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	597762.99	597762.99								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	2146.32									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Freedom First PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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) .....	399481.43	1493559.94
(ii) Unitemized .....	146567.50	321541.13
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	546048.93	1815101.07
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	10750.00	32265.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	556798.93	1847366.07
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) .....	8092.64	13152.89
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	382.50	610.98
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)) .....	565274.07	1861129.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	565274.07	1861129.94

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	791631.44	1910343.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	791631.44	1910343.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	86919.57	179025.57
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 .....	25.00	6225.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	25.00	11225.00
29. Other Disbursements.....	28348.18	46848.18
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))..	906924.19	2147442.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	906924.19	2147442.14

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 289

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) .....	556798.93	1847366.07
34. Total Contribution Refunds (from Line 28(d)) .....	25.00	11225.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	556773.93	1836141.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	791631.44	1910343.39
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	8092.64	13152.89
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	783538.80	1897190.50

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 289  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MRS. CAROLINE A. ADAMSON

Mailing Address 2703 SALEM ROAD SW

City ROCHESTER State MN Zip Code 55902-1306

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 ▼ 1000.00

Date of Receipt: 07 / 30 / 2010  
Transaction ID: SA11.10052  
Amount of Each Receipt this Period: 1000.00  
CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. LARRY J. ADAMS

Mailing Address 10 FOREST HILL DRIVE

City CINCINNATI State OH Zip Code 45208-1910

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

Name of Employer OHIO NATIONAL FINANCE SERVICES Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 23 / 2010  
Transaction ID: SA11.13549  
Amount of Each Receipt this Period: 250.00  
CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. ERIC L. AFFELDT

Mailing Address 3030 L.B.J. FREEWAY  
C/O CLUB CORP SUITE 600

City DALLAS State TX Zip Code 75234-7781

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

Name of Employer CLUB CORP Occupation C.E.O.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 07 / 13 / 2010  
Transaction ID: SA11.8773  
Amount of Each Receipt this Period: 2500.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 289
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS. LAUREL ANCONE	Date of Receipt MM / DD / YYYY 07 / 26 / 2010
	Mailing Address 8850 OLD MILL CREEK RD	Transaction ID: SA11.9681
	City State Zip Code BRENHAM TX 77833-1426	Amount of Each Receipt this Period 204.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 204.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. LEONARD ANDERSON	Date of Receipt MM / DD / YYYY 09 / 16 / 2010
	Mailing Address 7987 CHESSHIRE LANE N.	Transaction ID: SA11.13102
	City State Zip Code MAPLE GROVE MN 55311-2209	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
Name of Employer NATIONAL INSURANCE Occupation OWNER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. GREGORY D. APLIN	Date of Receipt MM / DD / YYYY 09 / 29 / 2010
	Mailing Address 14825 BLAKENEY ROAD	Transaction ID: SA11.13782
	City State Zip Code EDEN PRAIRIE MN 55347-5312	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	804.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 289

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. DAVID A. APPLEBAUM

Mailing Address 4801 27TH ROAD S.

City State Zip Code  
ARLINGTON VA 22206-1301

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

Name of Employer  
FEDERAL ENERGY REGULATORY COMMISSION

Occupation  
ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 29 / 2010

Transaction ID: SA11.9998

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. JAMES A. BAKER, IV

Mailing Address 1486 EVANS FARM DRIVE

City State Zip Code  
MC LEAN VA 22101-5653

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

Name of Employer  
FCC

Occupation  
LAWYER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 29 / 2010

Transaction ID: SA11.9993

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. FRED F. BARADARI

Mailing Address 10117 NEDRA DRIVE

City State Zip Code  
GREAT FALLS VA 22066-2836

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

Name of Employer  
U.S. DEPARTMENT OF JUSTICE

Occupation  
PROGRAM DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 29 / 2010

Transaction ID: SA11.9968

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

1000.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. THOMAS A. BAREFIELD

Mailing Address 8065 INDIAN HILL ROAD

City State Zip Code  
CINCINNATI OH 45243-3907

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

Name of Employer Occupation  
OHIO INTERNATIONAL EVP/EMO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2010

**Transaction ID:** SA11.13153

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. JAMES J. BARRESI

Mailing Address 8066 STARTINGGATE LANE

City State Zip Code  
CINCINNATI OH 45249-1272

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

Name of Employer Occupation  
SQUIRE, SANDERS, & DEMPSEY ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 23 / 2010

**Transaction ID:** SA11.13551

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MRS. LINDA A. BECKER

Mailing Address 6132 GEORGES WAY

City State Zip Code  
CINCINNATI OH 45233-4467

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 23 / 2010

**Transaction ID:** SA11.13547

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

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

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

FOR LINE NUMBER: PAGE 10 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MS. BARBARA BELL

Mailing Address 38 FERNALD DRIVE

City State Zip Code  
CAMBRIDGE MA 02138-1441

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
MM / DD / YYYY  
09 / 13 / 2010

**Transaction ID:** SA11.12964

Amount of Each Receipt this Period  
78.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MS. BARBARA BELL

Mailing Address 38 FERNALD DRIVE

City State Zip Code  
CAMBRIDGE MA 02138-1441

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2010

**Transaction ID:** SA11.9469

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. STEVE BENNETT

Mailing Address 90 CLAY CLIFFE DRIVE

City State Zip Code  
TONKA BAY MN 55331-9509

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

Name of Employer Occupation  
VILLAGE AUTOMOTIVE GROUP AUTO DEALER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2010

**Transaction ID:** SA11.11075

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1128.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 289

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. RYAN C. BERRY

Mailing Address 13619 OLD CHATWOOD PLACE

City State Zip Code  
CHANTILLY VA 20151-3372

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

Name of Employer Occupation  
D.L.A. PIPER ATTORNEY

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 29 / 2010

Transaction ID: SA11.9997

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. HARRY M. BETTIS

Mailing Address 1021 NORMANDY DR

City State Zip Code  
GRAHAM TX 76450-4323

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

Name of Employer Occupation  
HM BETTIS INC OWNER

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 19 / 2010

Transaction ID: SA11.9201

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. JEFFERY A. BLEY, JR.

Mailing Address 5789 CEDAR RIDGE COURT

City State Zip Code  
LIBERTY TOWNSHIP OH 45044-8726

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

Name of Employer Occupation  
THE OHIO NATIONAL LIFE INSURANCE COMPA INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 23 / 2010

Transaction ID: SA11.13550

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

650.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 289  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. GREGORY DAVID BONIFIELD

Mailing Address 19583 SARATOGA SPRINGS PLACE

City ASHBURN State VA Zip Code 20147-5217

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

Name of Employer SELF-EMPLOYED Occupation DEVELOPER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 09 / 2010

Transaction ID: SA11.10742

Amount of Each Receipt this Period 500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MS. SARA R. BONJEAN

Mailing Address 500 MONTICELLO BLVD.

City ALEXANDRIA State VA Zip Code 22305-1621

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2010

Transaction ID: SA11.9962

Amount of Each Receipt this Period 500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
PETER BOOCKVAR

Mailing Address 11 VANDERBILT DRIVE

City LIVINGSTON State NJ Zip Code 07039-6132

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

Name of Employer MILLER TABAK + CO. Occupation EQUITY STRATEGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 29 / 2010

Transaction ID: SA11.13643

Amount of Each Receipt this Period 2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. PATRICK C. BOYLE

Mailing Address 16 FAIRWAY LANE

City State Zip Code  
LITTLETON CO 80123-6670

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

Name of Employer Occupation  
SELF-EMPLOYED LOBBYIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2010

**Transaction ID:** SA11.13689

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. DAN BRADY

Mailing Address INFO REQUESTED

City State Zip Code  
INFO REQUESTED XX 99999

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2010

**Transaction ID:** SA11.13581

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MRS. RACHEL L. BRAND

Mailing Address 4900 OLD DOMINION DRIVE

City State Zip Code  
ARLINGTON VA 22207-2834

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

Name of Employer Occupation  
WILMER HALE LAWYER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2010

**Transaction ID:** SA11.11856

Amount of Each Receipt this Period  
750.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2750.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. DENNIS BRAZIER

Mailing Address 20622 160TH STREET

City State Zip Code  
GREENBUSH MN 56726-9251

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

Name of Employer Occupation  
CENTRAL BOILER INC BUSINESS OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 07 / 2010

Transaction ID: SA11.12438

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. EDWARD W. BREHM

Mailing Address 430 BROWN ROAD S.

City State Zip Code  
WAYZATA MN 55391-9314

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

Name of Employer Occupation  
THE BREHM GROUP INC. OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2010

Transaction ID: SA11.13667

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. GEORGE BRIDGMAN

Mailing Address 1092 87TH AVENUE W.

City State Zip Code  
DULUTH MN 55808-1419

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2010

Transaction ID: SA11.10977

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5600.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 289  
(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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. GEORGE BRIDGMAN

Mailing Address 1092 87TH AVENUE W.

City State Zip Code  
DULUTH MN 55808-1419

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2010

Transaction ID: SA11.12627

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. CONLEY BROOKS

Mailing Address 1025 SPRING HILL ROAD

City State Zip Code  
LONG LAKE MN 55356-9394

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

Name of Employer Occupation  
BROOKS ASSOCIATES INC. OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2010

Transaction ID: SA11.12375

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. RANDOLPH N. BROOKS

Mailing Address 400 PIKE STREET #P19

City State Zip Code  
CINCINNATI OH 45202-4240

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

Name of Employer Occupation  
DIRECTIONS RESEARCH INC. PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2010

Transaction ID: SA11.11076

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2700.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 289

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. CHRISTOPHER J. BROUSSARD

Mailing Address 25708 HOWERTON DRIVE

City State Zip Code  
SOUTH RIDING VA 20152-6304

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

Name of Employer Occupation  
SELF-EMPLOYED CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 29 / 2010

Transaction ID: SA11.10020

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. RONALD D. BROWN

Mailing Address 3 OSPREY LANE

City State Zip Code  
CINCINNATI OH 45246-4721

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

Name of Employer Occupation  
TAFT BUSINESS CONSULTING L.L.C. CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 23 / 2010

Transaction ID: SA11.13505

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
JESSE M. BRUSHE

Mailing Address 460 L STREET, NW

City State Zip Code  
WASHINGTON DC 20001-2546

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

Name of Employer Occupation  
SELF CONSULTING

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: SA11.8772

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

1500.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. DAVID BUCKLEY

Mailing Address P.O. BOX 913

City State Zip Code  
GREAT FALLS VA 22066-0913

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

Name of Employer Occupation  
VECTRONIX MANAGEMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2010

**Transaction ID:** SA11.9947

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL D. BURCHELL

Mailing Address 38 BRYON ROAD  
APARTMENT 2

City State Zip Code  
CHESTNUT HILL MA 02467-3311

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2010

**Transaction ID:** SA11.13428

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. JAMES E. BUSHMAN

Mailing Address 100 W. RIVER CENTER BLVD. #2C

City State Zip Code  
COVINGTON KY 41011-5816

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

Name of Employer Occupation  
CAST-FAB TECH, INC. EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2010

**Transaction ID:** SA11.13668

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. PHILIP C. BYRDE  
 Mailing Address 1227 O'BANNON CREEK LANE  
 City State Zip Code  
 LOVELAND OH 45140-6026  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 23 2010  
**Transaction ID:** SA11.13522  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OHION NATIONAL FINANCIAL INVESTMENT MANAGER  
 SERVICES  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**B.** Full Name (Last, First, Middle Initial)  
MR. JAMES M. BYRNE  
 Mailing Address 1808 PANDA LANE  
 City State Zip Code  
 MCLEAN VA 22101-5461  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 29 2010  
**Transaction ID:** SA11.9995  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LOCKHEED & MARTIN ATTORNEY  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

**C.** Full Name (Last, First, Middle Initial)  
MR. ROBERT A. CALAMIA  
 Mailing Address 6484 CCALLE PLACIDO  
 City State Zip Code  
 EL PASO TX 79912-7533  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 29 2010  
**Transaction ID:** SA11.9976  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 USIS VICE PRESIDENT FIELD OPERATIONS  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 19 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. JOHN A. CANNING, JR.  
Mailing Address 1650 DUBLIN COURT

City State Zip Code  
INVERNESS IL 60067-4726

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

Name of Employer Occupation  
MADISON DEARBORN PARTNERS CHAIRMAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 09 / 20 / 2010  
Transaction ID: SA11.13145  
Amount of Each Receipt this Period: 2500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MRS. RITA CANNING  
Mailing Address 1650 DUBLIN COURT

City State Zip Code  
INVERNESS IL 60067-4726

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 09 / 20 / 2010  
Transaction ID: SA11.13140  
Amount of Each Receipt this Period: 2500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. CHRIS CARLSON  
Mailing Address 7925 ANNADALE DRIVE

City State Zip Code  
CINCINNATI OH 45245

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

Name of Employer Occupation  
OKIE INTERNATIONAL INSURANCE

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 20 / 2010  
Transaction ID: SA11.13138  
Amount of Each Receipt this Period: 1000.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 289  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MS. JENNIE CARLSON

Mailing Address 6425 INDIAN HILLS ROAD

City State Zip Code  
EDINA MN 55439-1160

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

Name of Employer Occupation  
US BANCORP EXECUTIVE VP - HR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2010

Transaction ID: SA11.13128

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. JOEL F. CARLSON

Mailing Address 15847 COBBLESTONE LAKE PKWY. S.

City State Zip Code  
APPLE VALLEY MN 55124-7863

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

Name of Employer Occupation  
CARLSON, RICHTER & COMPANY ACCOUNTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2010

Transaction ID: SA11.12783

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. JOSE B. CARRION RUBERT

Mailing Address 20 CARRION COURT  
APARTMENT 601

City State Zip Code  
SAN JUAN PR 00911-1355

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

Name of Employer Occupation  
CARRON LAFFITTE CASELLAS INSURANCE BRO PRINCIPAL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2010

Transaction ID: SA11.13582

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 289  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. THOMAS G. CODY

Mailing Address 1 ROEBLING WAY

City State Zip Code  
COVINGTON KY 41011-2394

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2010

Transaction ID: SA11.13520

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. JAMES A. COLLINS

Mailing Address 955 N. BUNDY DRIVE

City State Zip Code  
LOS ANGELES CA 90049-1508

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2010

Transaction ID: SA11.10709

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
JOHN CONNOR

Mailing Address 30 LAKE ROAD

City State Zip Code  
SHORT HILLS NJ 07078-3210

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

Name of Employer Occupation  
MORGAN STANLEY BANKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2010

Transaction ID: SA11.12270

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2300.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 289
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. PETER CORDON	Date of Receipt MM / DD / YYYY 09 / 13 / 2010
	Mailing Address 14 SPRING MARSH LANE	<b>Transaction ID:</b> SA11.13038
	City State Zip Code SAINT PAUL MN 55127-2011	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. LOREN J. CORLE	Date of Receipt MM / DD / YYYY 08 / 25 / 2010
	Mailing Address 12595 199TH AVENUE NE	<b>Transaction ID:</b> SA11.11761
	City State Zip Code NEW LONDON MN 56273-9732	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
Name of Employer RELCO UNISYSTEMS CORPORATION Occupation PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1350.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. MARIE CORNETT	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 8745 DARNELL ROAD	<b>Transaction ID:</b> SA11.10975
	City State Zip Code EDEN PRAIRIE MN 55344-3908	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 289
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. MARIE CORNETT	Date of Receipt MM / DD / YYYY 07 / 15 / 2010
	Mailing Address 8745 DARNELL ROAD	Transaction ID: SA11.9000
	City State Zip Code EDEN PRAIRIE MN 55344-3908	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. STEPHEN JOHN COX	Date of Receipt MM / DD / YYYY 07 / 14 / 2010
	Mailing Address 229 10TH STREET, SE	Transaction ID: SA11.8791
	City State Zip Code WASHINGTON DC 20003-2118	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
Name of Employer WILMER CUTLER PICKERING HALE & DORR LL Occupation LAWYER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. MIKE DANZER	Date of Receipt MM / DD / YYYY 07 / 29 / 2010
	Mailing Address INFO REQUESTED	Transaction ID: SA11.10015
	City State Zip Code INFO REQUESTED XX 99999	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	710.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 289

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. DAVID DARGATIS

Mailing Address 1600 TYSONS BLVD.

City State Zip Code  
MCLEAN VA 22102-4865

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

Name of Employer Occupation  
ARNOLD & PORTER L.L.P. ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 09 / 2010

Transaction ID: SA11.10743

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. BRIAN J. DAVIS

Mailing Address 839 AMBER RIDGE LANE SW

City State Zip Code  
ROCHESTER MN 55902-3445

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

Name of Employer Occupation  
MAYO CLINIC PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 15 / 2010

Transaction ID: SA11.8930

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. MICHAEL A. DAWSON

Mailing Address 3431 34TH STREET NW

City State Zip Code  
WASHINGTON DC 20008-3293

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

Name of Employer Occupation  
PROMONTORY FINANCIAL GROUP CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 29 / 2010

Transaction ID: SA11.10018

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

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

3000.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 289

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
RENEE DEATON

Mailing Address 4600 MASON-MONTGOMERY ROAD

City State Zip Code  
MASON OH 45040-9176

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

Name of Employer Occupation  
THE ARMOR GROUP C.E.O.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 28 2010

Transaction ID: SA11.13675

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. PAUL DECLEVA

Mailing Address 350 N. ST. PAUL STREET  
SUITE 1625

City State Zip Code  
DALLAS TX 75201-4259

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

Name of Employer Occupation  
SELF-EMPLOYED SELF-EMPLOYED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
09 20 2010

Transaction ID: SA11.13313

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. DANIEL A. DEIKEL

Mailing Address 5354 PARKDALE DRIVE  
SUITE 310

City State Zip Code  
MINNEAPOLIS MN 55416-1607

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

Name of Employer Occupation  
SELF PRIVATE INVESTOR

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 31 2010

Transaction ID: SA11.11860

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

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

6050.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 289

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. EDWARD D. DILLER

Mailing Address 30 THOMAS POINTE DRIVE

City State Zip Code  
FORT THOMAS KY 41075-4034

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

Name of Employer  
TAFT, STETTINIUS & HOLLIS-TER

Occupation  
ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 23 / 2010

Transaction ID: SA11.13531

Amount of Each Receipt this Period

500.00
--------

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. STAN D. DONNELLY

Mailing Address 3022 NORTHVIEW ROAD

City State Zip Code  
WAYZATA MN 55391-9215

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

Name of Employer  
DONNELLY CUSTOM MANUFACTURING CO.

Occupation  
OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11.13904

Amount of Each Receipt this Period

1000.00
---------

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. W. STUART DORNETTE

Mailing Address 329 BISHOPSBRIDGE DRIVE

City State Zip Code  
CINCINNATI OH 45255-3948

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

Name of Employer  
TAFT, STETTINIUS & HOLLIS-TER, L.L.P.

Occupation  
LAWYER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 23 / 2010

Transaction ID: SA11.13532

Amount of Each Receipt this Period

500.00
--------

CONTRIBUTION

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

2000.00
---------

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

--

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 289  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. JAMES R. DOTY

Mailing Address 4727 WOODWAY LANE NW

City State Zip Code  
WASHINGTON DC 20016-3240

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

Name of Employer Occupation  
BAKER BOTTS, LLP ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2010

Transaction ID: SA11.9980

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. STEVE DUPREY

Mailing Address P.O. BOX 1438

City State Zip Code  
CONCORD NH 03302

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

Name of Employer Occupation  
FIRE FOX PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2593.79

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2010

Transaction ID: SA11.14428

Amount of Each Receipt this Period  
2593.79

CONTRIBUTION

IN-KIND: FOOD AND BEVERAGES

**C.**

Full Name (Last, First, Middle Initial)  
MR. DANIEL J. DURDA

Mailing Address 5770 HARDCRABBLE CIRCLE

City State Zip Code  
MOUND MN 55364-9007

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

Name of Employer Occupation  
AERATION INDUSTRIES INC EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2010

Transaction ID: SA11.13671

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4593.79**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 289  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MS. LOIS S. EDGERLY

Mailing Address 32 HIGHLAND ST

City State Zip Code  
CAMBRIDGE MA 02138-2210

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 15 / 2010

Transaction ID: SA11.8860

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MS. LOIS S. EDGERLY

Mailing Address 32 HIGHLAND ST

City State Zip Code  
CAMBRIDGE MA 02138-2210

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2010

Transaction ID: SA11.9633

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. MIKE EDWARDS

Mailing Address 3533 WINDSOR DRIVE

City State Zip Code  
CHARLOTTE NC 28209-3357

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

Name of Employer Occupation  
STATE OF NORTH CAROLINA REHABILITATION ENGINEER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 22 / 2010

Transaction ID: SA11.9449

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 675.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. WILLIAM J. EGAN

Mailing Address 25 E. 88TH STREET  
APARTMENT 9D

City NEW YORK State NY Zip Code 10128-0513

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

Name of Employer BANK OF AMERICA Occupation INVESTMENT BANKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2010  
Transaction ID: SA11.13906  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. YARON EITAN

Mailing Address 74 GRAND AVENUE

City ENGLEWOOD State NJ Zip Code 07631-3506

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

Name of Employer SELWAY CAPITAL Occupation MANAGING PARTNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2010  
Transaction ID: SA11.14090  
Amount of Each Receipt this Period 5000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MS. JANE L. EMISON

Mailing Address 3340 HILL LANE

City WAYZATA State MN Zip Code 55391-2602

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

Name of Employer SELF-EMPLOYED Occupation DESIGNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2010  
Transaction ID: SA11.13900  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7000.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MRS. TINA EMISON

Mailing Address 945 FOXBERRY FARMS ROAD

City State Zip Code  
HAMEL MN 55340-9371

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

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

**Transaction ID:** SA11.11870

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. WILLIAM EMISON

Mailing Address 945 FOXBERRY FARMS ROAD

City State Zip Code  
HAMEL MN 55340-9371

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

Name of Employer WESTERN PETROLEUM  
Occupation EXECUTIVE

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  

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

**Transaction ID:** SA11.11869

Amount of Each Receipt this Period  
3500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. LOWELL O. ENGLERT

Mailing Address 9293 STRAWBERRY LAKE ROAD

City State Zip Code  
PEQUOT LAKES MN 56472-3674

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 ▼  
350.00

Date of Receipt  

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

**Transaction ID:** SA11.12418

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5100.00**

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

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

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

FOR LINE NUMBER: PAGE 31 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. JOHN H. ESTEY

Mailing Address 1735 MARKET STREET  
51ST FLOOR

City State Zip Code  
PHILADELPHIA PA 19103-7507

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

Name of Employer Occupation  
BALLARD SPAHR ATTORNEY

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2010

**Transaction ID:** SA11.13688

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL EVERSOLE

Mailing Address 227 A. STREET NE

City State Zip Code  
WASHINGTON DC 20002-7340

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

Name of Employer Occupation  
FEDERAL ENERGY REG. COMMISSION ATTORNEY

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 29 / 2010

**Transaction ID:** SA11.10005

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. WILLIAM P. FARRELL, JR.

Mailing Address 720 NORTH LARRABEE STREET  
APARTMENT 504

City State Zip Code  
CHICAGO IL 60654-9234

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

Name of Employer Occupation  
NEAL GERBER EISENBERG ATTORNEY

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2010

**Transaction ID:** SA11.13141

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3250.00**

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

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

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

FOR LINE NUMBER: PAGE 32 / 289

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. PAUL FEICHT

Mailing Address 43408 BLANTYRE COURT

City State Zip Code  
ASHBURN VA 20147-5221

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

Name of Employer Occupation  
PEROT SYSTEMS CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 29 / 2010

Transaction ID: SA11.9973

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MRS. JACKY FERRO

Mailing Address 233 N. MICHIGAN AVENUE #2330  
C/O MERRICK VENTURES

City State Zip Code  
CHICAGO IL 60601-5946

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

Name of Employer Occupation  
MERRICK VENTURES INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2010

Transaction ID: SA11.14292

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. JON FINKELSTEIN

Mailing Address 43601 EDISON CLUB COURT

City State Zip Code  
ASHBURN VA 20147-4188

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

Name of Employer Occupation  
ORION INFOSYS SOFTWARE

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 29 / 2010

Transaction ID: SA11.9988

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

5500.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. PAUL FINKELSTEIN

Mailing Address 116 GROVELAND TERRACE

City State Zip Code  
MINNEAPOLIS MN 55403-1148

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

Name of Employer REGIS CARE Occupation BUSINESS EXECUTIVE

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  

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

**Transaction ID:** SA11.13682

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MS. VERONICA C. FIORE

Mailing Address 5424 CHANDLEY FARM CIRCLE

City State Zip Code  
CENTREVILLE VA 20120-1239

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  

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

**Transaction ID:** SA11.9970

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. H.S. FITZGIBBON, II

Mailing Address 10020 RENFREW AVENUE

City State Zip Code  
VERO BEACH FL 32963-4909

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 ▼ 1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

**Transaction ID:** SA11.14091

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 289  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. THOMAS FITZGIBBON

Mailing Address 9640 REDING CIRCLE

City State Zip Code  
DES PLAINES IL 60016-1551

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

Name of Employer TWENTIETH CENTURY SERVICE-S, INC. Occupation EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 13 / 2010  
Transaction ID: SA11.12961  
Amount of Each Receipt this Period: 100.00  
CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MS. LAURA L. FLIPPIN

Mailing Address 2132 N. TROY STREET

City State Zip Code  
ARLINGTON VA 22201-3621

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

Name of Employer PAUL HASTINGS, L.L.P. Occupation ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 29 / 2010  
Transaction ID: SA11.9999  
Amount of Each Receipt this Period: 250.00  
CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MRS. MARGENE FOX

Mailing Address 440 FERNDAL ROAD W.

City State Zip Code  
WAYZATA MN 55391-9624

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 ▼ 1500.00

Date of Receipt: 09 / 30 / 2010  
Transaction ID: SA11.13905  
Amount of Each Receipt this Period: 1500.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1850.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 289  
(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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MS. KIMBERLY FRANK

Mailing Address 6109 E. 105TH STREET

City State Zip Code  
TULSA OK 74137-7063

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** SA11.14228

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. LELAND J. FRANKMAN

Mailing Address 7831 23RD AVENUE N.

City State Zip Code  
GOLDEN VALLEY MN 55427-3581

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

Name of Employer Occupation  
SELF-EMPLOYED ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2010

**Transaction ID:** SA11.13135

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. GEORGE J. FREY

Mailing Address 7425 PELICAN BAY BLVD.  
APARTMENT 1502

City State Zip Code  
NAPLES FL 34108-5507

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 15 / 2010

**Transaction ID:** SA11.9029

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

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

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

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

FOR LINE NUMBER: PAGE 36 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. WILLIAM J. FROTHINGER

Mailing Address 12202 ORCHARD AVENUE W.

City State Zip Code  
HOPKINS MN 55305-2839

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

Name of Employer Occupation  
SELF INVESTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

Transaction ID: SA11.11868

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
JOSEPH B. FRUMKIN

Mailing Address 290 WESTE END AVENUE, APT. 8-C

City State Zip Code  
NEW YORK NY 10023

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

Name of Employer Occupation  
SULLIVAN & CROMWELL LLP LAWYER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2010

Transaction ID: SA11.12785

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. FRANK J. FRYSIK

Mailing Address 18298 CHANNEL RIDGE COURT

City State Zip Code  
LEESBURG VA 20176-6829

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

Name of Employer Occupation  
POTOMAC RIVER GROUP EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2010

Transaction ID: SA11.9948

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 289  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MS. JANE FULCHER

Mailing Address P.O. BOX 31189

City State Zip Code  
SEA ISLAND GA 31561-1189

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

Name of Employer Occupation  
S.F.A. EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2010

**Transaction ID:** SA11.13788

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MS. ERLENE GALLION

Mailing Address 418 66TH STREET NW

City State Zip Code  
SAUK RAPIDS MN 56379-9428

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2010

**Transaction ID:** SA11.12152

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. JOHN S. GARDNER

Mailing Address 110 W. BELLFONTE AVENUE

City State Zip Code  
ALEXANDRIA VA 22301-1504

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

Name of Employer Occupation  
SELF-EMPLOYED ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 29 / 2010

**Transaction ID:** SA11.9944

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. ROBERT GARTHWAIT

Mailing Address P.O. BOX 1367

City State Zip Code  
WATERBURY CT 06721

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

Name of Employer Occupation  
CLY DEL MANUFACTURING CO. CHAIRMAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** SA11.13963

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MRS. ROSEMARY L. GATTO

Mailing Address 3217 GRISCHY LANE

City State Zip Code  
CINCINNATI OH 45208-3109

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

Name of Employer Occupation  
OHIO NATIONAL FINANCIAL SERVICES VICE PRESIDNET

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 23 / 2010

**Transaction ID:** SA11.13525

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. LAWRENCE GELMAN

Mailing Address 3900 SUNDOWN DR

City State Zip Code  
MCALLEN TX 78503-1367

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

Name of Employer Occupation  
CONSUTANT PHYSICAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 12 / 2010

**Transaction ID:** SA11.8760

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 289  
(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
							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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. JOHN GIBBS

Mailing Address 9533 VIRGINIA AVENUE S.

City BLOOMINGTON State MN Zip Code 55438-2903

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

Name of Employer COMCAST CORPORATION Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2010

Transaction ID: SA11.13678

Amount of Each Receipt this Period 500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. JAMES GIDWITZ

Mailing Address 200 S. WACKER DRIVE SUITE 4000

City CHICAGO State IL Zip Code 60606-5821

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

Name of Employer CONTRACTUAL MATERIALS Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11.13898

Amount of Each Receipt this Period 5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. MARK A. GIEBEL

Mailing Address 1339 DASHER LANE

City RESTON State VA Zip Code 20190-3940

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

Name of Employer APPASSURE SOFTWARE Occupation SALES DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 29 / 2010

Transaction ID: SA11.9989

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5750.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. RYAN R. GILBERTSON

Mailing Address 315 MANITOBA AVENUE  
SUITE 200

City State Zip Code  
WAYZATA MN 55391-1660

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

Name of Employer Occupation  
NORTHERN GAS & OIL C.F.O./PRESIDENT

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2010

Transaction ID: SA11.8681

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. WELDON GILBERTSON

Mailing Address 684 TONKAWA ROAD

City State Zip Code  
ORONO MN 55356-9231

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

Name of Employer Occupation  
NORTHERN AG SUPPLIERS, IN- C. CHIEF EXECUTIVE OFFICER

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2010

Transaction ID: SA11.11872

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
J. T. GOLINVAUX

Mailing Address 2805 HIGHWAY 35W

City State Zip Code  
ROSEVILLE MN 55113-1133

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

Name of Employer Occupation  
ROSEVILLE CHRYSLER PRESIDENT

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2010

Transaction ID: SA11.10055

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 289  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MS. SHERRY A. GORMAN

Mailing Address 3695 BIRCHPOND ROAD

City State Zip Code  
EAGAN MN 55122-1205

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

Name of Employer Occupation  
GORMAN GROUP OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 13 / 2010

Transaction ID: SA11.12976

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MRS. BARBARA GOYNE

Mailing Address 116 BROOK VALLEY ROAD

City State Zip Code  
WILMINGTON DE 19807-2004

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 13 / 2010

Transaction ID: SA11.13083

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. ALBERT J. GRAF

Mailing Address P.O. BOX 1569

City State Zip Code  
WOLFEBORO NH 03894-1569

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2010

Transaction ID: SA11.10702

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 42 / 289

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. PETER M. GRANT

Mailing Address 1245 COUNTY ROAD 6

City State Zip Code  
LONG LAKE MN 55356-9513

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

Name of Employer Occupation  
STONE ARCH CAPITOL, L.L.C. PRIVATE EQUITY

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	0

Transaction ID: SA11.8684

Amount of Each Receipt this Period

5000.00
---------

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. PATRICK M. GRAY

Mailing Address 25664 PLEASANT WOODS COURT

City State Zip Code  
CHANTILLY VA 20152-5734

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

Name of Employer Occupation  
KORN/FERRY INTERNATIONAL EXECUTIVE RECRUITER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11.10004

Amount of Each Receipt this Period

250.00
--------

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. WILLIAM GRIFFIN

Mailing Address 910 15TH STREET NW  
APARTMENT 605

City State Zip Code  
WASHINGTON DC 20005-2519

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

Name of Employer Occupation  
SULGRAVE PARTNERS LLC STRATEGIC COMMUNICATIONS CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11.9965

Amount of Each Receipt this Period

250.00
--------

CONTRIBUTION

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

5500.00
---------

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

--

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 289
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. EDWARD E. GROVES	Date of Receipt MM / DD / YYYY 07 / 29 / 2010
	Mailing Address 7717 GINGERBREAD LANE	Transaction ID: SA11.10010
	City State Zip Code FAIRFAX STATION VA 22039-2202	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
	Name of Employer Occupation SEDGWICK ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) D.G. GUMPERTZ	Date of Receipt MM / DD / YYYY 07 / 14 / 2010
	Mailing Address P.O.BOX 2450	Transaction ID: SA11.8792
	City State Zip Code TOLUCA LAKE CA 91610-0450	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
	Name of Employer Occupation RETIRED NONE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. PETER S. HAJAS	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 17950 BREEZY POINT ROAD	Transaction ID: SA11.11873
	City State Zip Code WAYZATA MN 55391-2712	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
	Name of Employer Occupation KNIGHT FINANCIAL GROUP EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5900.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 44 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. JOHN HAMILTON

Mailing Address 803 S. THURLOW

City State Zip Code  
HINSDALE IL 60521-4327

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

Name of Employer Occupation  
IDM, CORPORATION C.E.O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2010

Transaction ID: SA11.13152

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MS. GLENDA HARRIS

Mailing Address 2705 TAMMERACK LANE SE

City State Zip Code  
HAMPTON COVE AL 35763-8682

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2010

Transaction ID: SA11.8971

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MRS. NATALIE L. HASLAM

Mailing Address P.O. BOX 10146

City State Zip Code  
KNOXVILLE TN 37939-0146

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

Transaction ID: SA11.13982

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 289
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS. ANGELA HAVERLY	Date of Receipt MM / DD / YYYY 09 / 13 / 2010
	Mailing Address 24 MOSSWOOD TRAIL	<b>Transaction ID:</b> SA11.12960
	City State Zip Code DENVERLE NJ 07834-2822	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. MICHAEL F. HAVERKAMP	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 10439 RACHEL ANNE COURT	<b>Transaction ID:</b> SA11.13546
	City State Zip Code CINCINNATI OH 45241-2481	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation OHIO NATIONAL FINANCIAL SERVICES SENIOR VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS. MARGARET HERMES	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 13079 FM SOUTH 31	<b>Transaction ID:</b> SA11.13309
	City State Zip Code HALLETTSVILLE TX 77964	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation HERMES CATTLE COMPANY SELF-EMPLOYED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 46 / 289

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MRS. MARGARET HERMES

Mailing Address 13079 FM SOUTH 31

City State Zip Code  
HALLETTSVILLE TX 77964

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

Name of Employer Occupation  
HERMES CATTLE COMPANY SELF-EMPLOYED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 19 / 2010

Transaction ID: SA11.9214

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MRS. MARGARET HERMES

Mailing Address 13079 FM SOUTH 31

City State Zip Code  
HALLETTSVILLE TX 77964

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

Name of Employer Occupation  
HERMES CATTLE COMPANY SELF-EMPLOYED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 23 / 2010

Transaction ID: SA11.9603

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. RICHARD J. HIDY

Mailing Address 8030 NORTH CLIPPING DRIVE

City State Zip Code  
CURT OH 45643

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

Name of Employer Occupation  
U.S. BANK BANKING

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 20 / 2010

Transaction ID: SA11.13142

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

1145.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 289

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. RODERICK HILLS

Mailing Address 3125 CHAINBRIDGE ROAD

City State Zip Code  
WASHINGTON DC 20016-3411

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

Name of Employer Occupation  
HILLS STERN PARTNER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 29 / 2010

Transaction ID: SA11.10007

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. CHRISTOPHER W. HODGES

Mailing Address 110 THRIFT STREET

City State Zip Code  
GAITHERSBURG MD 20878-5665

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

Name of Employer Occupation  
ACCENTURE CONSULTING

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 29 / 2010

Transaction ID: SA11.9983

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. THOMAS L. HOLTZ

Mailing Address 2920 AUTUMN WOODS DRIVE

City State Zip Code  
CHASKA MN 55318-1134

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

Name of Employer Occupation  
C.B. RICHARD ELLIS COMMERCIAL REAL ESTATE

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 31 / 2010

Transaction ID: SA11.11862

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

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

5900.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MRS. BERTHA HOSKINS

Mailing Address 2202 SPINNAKER COURT

City RESTON State VA Zip Code 20191-4704

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

Name of Employer SELF-EMPLOYED Occupation ACCOUNTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2010  
Transaction ID: SA11.13338  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MRS. AMY L. HSIEH

Mailing Address 191 OAK GROVE AVENUE

City ATHERTON State CA Zip Code 94027-3217

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 22 / 2010  
Transaction ID: SA11.9551  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. GARY T. HUFFMAN

Mailing Address 187 CONGRESS RUN ROAD

City CINCINNATI State OH Zip Code 45215-5001

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

Name of Employer OHIO NATIONAL FINANCIAL SERVICES Occupation VICE CHAIRMAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 09 / 20 / 2010  
Transaction ID: SA11.13148  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

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



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

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

FOR LINE NUMBER: PAGE 49 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. GARY T. HUFFMAN

Mailing Address 187 CONGRESS RUN ROAD

City State Zip Code  
CINCINNATI OH 45215-5001

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

Name of Employer Occupation  
OHIO NATIONAL FINANCIAL SERVICES VICE CHAIRMAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 23 / 2010

**Transaction ID:** SA11.13515

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MRS. BRENDA HUMMEL

Mailing Address P.O. BOX 350

City State Zip Code  
BERLIN OH 44610-0350

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 23 / 2010

**Transaction ID:** SA11.13535

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. STEVEN HUNSICKER

Mailing Address 3083 ORDWAY STREET NW

City State Zip Code  
WASHINGTON DC 20008-3255

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

Name of Employer Occupation  
BAKER BOTTS ATTORNEY

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 29 / 2010

**Transaction ID:** SA11.9966

Amount of Each Receipt this Period  
1750.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4750.00**

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

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

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

FOR LINE NUMBER: PAGE 50 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. ALAN STEPHEN HUT, JR.  
Mailing Address 3908 UNDERWOOD STREET  
City State Zip Code  
CHEVY CHASE MD 20815-5030  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation LAWYER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 07 / 29 / 2010  
Transaction ID: SA11.9977  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
LOUIS HUTCHISON  
Mailing Address 10516 WOODHAVEN RIDGE RD  
City State Zip Code  
PARKER CO 80134-5027  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HEALTHTRAN LLC Occupation DIRECTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 08 / 18 / 2010  
Transaction ID: SA11.11411  
Amount of Each Receipt this Period 5000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. JAMES E. HYLAND  
Mailing Address 1101 PENNSYLVANIA AVENUE NW  
City State Zip Code  
WASHINGTON DC 20004-2504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PENNSYLVANIA AVENUE GROUP Occupation EXECUTIVE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2100.00  
Date of Receipt 07 / 29 / 2010  
Transaction ID: SA11.9958  
Amount of Each Receipt this Period 2100.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7350.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 289
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. DAVID B. INGRAM	Date of Receipt MM / DD / YYYY 07 / 26 / 2010
	Mailing Address 4417 TYNE BLVD.	<b>Transaction ID:</b> SA11.9750
	City State Zip Code NASHVILLE TN 37215-4537	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer DBI BEVERAGE INC.	Occupation CHAIRMAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. GREGORY JACOB	Date of Receipt MM / DD / YYYY 07 / 29 / 2010
	Mailing Address 6912 LITTLE FALLS ROAD	<b>Transaction ID:</b> SA11.9952
	City State Zip Code ARLINGTON VA 22213-1712	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer WINSTON & STRAWN LLP	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Herbert Jacobs	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address 17017 34th Ave S	<b>Transaction ID:</b> SA11COND.31
	City State Zip Code Seatac WA 98188	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b> H6MN06074	<b>EARMARKED FOR MICHELE BACHMANN</b>
Name of Employer Welfare & Pension Admin Svc	Occupation Programmer / Analyst	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5550.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 289
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL L. JACOBSON	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 9308 HYLAND CREEK CIRCLE	<b>Transaction ID:</b> SA11.13500
	City State Zip Code BLOOMINGTON MN 55437-1953	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation FOCUS FINANCIAL FINANCIAL ADVISOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS. MARY LEE JENNINGS	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 9501 OXBOROUGH CURVE	<b>Transaction ID:</b> SA11.12578
	City State Zip Code BLOOMINGTON MN 55437-3705	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation HOMEMAKER HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. GORDON A. JENSEN	Date of Receipt MM / DD / YYYY 07 / 15 / 2010
	Mailing Address 10689 SONOMA RIDGE	<b>Transaction ID:</b> SA11.8941
	City State Zip Code EDEN PRAIRIE MN 55347-1169	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation NGJ, INC. EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 289

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. MATTHEW C. JESSEE

Mailing Address 1112 N. UTAH STREET

City State Zip Code  
ARLINGTON VA 22201-4726

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

Name of Employer Occupation  
BRYAN CAVE STRATEGIES CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 29 / 2010

Transaction ID: SA11.9955

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MS. BEVERLY J. JOHNSON

Mailing Address 1804 COMMONWEALTH DRIVE

City State Zip Code  
BURNSVILLE MN 55337-8515

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

Name of Employer Occupation  
SELF-EMPLOYED PSYCHOLOGIST

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2010

Transaction ID: SA11.11858

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. DOUGLAS W. JOHNSON

Mailing Address 55000 SUNRISE LANE

City State Zip Code  
MANKATO MN 56001-5936

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2010

Transaction ID: SA11.12133

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

5350.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MS. EMILY E. JOHNSON

Mailing Address 17760 BALLANTRAE CIRCLE

City State Zip Code  
EDEN PRAIRIE MN 55347-3435

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** SA11.11857

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
Glenn Johnson

Mailing Address 12118 Broken Bough Dr.

City State Zip Code  
Houston TX 77024

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

Name of Employer Occupation  
Johnson & Wurzer P.C. Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2010

**Transaction ID:** SA11COND.22

Amount of Each Receipt this Period  
100.00

EARMARKED FOR SUSANA MARI-NEZ

**C.** Full Name (Last, First, Middle Initial)  
MR. JEFF JOHNSON

Mailing Address 20081 WHISTLING STRAITS PLACE

City State Zip Code  
ASHBURN VA 20147-3196

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

Name of Employer Occupation  
IRON MOUNTAIN BUSINESS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2010

**Transaction ID:** SA11.9981

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 289

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. JOEL W. JOHNSON

Mailing Address 10831 E. WINDGATE PASS DRIVE

City State Zip Code  
SCOTTSDALE AZ 85255-7144

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 22 / 2010

Transaction ID: SA11.9515

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. MARK JOHNSON

Mailing Address 19615 SARATOGA SPRINGS PLACE

City State Zip Code  
ASHBURN VA 20147-5219

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

Name of Employer Occupation  
ERNST & YOUNG PARTNER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 29 / 2010

Transaction ID: SA11.10014

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. NICHOLAS JOHNSON

Mailing Address 5528 CUMBERLAND ROAD

City State Zip Code  
MINNEAPOLIS MN 55410-2526

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

Name of Employer Occupation  
EMERGENCY CARE CONSULTANTS PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2010

Transaction ID: SA11.11864

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

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

8000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 289

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MS. SHARON E. JOHNSON

Mailing Address 4111 HEATHERTON PLACE

City State Zip Code  
MINNETONKA MN 55345-3000

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

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

Transaction ID: SA11.11865

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. DAVID L. JONES

Mailing Address 154 MARTIN LANE

City State Zip Code  
ALEXANDRIA VA 22304-7741

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

Name of Employer Occupation  
THE SPECTRUM GROUP EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11.9950

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. MARK Z. JONES

Mailing Address 5290 VILLA WAY

City State Zip Code  
EDINA MN 55436-2153

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

Name of Employer Occupation  
HIGHLAND MANAGEMENT GROUP OWNER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11.13776

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

5500.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 289

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MRS. MARK Z. JONES

Mailing Address 19600 CHIMO STREET

City State Zip Code  
WAYZATA MN 55391

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 15 / 2010

Transaction ID: SA11.8934

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. RICHARD S. JOSEPH

Mailing Address 2887 ALPINE TERRACE

City State Zip Code  
CINCINNATI OH 45208-3439

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

Name of Employer Occupation  
JOSEPH AUTO GROUP AUTO DEALER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 23 / 2010

Transaction ID: SA11.13552

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. ALLEN D. KAHLER

Mailing Address 883 70TH AVENUE

City State Zip Code  
SHERBURN MN 56171-1203

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

Name of Employer Occupation  
SELF-EMPLOYED FARMER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2010

Transaction ID: SA11.12134

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

1100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 289
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. WILLIAM KELLER	Date of Receipt MM / DD / YYYY 07 / 15 / 2010
	Mailing Address 20 THISTLE LANE	<b>Transaction ID:</b> SA11.8875
	City State Zip Code SANTA FE NM 87506-8500	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. CAROL ANNE KELLY	Date of Receipt MM / DD / YYYY 07 / 29 / 2010
	Mailing Address 3901 HIGHWOOD COURT NW	<b>Transaction ID:</b> SA11.9959
	City State Zip Code WASHINGTON DC 20007-2132	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation NATIONAL ASSOCIATION OF CHAIN DRUG STO SENIOR VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. FREDERICK W. KINDEL	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 201 E. 5TH STREET 2200 P.N.C. CENTER	<b>Transaction ID:</b> SA11.13538
	City State Zip Code CINCINNATI OH 45202-4117	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation FROST, BROWN, TODD ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 289
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. RUSSELL S. KING		Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 3 RED FOREST HEIGHTS		Transaction ID: SA11.12623
	City NORTH OAKS	State MN	Zip Code 55127-6353
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 450.00
	Name of Employer KING CAPITAL CORPORATION	Occupation INVESTMENT MANAGER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 950.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. ROBERT KLAS, SR.		Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 1685 MARTHALER LANE		Transaction ID: SA11.12426
	City MENDOTA HEIGHTS	State MN	Zip Code 55118-3517
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer THE TAPEMARK COMPANY	Occupation CHAIRMAN	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 6000.00	REATTRIBUTION REQUESTED

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. SCOTT T. KLEIN		Date of Receipt MM / DD / YYYY 07 / 29 / 2010
	Mailing Address 2222 WILLIAM & MARY DRIVE		Transaction ID: SA11.9960
	City ALEXANDRIA	State VA	Zip Code 22308-1548
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer QINETIQ	Occupation VICE PRESIDENT, GOVERNMENT AFFAIRS	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1950.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 289  
(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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. TERRY J. KOHLER

Mailing Address P.O. BOX 897

City State Zip Code  
SHEBOYGAN WI 53082-0897

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

Name of Employer Occupation  
WINDWAY CAPITOL CORP. PRESIDENT & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

Transaction ID: SA11.13912

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. ROBERT KRAMER

Mailing Address 1233 N. GULFSTREAM AVENUE

City State Zip Code  
SARASOTA FL 34236-8923

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

Transaction ID: SA11.8660

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. CHRISTOPHER LANDAU

Mailing Address 27 QUINCY STREET

City State Zip Code  
CHEVY CHASE MD 20815-4226

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

Name of Employer Occupation  
KIRKLAND & ELLIS LLP ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2010

Transaction ID: SA11.10009

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 289
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. KENNETH LARSON	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 9791 HIDDEN GLADE ROAD	Transaction ID: SA11.13154
	City State Zip Code WHITE BEAR LAKE MN 55110-1437	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
	Name of Employer Occupation SLUMBERLAND FURNITURE CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS. ISABEL LEIB	Date of Receipt MM / DD / YYYY 08 / 05 / 2010
	Mailing Address 1281 WOLVER HOLLOW ROAD	Transaction ID: SA11.10682
	City State Zip Code OYSTER BAY NY 11771-4303	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. ISABEL LEIB	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1281 WOLVER HOLLOW ROAD	Transaction ID: SA11.13499
	City State Zip Code OYSTER BAY NY 11771-4303	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 62 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. JEFFERY D. LEU

Mailing Address 2795 PEACHTREE ROAD NE  
UNIT 1602

City ATLANTA State GA Zip Code 30305-3792

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 ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
07 / 22 / 2010

Transaction ID: SA11.9447

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. KENNETH LIN

Mailing Address 2147 MILITARY ROAD

City ARLINGTON State VA Zip Code 22207-3924

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

Name of Employer LEGAL SOURCE Occupation ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: MM / DD / YYYY  
07 / 29 / 2010

Transaction ID: SA11.9996

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. CHARLES D. LINDBERG

Mailing Address 1559 MOON VALLEY LANE

City CINCINNATI State OH Zip Code 45230-1319

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

Name of Employer TAFT, STETTINIUS & HOLLIS-TER Occupation ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY  
09 / 23 / 2010

Transaction ID: SA11.13526

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 289

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. ALAN B. LINDNER

Mailing Address 8835 OLD INDIAN HILL ROAD

City State Zip Code  
CINCINNATI OH 45243-3725

FEC ID number of contributing federal political committee. C

Name of Employer U.D.F. Occupation PRESIDENT & C.E.O.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2010

**Transaction ID:** SA11.13686

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. JOHN H. LOESCH

Mailing Address 401 BERRY STREET

City State Zip Code  
VIENNA VA 22180-4812

FEC ID number of contributing federal political committee. C

Name of Employer U.S. SEC Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 29 / 2010

**Transaction ID:** SA11.9982

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
Al Lorenzo

Mailing Address 324 Slate Drive

City State Zip Code  
Gibsonville NC 27249

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 ▼ 20.00

Date of Receipt 08 / 18 / 2010

**Transaction ID:** SA11COND.9

Amount of Each Receipt this Period 10.00

EARMARKED FOR SUSANA MARI-NEZ

**SUBTOTAL** of Receipts This Page (optional) ..... 1260.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 289

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. CHARLES W. LOUFEK, JR.

Mailing Address 6600 INTERLACHEN BLVD.

City State Zip Code  
EDINA MN 55436-1006

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2010

Transaction ID: SA11.13350

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. MICHAEL LOY

Mailing Address 19586 SARATOGA SPRINGS PLACE

City State Zip Code  
ASHBURN VA 20147-5217

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

Name of Employer Occupation  
INTERMARKETS, INC. BUSINESS MANAGEMENT-INTERNET

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 29 / 2010

Transaction ID: SA11.10003

Amount of Each Receipt this Period

250.00

CONTRIBUTION

ADVERTISI

**C.**

Full Name (Last, First, Middle Initial)  
MR. CHARLES DAVID LUTHER

Mailing Address 3701 ALABAMA AVENUE S.

City State Zip Code  
ST. LOUIS PARK MN 55416-5156

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

Name of Employer Occupation  
LUTHER AUTOMOTIVE GROUP OWNER

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 3500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2010

Transaction ID: SA11.10051

Amount of Each Receipt this Period

3500.00

CONTRIBUTION

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

4250.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. STEPHEN C. MAHON

Mailing Address 2 TWIN HILLS RIDGE DRIVE

City State Zip Code  
CINCINNATI OH 45230-7131

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

Name of Employer Occupation  
SQUIRE, SANDERS & DEMPSEY ATTORNEY  
L.L.P.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2010

Transaction ID: SA11.13683

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. TIMOTHY J. MALONEY

Mailing Address 1828 KEYS CRESCENT

City State Zip Code  
CINCINNATI OH 45206-1825

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

Name of Employer Occupation  
HAILE FOUNDATION PRESIDENT & C.E.O.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2010

Transaction ID: SA11.13129

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
BRIAN MARK

Mailing Address 1820 BERKSHIRE LANE NORTH

City State Zip Code  
MINNEAPOLIS MN 55441-3723

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

Name of Employer Occupation  
RBC TILE AND STONE OWNER

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2010

Transaction ID: SA11.10758

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 289
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS. LIZ MARTIN	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 3428 CHEVIOT AVENUE	Transaction ID: SA11.13545
	City State Zip Code CINCINNATI OH 45211-5606	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. EUGENE H. MASSEY	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address P.O. BOX 904	Transaction ID: SA11.13115
	City State Zip Code CAPTIVA FL 33924-0904	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. RICHARD MASSMAN	Date of Receipt MM / DD / YYYY 07 / 27 / 2010
	Mailing Address 5508 TANBARK ROAD	Transaction ID: SA11.9866
	City State Zip Code DALLAS TX 75229-5559	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer SELF-EMPLOYED Occupation ATTORNEY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) MR. CHARLES J. MAXWELL</p> <p>Mailing Address 18369 NICKLAUS WAY</p> <p>City State Zip Code EDEN PRAIRIE MN 55347-3440</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation MERISTEM C.E.O.</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 09 / 28 / 2010</p> <p><b>Transaction ID:</b> SA11.13672</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1500.00</span></p> <p>CONTRIBUTION</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>B.</b> Full Name (Last, First, Middle Initial) MR. ROBERT MCCARTHY</p> <p>Mailing Address 1800 19TH ST</p> <p>City State Zip Code BAKERSFIELD CA 93301-4315</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation LIGHTSPEED SYSTEMS FOUNDER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 07 / 27 / 2010</p> <p><b>Transaction ID:</b> SA11.9730</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>CONTRIBUTION</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>C.</b> Full Name (Last, First, Middle Initial) MR. JOHN D. MCCLUNG</p> <p>Mailing Address 683 ARCADIA DRIVE</p> <p>City State Zip Code SAINT PAUL MN 55118-1801</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation RETIRED RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 08 / 31 / 2010</p> <p><b>Transaction ID:</b> SA11.12049</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>CONTRIBUTION</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">3000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MS. MOLLY M. MCCREA

Mailing Address 2610 KELLER ROAD

City State Zip Code  
LONG LAKE MN 55356-4523

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

Name of Employer Occupation  
SOTHEBY'S INTERNATIONAL REALTY REALTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2010

**Transaction ID:** SA11.11861

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. ROBERT K. MCCREA

Mailing Address 1532 N. WILLOW DRIVE

City State Zip Code  
LONG LAKE MN 55356-9668

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

Name of Employer Occupation  
MORGAN STANLEY FINANCIAL ADVISOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2010

**Transaction ID:** SA11.11867

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. BRYAN G. MCGRATH

Mailing Address 27414 FERRY BRIDGE ROAD

City State Zip Code  
EASTON MD 21601-5024

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

Name of Employer Occupation  
DELEX SYSTEMS INC. DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 29 / 2010

**Transaction ID:** SA11.10013

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6500.00**

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

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

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

FOR LINE NUMBER: PAGE 69 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. BRENT J. MCINTOSH

Mailing Address 6010 PRINCETON AVENUE

City State Zip Code  
GLEN ECHO MD 20812-1124

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

Name of Employer Occupation  
SULLIVAN & CROMWALL L.L.P. ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2010

**Transaction ID:** SA11.10017

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. WILLIAM MCLAUGHLIN

Mailing Address 2350 W. LAKE OF THE ISLES PKWY

City State Zip Code  
MINNEAPOLIS MN 55405-2302

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

Name of Employer Occupation  
SELECT COMFORT CORP PRESIDENT & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

**Transaction ID:** SA11.13843

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. WILLIAM MCLAUGHLIN

Mailing Address 2350 W. LAKE OF THE ISLES PKWY

City State Zip Code  
MINNEAPOLIS MN 55405-2302

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

Name of Employer Occupation  
SELECT COMFORT CORP PRESIDENT & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

**Transaction ID:** SA11.13911

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3250.00**

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

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

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

FOR LINE NUMBER: PAGE 70 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL THIEDE MCLOUGHLIN

Mailing Address 5805 WINDY ACRES LANE

City State Zip Code  
BERRIEN SPRINGS MI 49103-1574

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

Name of Employer Occupation  
K. & M. MACHINE FABRICATI- NG INC. EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 27 / 2010

Transaction ID: SA11.9868

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. DOUGLAS D. MCMILLAN

Mailing Address 707 GOODRICH AVENUE

City State Zip Code  
ST. PAUL MN 55105-3525

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

Name of Employer Occupation  
MCMILLAN ELECTRIC SELF-EMPLOYED BUSINESS OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

Transaction ID: SA11.13895

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MRS. ALEXANDRA MECCIA

Mailing Address 7250 RIDGEWOOD LANE

City State Zip Code  
BURR RIDGE IL 60527

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

Name of Employer Occupation  
DERMATOLOGY ASSOCIATES PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2010

Transaction ID: SA11.13328

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 289  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial) MR. CHRISTOPHER N. MELLING		Date of Receipt MM / DD / YYYY 07 / 29 / 2010
Mailing Address 658 S. COLUMBUS STREET		Transaction ID: SA11.10000
City ALEXANDRIA	State VA	Zip Code 22314-4156
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer A.M.P.S., L.L.C.	Occupation CONSULTING	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) WILLIAM HENRY METZ		Date of Receipt MM / DD / YYYY 08 / 23 / 2010
Mailing Address 3251 FLOYD BLVD		Transaction ID: SA11.11485
City SIOUX CITY	State IA	Zip Code 51108-1422
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer RETIRED	Occupation N/A	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) MR. ERNEST S. MICEK		Date of Receipt MM / DD / YYYY 09 / 07 / 2010
Mailing Address 30850 OLD MILL ROAD		Transaction ID: SA11.12539
City LA CRESCENT	State MN	Zip Code 55947-4200
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer CARGILL INC.	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 72 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. ANDREW W. MILLER, SR.

Mailing Address 30 BURTON HILLS  
SUITE 325

City State Zip Code  
NASHVILLE TN 37215-6402

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** SA11.13983

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. JOSEPH MILLER

Mailing Address 18133 CEDAR AVENUE

City State Zip Code  
FARMINGTON MN 55024-8902

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

Name of Employer Occupation  
SELF-EMPLOYED FARMER

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 15 / 2010

**Transaction ID:** SA11.8948

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. KENDALL C. MILLER

Mailing Address 7350 WAKEFIELD AVENUE

City State Zip Code  
REEDLEY CA 93654-9405

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

Name of Employer Occupation  
KENCAROL INC. FARMER

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 05 / 2010

**Transaction ID:** SA11.10701

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5750.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 289  
(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
							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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT A. MILLER

Mailing Address 42 GRIST MILL LANE

City State Zip Code  
UPPER SADDLE RIVER NJ 07458-1317

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

Name of Employer Occupation  
GREGWOLF CAPITAL PORTFOLIO MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2010

Transaction ID: SA11.9987

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. RICHARD G. MORGAN

Mailing Address 7323 HAMES WAY

City State Zip Code  
EDEN PRAIRIE MN 55346-4214

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

Name of Employer Occupation  
BOWMAN AND BROOKE ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

Transaction ID: SA11.13894

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
TIMOTHY E. MORIARTY

Mailing Address 35 RIDGE ROAD

City State Zip Code  
SUMMIT NJ 07901-2916

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

Name of Employer Occupation  
TWIN OAKS PARTNERS INVESTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2010

Transaction ID: SA11.13693

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 289  
(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
							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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MRS. ADRIENNE MORRISON

Mailing Address 1525 HUNTER DRIVE

City State Zip Code  
WAYZATA MN 55391-9661

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

Transaction ID: SA11.13901

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. WILLIAM E. MOSCHELLA

Mailing Address 1350 I. STREET NW  
SUITE 510

City State Zip Code  
WASHINGTON DC 20005-3355

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

Name of Employer Occupation  
BROWNSTEIN, HYATT, FARBER & SCHRECK ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 29 / 2010

Transaction ID: SA11.9951

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. WILLIAM MULVIHILL

Mailing Address 778 ST. THOMAS COURT

City State Zip Code  
CINCINNATI OH 45230-3872

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

Name of Employer Occupation  
U.S. BANK BANKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2010

Transaction ID: SA11.13669

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 289
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. WESLEY J. MUMM	Date of Receipt MM / DD / YYYY 07 / 29 / 2010
	Mailing Address 7911 BLACK ROAD	<b>Transaction ID:</b> SA11.10012
	City State Zip Code THURMONT MD 21788-1012	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer SELF-EMPLOYED	Occupation SELF-EMPLOYED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS. MARY MURPHY	Date of Receipt MM / DD / YYYY 07 / 15 / 2010
	Mailing Address 46 CENTRAL DRIVE	<b>Transaction ID:</b> SA11.9015
	City State Zip Code MANHASSET NY 11030-1450	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. STEPHEN R. MURPHY	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 7803 SHADOWHILL WAY	<b>Transaction ID:</b> SA11.13524
	City State Zip Code CINCINNATI OH 45242-3101	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer OHIO NATIONAL	Occupation SENIOR VICE PRESIDENT/ACTUARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 76 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. WILLIAM L. MUSSER

Mailing Address 167 EAST 82 ST.

City State Zip Code  
NEW YORK NY 10028-1886

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

Name of Employer Occupation  
WILLIAM L. MUSSER CO. INVESTMENT MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2010

**Transaction ID:** SA11.13591

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. DOUGLAS M. NATAL

Mailing Address 729 FOREST PARK ROAD

City State Zip Code  
GREAT FALLS VA 22066-2907

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

Name of Employer Occupation  
GOVERNMENT SOLUTION ADVISORS C.E.O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 29 / 2010

**Transaction ID:** SA11.10021

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MAHENDRA NATH

Mailing Address 105 W. PLEASANT LAKE ROAD

City State Zip Code  
NORTH OAKS MN 55127-2622

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

Name of Employer Occupation  
NATH COMPANIES OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 22 / 2010

**Transaction ID:** SA11.9485

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 289  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial) MR. TERRY NELSON		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		2	9		2	0	1	0													
Mailing Address 1103 JACKSON COURT		<b>Transaction ID:</b> SA11.9972																				
City	State	Zip Code																				
FALLS CHURCH	VA	22046-3834																				
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>600.00</td></tr></table>	600.00																			
600.00																						
Name of Employer GREENCASTLE CONSULTING, LLC		CONTRIBUTION																				
Occupation CONSULTANT																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>600.00</td></tr></table>	600.00																			
600.00																						

**B.**

Full Name (Last, First, Middle Initial) MR. RICHARD W. NELTNER		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	3		2	0	1	0													
Mailing Address 55 ORCHARD HILL ROAD		<b>Transaction ID:</b> SA11.13536																				
City	State	Zip Code																				
FT. THOMAS	KY	41075-1063																				
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																						
Name of Employer U.S. BANK		CONTRIBUTION																				
Occupation INFORMATION REQUESTED PER BEST EFFORTS																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																						

**C.**

Full Name (Last, First, Middle Initial) MR. ERIK A. NERHUS		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	8		2	0	1	0													
Mailing Address 14044 53RD AVENUE N.		<b>Transaction ID:</b> SA11.12782																				
City	State	Zip Code																				
PLYMOUTH	MN	55446-1835																				
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>5000.00</td></tr></table>	5000.00																			
5000.00																						
Name of Employer NORTHERN OIL & GAS		CONTRIBUTION																				
Occupation VICE PRESIDENT BUSINESS DEVELOPMENT																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>5000.00</td></tr></table>	5000.00																			
5000.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1" style="width: 100%; text-align: center;"><tr><td>6600.00</td></tr></table>	6600.00
6600.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%; height: 20px;"></table>	

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

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

FOR LINE NUMBER: PAGE 78 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. RICHARD S. NEVILLE

Mailing Address 11742 MOUNT CURVE ROAD

City State Zip Code  
EDEN PRAIRIE MN 55347-2927

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

Name of Employer Occupation  
WESTERN PETROLEUM OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2010

**Transaction ID:** SA11.11866

Amount of Each Receipt this Period  
750.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MRS. GRETCHEN NORQUAL

Mailing Address 9493 OLYMPIA DRIVE

City State Zip Code  
EDEN PRAIRIE MN 55347-2845

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 16 / 2010

**Transaction ID:** SA11.11079

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. JACK A. NORQUAL

Mailing Address 9493 OLYMPIA DRIVE

City State Zip Code  
EDEN PRAIRIE MN 55347-2845

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 16 / 2010

**Transaction ID:** SA11.11078

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MRS. MABEL NORTON

Mailing Address 4523 SHORELINE DRIVE  
APARTMENT 317

City State Zip Code  
SPRING PARK MN 55384-9775

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 17 / 2010  
**Transaction ID:** SA11.11358

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. ROBERT W. NUSS

Mailing Address 3314 SALEM POINT DRIVE SW

City State Zip Code  
ROCHESTER MN 55902-6629

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
NUSS TRUCK & EQUIPMENTS SELF EMPLOYED

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 30 / 2010  
**Transaction ID:** SA11.10054

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. DAVID O'MALEY

Mailing Address 5085 WILLOW HILLS LANE

City State Zip Code  
CINCINNATI OH 45243-4219

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
OHIO NATIONAL FINANCIAL SERVICES CHAIRMAN, PRESIDENT & C.E.O.

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 09 / 23 / 2010  
**Transaction ID:** SA11.13516

Amount of Each Receipt this Period  
3000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 4050.00

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

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

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

FOR LINE NUMBER: PAGE 80 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. JOHN C. O'QUINN

Mailing Address 655 FIFTEENTH STREET NW

City State Zip Code  
WASHINGTON DC 20005-5701

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

Name of Employer Occupation  
KIRKLAND INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2010

Transaction ID: SA11.10006

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. RAY P. ODEN, JR.

Mailing Address 702 THORA BOLVD.

City State Zip Code  
SHREVEPORT LA 71106

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2010

Transaction ID: SA11.11172

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. RAY P. ODEN, JR.

Mailing Address 702 THORA BOLVD.

City State Zip Code  
SHREVEPORT LA 71106

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2010

Transaction ID: SA11.12538

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 289  
(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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. JEFFREY K. OEHLER

Mailing Address 3122 MARCH TERRACE

City State Zip Code  
CINCINNATI OH 45239-5417

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

Name of Employer Occupation  
OHIO NATIONAL FINANCIAL SERVICES VICE PRESIDENT OF INFORMATION SYSTEMS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 23 / 2010

Transaction ID: SA11.13523

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. JOHN E. OLSON

Mailing Address 35280 320TH STREET

City State Zip Code  
AITKIN MN 56431-4396

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2010

Transaction ID: SA11.12968

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. JOHN E. OLSON

Mailing Address 35280 320TH STREET

City State Zip Code  
AITKIN MN 56431-4396

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 06 / 2010

Transaction ID: SA11.8657

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. CRAIG P. OMTVEDT

Mailing Address 730 N. MAYFLOWER ROAD

City State Zip Code  
LAKE FOREST IL 60045-2312

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
FORTUNE BRANDS C.F.O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt M M / D D / Y Y Y Y  
09 / 20 / 2010

**Transaction ID:** SA11.13147

Amount of Each Receipt this Period 5000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. ALVIN OWENS

Mailing Address 29628 N. 44TH PLACE

City State Zip Code  
CAVE CREEK AZ 85331-6268

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
09 / 07 / 2010

**Transaction ID:** SA11.12528

Amount of Each Receipt this Period 200.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. ALVIN OWENS

Mailing Address 29628 N. 44TH PLACE

City State Zip Code  
CAVE CREEK AZ 85331-6268

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
07 / 15 / 2010

**Transaction ID:** SA11.8981

Amount of Each Receipt this Period 100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 5300.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 289

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. PAUL BYRON PATTAK

Mailing Address P.O. BOX 22817

City State Zip Code  
ALEXANDRIA VA 22304-9281

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

Name of Employer Occupation  
SELF-EMPLOYED CONSULTING

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 29 / 2010

Transaction ID: SA11.9992

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT S. PERKIN

Mailing Address 160 BROOKSIDE ROAD

City State Zip Code  
DARIEN CT 06820-2804

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

Name of Employer Occupation  
SELF-EMPLOYED MUSIC PRODUCER

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 850.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 07 / 2010

Transaction ID: SA11.12754

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT S. PERKIN

Mailing Address 160 BROOKSIDE ROAD

City State Zip Code  
DARIEN CT 06820-2804

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

Name of Employer Occupation  
SELF-EMPLOYED MUSIC PRODUCER

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 850.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 15 / 2010

Transaction ID: SA11.8862

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. JAMES C. PHERO

Mailing Address 7427 BAYSWATER DRIVE

City State Zip Code  
CINCINNATI OH 45255-3937

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

Name of Employer Occupation  
UNIVERSITY OF CINCINNATI DENIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2010

**Transaction ID:** SA11.13673

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. JOHN R. PHILLIPS

Mailing Address 651 COUNTRY LANE

City State Zip Code  
GLENCOE IL 60022-2016

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2010

**Transaction ID:** SA11.13685

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. ROB PINATARO

Mailing Address 8920 MERION DRIVE

City State Zip Code  
DULUTH GA 30097-6664

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

Name of Employer Occupation  
ACCELL ARESTE L.L.C. C.E.O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 16 / 2010

**Transaction ID:** SA11.11074

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**

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

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

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

FOR LINE NUMBER: PAGE 85 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. RICHARD PLUNKETT

Mailing Address 331 16TH AVENUE NW

City State Zip Code  
ROCHESTER MN 55901-2298

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 07 / 2010  
Transaction ID: SA11.12574  
Amount of Each Receipt this Period: 1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MRS. KAY POITRAS

Mailing Address 949 HAMILTON CIRCLE

City State Zip Code  
HAINES CITY FL 33844-2431

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 08 / 17 / 2010  
Transaction ID: SA11.11173  
Amount of Each Receipt this Period: 100.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. DOUGLAS M. POLINSKY

Mailing Address 130 LAKE STREET W.

City State Zip Code  
WAYZATA MN 55391-1599

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

Name of Employer Occupation  
GREAT NORTH CAPITAL CONSU- LTANTS, INC. PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 08 / 31 / 2010  
Transaction ID: SA11.11859  
Amount of Each Receipt this Period: 5000.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6100.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
STEVEN C. PRESTON

Mailing Address 49 HIGH STREET

City State Zip Code  
FARMINGTON CT 06032-2314

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

Name of Employer Occupation  
OAKLEAF CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2010

**Transaction ID:** SA11.12804

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. JAMES W. PRICE

Mailing Address 3735 WOODLAND AVENUE

City State Zip Code  
CINCINNATI OH 45209-2220

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

Name of Employer Occupation  
EMPOWER MEDIA MARKETING ADVERTISING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2010

**Transaction ID:** SA11.13537

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. WILLIAM C. PRICE

Mailing Address 900 ADAMS CROSSING  
SUITE 5300

City State Zip Code  
CINCINNATI OH 45202-1683

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

Name of Employer Occupation  
EMPOWER MEDIA MARKETING ADVERTISING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2010

**Transaction ID:** SA11.13539

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) MR. STEVE PUCKETT</p> <p>Mailing Address 43874 CAMELLIA STREET</p> <p>City State Zip Code ASHBURN VA 20147-5656</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation SELF EMPLOYED IT CONSULTING</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">08 / 05 / 2010</span></p> <p><b>Transaction ID:</b> SA11.10392</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p><b>CONTRIBUTION</b></p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>B.</b> Full Name (Last, First, Middle Initial) MR. JOHN S. RAINEY</p> <p>Mailing Address 402 BOULEVARD</p> <p>City State Zip Code ANDERSON SC 29621-4004</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation EASLAN CAPITAL CHAIRMAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">800.64</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">07 / 01 / 2010</span></p> <p><b>Transaction ID:</b> SA11.13172</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">800.64</span></p> <p><b>CONTRIBUTION</b></p> <p><b>IN-KIND: FOOD &amp; BEVERAGE</b></p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>C.</b> Full Name (Last, First, Middle Initial) MR. JIM RAMSTAD</p> <p>Mailing Address 2618 CROSBY ROAD</p> <p>City State Zip Code WAYZATA MN 55391-2320</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation SELF-EMPLOYED CONSULTANT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">750.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2010</span></p> <p><b>Transaction ID:</b> SA11.13902</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">750.00</span></p> <p><b>CONTRIBUTION</b></p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1800.64</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 289  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MRS. KATHRYN RAMSTAD

Mailing Address 2618 CROSBY ROAD

City State Zip Code  
WAYZATA MN 55391-2320

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

Name of Employer Occupation  
SELF-EMPLOYED CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

Transaction ID: SA11.13903

Amount of Each Receipt this Period  
750.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. TOBY B. RAU

Mailing Address 7766 INGRAMS RIDGE DRIVE

City State Zip Code  
CINCINNATI OH 45244-2985

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

Name of Employer Occupation  
U.S. BANK COMMERCIAL BANKING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2010

Transaction ID: SA11.13674

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. MICHAEL L. REGER

Mailing Address 3565 FREDERICK AVENUE

City State Zip Code  
WAYZATA MN 55391-9732

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

Name of Employer Occupation  
NORTHERN OIL & GAS, INC. C.E.O.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2010

Transaction ID: SA11.8682

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 289  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
Erik Rekstad

Mailing Address Box 188

City State Zip Code  
Pine Island MN 55963

FEC ID number of contributing federal political committee. **C** HOMN04148

Name of Employer Self Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2010

**Transaction ID:** SA11COND.23

Amount of Each Receipt this Period  
25.00

EARMARKED FOR TERESSA COLLETT

**B.**

Full Name (Last, First, Middle Initial)  
Erik Rekstad

Mailing Address Box 188

City State Zip Code  
Pine Island MN 55963

FEC ID number of contributing federal political committee. **C** HOMN05111

Name of Employer Self Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2010

**Transaction ID:** SA11COND.24

Amount of Each Receipt this Period  
25.00

EARMARKED FOR JOEL DEMOS

**C.**

Full Name (Last, First, Middle Initial)  
Erik Rekstad

Mailing Address Box 188

City State Zip Code  
Pine Island MN 55963

FEC ID number of contributing federal political committee. **C** HOMN08115

Name of Employer Self Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2010

**Transaction ID:** SA11COND.25

Amount of Each Receipt this Period  
25.00

EARMARKED FOR CHIP CRAVAACK

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 289  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
Erik Rekstad

Mailing Address Box 188

City Pine Island State MN Zip Code 55963

FEC ID number of contributing federal political committee. **C** S0CA00330

Name of Employer Self Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt: 09 / 11 / 2010  
**Transaction ID:** SA11COND.26  
 Amount of Each Receipt this Period: 25.00  
 EARMARKED FOR CARLY FIORI-NA

**B.**

Full Name (Last, First, Middle Initial)  
Erik Rekstad

Mailing Address Box 188

City Pine Island State MN Zip Code 55963

FEC ID number of contributing federal political committee. **C** H8MN06047

Name of Employer Self Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt: 09 / 11 / 2010  
**Transaction ID:** SA11COND.27  
 Amount of Each Receipt this Period: 25.00  
 EARMARKED FOR JOHN KLINE

**C.**

Full Name (Last, First, Middle Initial)  
Erik Rekstad

Mailing Address Box 188

City Pine Island State MN Zip Code 55963

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer Self Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt: 09 / 11 / 2010  
**Transaction ID:** SA11COND.28  
 Amount of Each Receipt this Period: 25.00  
 EARMARKED FOR MICHELE BACHMANN

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 289

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
Erik Rekstad

Mailing Address Box 188

City State Zip Code  
Pine Island MN 55963

FEC ID number of contributing federal political committee. **C** H8MN03077

Name of Employer Self Occupation Investor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2010

Transaction ID: SA11COND.29

Amount of Each Receipt this Period

25.00

EARMARKED FOR ERIK PAULSEN

**B.**

Full Name (Last, First, Middle Initial)  
MR. W. ROBERT REUM

Mailing Address 880 N. LAKE SHORE #24A

City State Zip Code  
CHICAGO IL 60611-5719

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

Name of Employer AMSTED Occupation BUSINESSMAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 20 / 2010

Transaction ID: SA11.13133

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MS. MONTE RICHARDSON

Mailing Address 36 LAMBETH DRIVE

City State Zip Code  
ASHEVILLE NC 28803-3431

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 ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 10 / 2010

Transaction ID: SA11.10969

Amount of Each Receipt this Period

75.00

CONTRIBUTION

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 92 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MS. MONTE RICHARDSON

Mailing Address 36 LAMBETH DRIVE

City ASHEVILLE State NC Zip Code 28803-3431

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 ▼ 350.00

Date of Receipt 09 / 07 / 2010  
Transaction ID: SA11.12427  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. MATTHEW RIDDLE

Mailing Address 917 DOUGLASS DRIVE

City MC LEAN State VA Zip Code 22101-1571

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

Name of Employer BAE SYSTEMS Occupation ENGINEER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 29 / 2010  
Transaction ID: SA11.9986  
Amount of Each Receipt this Period 600.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. RYAN D. ROBINSON

Mailing Address 5824 LONG BRAKE TRAIL

City EDINA State MN Zip Code 55439-2622

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

Name of Employer BEST BUY COMPANY INC. Occupation C.F.O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 22 / 2010  
Transaction ID: SA11.9448  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 950.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. GREGORY PARKER ROGERS

Mailing Address 425 WALNUT STREET  
SUITE 1800

City State Zip Code  
CINCINNATI OH 45202-3948

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

Name of Employer Occupation  
TAFT, STETTINIUS & HOLLIS-TER ATTORNEY

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 23 / 2010

Transaction ID: SA11.13528

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MRS. KATHLEEN A. ROGERS

Mailing Address 1288 FAIRWAY VIEW LANE

City State Zip Code  
CINCINNATI OH 45233-4700

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

Name of Employer Occupation  
U.S. BANK BANKER

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 23 / 2010

Transaction ID: SA11.13541

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. RANDY ROSE

Mailing Address 20452 MC GEES FERRY WAY

City State Zip Code  
STERLING VA 20165-4773

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

Name of Employer Occupation  
CSC PARTNER

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 29 / 2010

Transaction ID: SA11.9990

Amount of Each Receipt this Period  
400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1400.00**

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

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

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

FOR LINE NUMBER: PAGE 94 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
JOHN R. ROSS  
Mailing Address 2701 E. LA PALMA AVE.  
City ANAHEIM State CA Zip Code 92806-2330  
FEC ID number of contributing federal political committee. **C**  
Name of Employer IN-DEPTH ENGINEERING Occupation PRINCIPLE ENGINEER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 09 / 20 / 2010  
Transaction ID: SA11.13155  
Amount of Each Receipt this Period 500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. RICHARD A. ROTHFUSS  
Mailing Address 542 ROLLINGROCK LANE  
City CINCINNATI State OH Zip Code 45255-3919  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LENER, SAMPSON & ROTHFUSS Occupation LAWYER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 09 / 20 / 2010  
Transaction ID: SA11.13130  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. MARK J. RUEHLMANN  
Mailing Address 8300 CAROLINES TRAIL  
City CINCINNATI State OH Zip Code 45242-4543  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SQUIRE, SANDERS, & DEMPSEY Occupation ATTORNEY  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 09 / 23 / 2010  
Transaction ID: SA11.13542  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 95 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. DAVID C. RUSSELL

Mailing Address 609 POPLAR DRIVE

City State Zip Code  
FALLS CHURCH VA 22046-2839

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

Name of Employer Occupation  
BRYAN CAVE LLP ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2010

Transaction ID: SA11.9954

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MRS. ANN B. RYAN

Mailing Address 105 CLAY CLIFFE DRIVE

City State Zip Code  
TONKA BAY MN 55331-9512

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

Transaction ID: SA11.14291

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. PATRICK G. RYAN

Mailing Address 105 CLAY CLIFFE DRIVE

City State Zip Code  
TONKA BAY MN 55331-9512

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

Name of Employer Occupation  
RYAN COMPANIES PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

Transaction ID: SA11.8685

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10250.00**

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

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

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

FOR LINE NUMBER: PAGE 96 / 289

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. WAYNE L. RYAN

Mailing Address 1606 S. 187TH CIRCLE

City State Zip Code  
OMAHA NE 68130-2809

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

Name of Employer Occupation  
STRECK LABORATORIES INC. PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 27 / 2010

Transaction ID: SA11.9873

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. ANTHONY SALIBC

Mailing Address 311 SOUTH WACKER DRIVE #4700

City State Zip Code  
CHICAGO IL 60606-6622

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

Name of Employer Occupation  
LIQUID POINT C.E.O.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2010

Transaction ID: SA11.13132

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. JAMES R. SANKOVITZ

Mailing Address 1242 ADRIAN DRIVE

City State Zip Code  
CHASKA MN 55318-1582

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

Name of Employer Occupation  
NORTHERN OIL & GAS, INC. C.O.O. & GENERAL COUNSEL

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 06 / 2010

Transaction ID: SA11.8683

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. RICHARD P. SANKOVITZ

Mailing Address 101 N. STATE STREET

City State Zip Code  
WASECA MN 56093-2928

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
RETIRED BANKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 31 / 2010

**Transaction ID:** SA11.11871

Amount of Each Receipt this Period 5000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. PAUL W. SCHAFFER

Mailing Address 10408 ZION AVENUE S.

City State Zip Code  
BLOOMINGTON MN 55437-2731

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
BLOOMINGTON DRUG OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 08 / 2010

**Transaction ID:** SA11.12784

Amount of Each Receipt this Period 5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. JEFFREY S. SCHLOEMER

Mailing Address 1117 WAREHAM DRIVE

City State Zip Code  
CINCINNATI OH 45202-1531

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
TAFT, STETTINIUS & HOLLIS-TER, L.L.P. ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 23 / 2010

**Transaction ID:** SA11.13534

Amount of Each Receipt this Period 500.00

CONTRIBUTION

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 289  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. DAVID SCHMITT

Mailing Address 4600 MASON MONTGOMERY ROAD

City MASON State OH Zip Code 45040-9176

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

Name of Employer THE ARMER GROUP Occupation C.E.O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 20 / 2010  
Transaction ID: SA11.13137  
Amount of Each Receipt this Period: 1000.00  
CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. HARVEY G. SCHMIDT

Mailing Address 6008 CULLIGAN WAY

City MINNETONKA State MN Zip Code 55345-5917

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

Name of Employer DORGLASS, INC. Occupation PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 16 / 2010  
Transaction ID: SA11.8884  
Amount of Each Receipt this Period: 150.00  
CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
RANDALL GRAHAM SCHRIVER

Mailing Address 1216 N NELSON STREET

City ARLINGTON State VA Zip Code 22201-4935

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

Name of Employer ARMITAGE INTERNATIONAL LLC Occupation CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 31 / 2010  
Transaction ID: SA11.11877  
Amount of Each Receipt this Period: 250.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 289
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. JAMES E. SCHWAB	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 1430 RIVERSIDE DRIVE	Transaction ID: SA11.13517
	City State Zip Code CINCINNATI OH 45202-1754	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation U.S. BANK MARKET PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. STEPHEN ROBERT SEFTON	Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 2764 W. LAKE OF THE ISLES PARKWAY	Transaction ID: SA11.13687
	City State Zip Code MINNEAPOLIS MN 55416-4337	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation CLEARWATER EQUITY GROUP INC. INVESTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. NICHOLAS G. SEKAS	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address INFO REQUESTED	Transaction ID: SA11.13981
	City State Zip Code INFO REQUESTED XX 99999	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	6500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 289  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. RANDY SEYKORA

Mailing Address 1601 GRIZZLY LANE

City State Zip Code  
SARTELL MN 56377-1672

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

Name of Employer Occupation  
SYNTHES SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** SA11.11059

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. RANDY SEYKORA

Mailing Address 1601 GRIZZLY LANE

City State Zip Code  
SARTELL MN 56377-1672

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

Name of Employer Occupation  
SYNTHES SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2010

**Transaction ID:** SA11.13101

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. RANDY SEYKORA

Mailing Address 1601 GRIZZLY LANE

City State Zip Code  
SARTELL MN 56377-1672

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

Name of Employer Occupation  
SYNTHES SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2010

**Transaction ID:** SA11.8794

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

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

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

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

FOR LINE NUMBER: PAGE 101 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
Cecilia Shanta  
Mailing Address 4492 Oakhill Circle

City State Zip Code  
Las Vegas NV 89121

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

Name of Employer None Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 15.00

Date of Receipt: 09 / 28 / 2010  
Transaction ID: SA11COND.1  
Amount of Each Receipt this Period: 15.00  
EARMARKED FOR SUSANA MARI-NEZ

**B.** Full Name (Last, First, Middle Initial)  
Cecilia Shanta  
Mailing Address 4492 Oakhill Circle

City State Zip Code  
Las Vegas NV 89121

FEC ID number of contributing federal political committee. **C** H0SC01279

Name of Employer None Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 15.00

Date of Receipt: 09 / 28 / 2010  
Transaction ID: SA11COND.2  
Amount of Each Receipt this Period: 15.00  
EARMARKED FOR TIMOTHY SCOTT

**C.** Full Name (Last, First, Middle Initial)  
Cecilia Shanta  
Mailing Address 4492 Oakhill Circle

City State Zip Code  
Las Vegas NV 89121

FEC ID number of contributing federal political committee. **C** HOMN04148

Name of Employer None Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 15.00

Date of Receipt: 09 / 28 / 2010  
Transaction ID: SA11COND.3  
Amount of Each Receipt this Period: 15.00  
EARMARKED FOR TERESSA COLLETT

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 289  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
Cecilia Shanta

Mailing Address 4492 Oakhill Circle

City Las Vegas State NV Zip Code 89121

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15.00

Date of Receipt: 09 / 22 / 2010  
**Transaction ID: SA11COND.32**  
 Amount of Each Receipt this Period: 15.00  
 EARMARKED FOR SUSANA MARI-NEZ

**B.**

Full Name (Last, First, Middle Initial)  
Cecilia Shanta

Mailing Address 4492 Oakhill Circle

City Las Vegas State NV Zip Code 89121

FEC ID number of contributing federal political committee. **C** H0SC01279

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15.00

Date of Receipt: 09 / 22 / 2010  
**Transaction ID: SA11COND.33**  
 Amount of Each Receipt this Period: 15.00  
 EARMARKED FOR TIMOTHY SCOTT

**C.**

Full Name (Last, First, Middle Initial)  
Cecilia Shanta

Mailing Address 4492 Oakhill Circle

City Las Vegas State NV Zip Code 89121

FEC ID number of contributing federal political committee. **C** HOMN04148

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15.00

Date of Receipt: 09 / 22 / 2010  
**Transaction ID: SA11COND.34**  
 Amount of Each Receipt this Period: 15.00  
 EARMARKED FOR TERESSA COLLETT

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
Cecilia Shanta  
Mailing Address 4492 Oakhill Circle  
City Las Vegas State NV Zip Code 89121  
FEC ID number of contributing federal political committee. **C** H0AR02107  
Name of Employer None Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 15.00  
Date of Receipt 09 / 22 / 2010  
Transaction ID: SA11COND.35  
Amount of Each Receipt this Period 15.00  
EARMARKED FOR JOHN GRIFFIN

**B.** Full Name (Last, First, Middle Initial)  
Cecilia Shanta  
Mailing Address 4492 Oakhill Circle  
City Las Vegas State NV Zip Code 89121  
FEC ID number of contributing federal political committee. **C** H0IL11052  
Name of Employer None Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 15.00  
Date of Receipt 09 / 22 / 2010  
Transaction ID: SA11COND.36  
Amount of Each Receipt this Period 15.00  
EARMARKED FOR ADAM KINZINGER

**C.** Full Name (Last, First, Middle Initial)  
Cecilia Shanta  
Mailing Address 4492 Oakhill Circle  
City Las Vegas State NV Zip Code 89121  
FEC ID number of contributing federal political committee. **C** H0PA12090  
Name of Employer None Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 15.00  
Date of Receipt 09 / 22 / 2010  
Transaction ID: SA11COND.37  
Amount of Each Receipt this Period 15.00  
EARMARKED FOR TIMOTHY BURNS

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 289  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
Cecilia Shanta

Mailing Address 4492 Oakhill Circle

City Las Vegas State NV Zip Code 89121

FEC ID number of contributing federal political committee. **C** H6MN06074

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15.00

Date of Receipt: 09 / 22 / 2010  
**Transaction ID: SA11COND.38**  
Amount of Each Receipt this Period: 15.00  
EARMARKED FOR MICHELE BACHMANN

**B.**

Full Name (Last, First, Middle Initial)  
Cecilia Shanta

Mailing Address 4492 Oakhill Circle

City Las Vegas State NV Zip Code 89121

FEC ID number of contributing federal political committee. **C** H0AR02107

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15.00

Date of Receipt: 09 / 28 / 2010  
**Transaction ID: SA11COND.4**  
Amount of Each Receipt this Period: 15.00  
EARMARKED FOR JOHN GRIFFIN

**C.**

Full Name (Last, First, Middle Initial)  
Cecilia Shanta

Mailing Address 4492 Oakhill Circle

City Las Vegas State NV Zip Code 89121

FEC ID number of contributing federal political committee. **C** S4WV00084

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 35.00

Date of Receipt: 09 / 28 / 2010  
**Transaction ID: SA11COND.5**  
Amount of Each Receipt this Period: 35.00  
EARMARKED FOR JOHN RAESE

**SUBTOTAL** of Receipts This Page (optional) ..... ► 65.00

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



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

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

FOR LINE NUMBER: PAGE 105 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
Cecilia Shanta  
Mailing Address 4492 Oakhill Circle

City State Zip Code  
Las Vegas NV 89121

FEC ID number of contributing federal political committee. **C** H0IL11052

Name of Employer None Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 15.00

Date of Receipt: 09 / 28 / 2010  
Transaction ID: SA11COND.6  
Amount of Each Receipt this Period: 15.00  
EARMARKED FOR ADAM KINZINGER

**B.** Full Name (Last, First, Middle Initial)  
Cecilia Shanta  
Mailing Address 4492 Oakhill Circle

City State Zip Code  
Las Vegas NV 89121

FEC ID number of contributing federal political committee. **C** H0PA12090

Name of Employer None Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 15.00

Date of Receipt: 09 / 28 / 2010  
Transaction ID: SA11COND.7  
Amount of Each Receipt this Period: 15.00  
EARMARKED FOR TIMOTHY BURNS

**C.** Full Name (Last, First, Middle Initial)  
Cecilia Shanta  
Mailing Address 4492 Oakhill Circle

City State Zip Code  
Las Vegas NV 89121

FEC ID number of contributing federal political committee. **C** H0WI07051

Name of Employer None Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 15.00

Date of Receipt: 09 / 28 / 2010  
Transaction ID: SA11COND.8  
Amount of Each Receipt this Period: 15.00  
EARMARKED FOR SEAN DUFFY

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

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

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

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

FOR LINE NUMBER: PAGE 106 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. RAYMOND V. SHEPHERD, III

Mailing Address 721 FOREST PARK ROAD

City State Zip Code  
GREAT FALLS VA 22066-2908

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

Name of Employer Occupation  
VENABLE LLP ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2010

Transaction ID: SA11.9974

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MS. ANNETTE B. SHERWOOD

Mailing Address 1 STICKLEY DRIVE

City State Zip Code  
LAGUNA BEACH CA 92651-4238

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2010

Transaction ID: SA11.12637

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. HAROLD SHEVERS

Mailing Address 1172 RIVERSIDE DRIVE

City State Zip Code  
CINCINNATI OH 45202-1706

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

Name of Employer Occupation  
SPORTY'S EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2010

Transaction ID: SA11.13146

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 107 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MRS. SANDRA SHEVERS  
Mailing Address 1172 RIVERSIDE DRIVE  
City CINCINNATI State OH Zip Code 45202-1706  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HOMEMAKER Occupation HOMEMAKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 09 / 20 / 2010  
Transaction ID: SA11.13144  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. MICHAEL R. SIME  
Mailing Address 1592 MEDINA ROAD  
City LONG LAKE State MN Zip Code 55356-9518  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RAPID PACKAGING Occupation BUSINESS OWNER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00  
Date of Receipt 09 / 28 / 2010  
Transaction ID: SA11.14362  
Amount of Each Receipt this Period 1500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. ROBERT E. SLATER  
Mailing Address 375 CHERRY LANE  
City MENDHAM State NJ Zip Code 07945-2718  
FEC ID number of contributing federal political committee. **C**  
Name of Employer L.R.F. SLATER COMPANIES INC. Occupation EXECUTIVE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 09 / 30 / 2010  
Transaction ID: SA11.13980  
Amount of Each Receipt this Period 5000.00  
CONTRIBUTION

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 108 / 289

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. MARSHALL SMITH

Mailing Address 435 PORTLAND AVENUE

City State Zip Code  
ST. PAUL MN 55102-2214

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

Name of Employer Occupation  
3M COMPANY LAWYER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 15 / 2010

Transaction ID: SA11.8993

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
LEIF SOLBERG

Mailing Address 4710 DUPONT AVENUE S.

City State Zip Code  
MINNEAPOLIS MN 55419-5324

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

Name of Employer Occupation  
HEALTH PARTNERS PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 29 / 2010

Transaction ID: SA11.13789

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MRS. ARLANA ST. CLAIR

Mailing Address 3401 WIBLE ROAD

City State Zip Code  
BAKERSFIELD CA 93309-6509

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

Name of Employer Occupation  
SELF-EMPLOYED REAL ESTATE PREP. MANAGEMENT

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2010

Transaction ID: SA11.13446

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

950.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 109 / 289

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MS. DIAN GRAVES STAI

Mailing Address 1286 CHERRY SPRING ROAD

City State Zip Code  
FREDERICKSBURG TX 78624-6270

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 02 / 2010

Transaction ID: SA11.10320

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MS. DIAN GRAVES STAI

Mailing Address 1286 CHERRY SPRING ROAD

City State Zip Code  
FREDERICKSBURG TX 78624-6270

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 13 / 2010

Transaction ID: SA11.13009

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. JEFF A. STEGGERDA

Mailing Address 2627 82ND STREET

City State Zip Code  
URBANDALE IA 50322-4485

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

Name of Employer Occupation  
BRIGHTON CONSULTING HEALTHCARE

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 29 / 2010

Transaction ID: SA11.9979

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) MR. TODD R. STEGGERDA</p> <p>Mailing Address 19590 SARATOGA SPRINGS PLACE</p> <p>City State Zip Code ASHBURN VA 20147-5217</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation WILMER HALE LLP ATTORNEY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 07 / 29 / 2010</p> <p><b>Transaction ID:</b> SA11.9946</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1500.00</span></p> <p>CONTRIBUTION</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>B.</b> Full Name (Last, First, Middle Initial) MR. GREG STICHA</p> <p>Mailing Address 11343 ENTREVAUX DR</p> <p>City State Zip Code EDEN PRAIRIE MN 55347-2862</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation SELF-EMPLOYED INVESTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 08 / 04 / 2010</p> <p><b>Transaction ID:</b> SA11.10389</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>CONTRIBUTION</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>C.</b> Full Name (Last, First, Middle Initial) MR. ERIC F. STOER</p> <p>Mailing Address 1605 ORCHARD WAY</p> <p>City State Zip Code ANNAPOLIS MD 21409-5924</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation BRYAN CAVE LLP ATTORNEY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 07 / 29 / 2010</p> <p><b>Transaction ID:</b> SA11.9945</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>CONTRIBUTION</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2250.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 289  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. ERIC F. STOER

Mailing Address 1605 ORCHARD WAY

City State Zip Code  
ANNAPOLIS MD 21409-5924

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

Name of Employer Occupation  
BRYAN CAVE LLP ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 29 2010

Transaction ID: SA11.9956

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MS. ADA A. STRASENBURGH

Mailing Address P.O. BOX 608

City State Zip Code  
OCEAN VIEW NJ 08230-0608

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 20 2010

Transaction ID: SA11.13113

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MRS. SARA TAYLOR-FAGEN

Mailing Address 606 N. HUDSON STREET

City State Zip Code  
ARLINGTON VA 22201-2045

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

Name of Employer Occupation  
BLUE FRONT STRATEGIES CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 29 2010

Transaction ID: SA11.9961

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 / 289
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. THOMAS T. TERP	Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2010
	Mailing Address 425 WALNUT STREET SUITE 1800	<b>Transaction ID:</b> SA11.13529
	City CINCINNATI State OH Zip Code 45202-3948	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer TAFT, STETTINIUS & HOLLIS-TER Occupation LAWYER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. THOMAS T. TERP	Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2010
	Mailing Address 425 WALNUT STREET SUITE 1800	<b>Transaction ID:</b> SA11.13530
	City CINCINNATI State OH Zip Code 45202-3948	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer TAFT, STETTINIUS & HOLLIS-TER Occupation LAWYER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. DOROTHY THOMAS	Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2010
	Mailing Address 1311 NORTHGATE DRIVE	<b>Transaction ID:</b> SA11.12595
	City OPELIKA State AL Zip Code 36801-2055	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer SELF Occupation TEACHER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 113 / 289

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT W. THOMPSON

Mailing Address 330 14TH STREET SW

City State Zip Code  
PINE CITY MN 55063-1651

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

Name of Employer Occupation  
MINPACK, INC. PRESIDENT/C.E.O.

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: SA11.12052

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. IGOR V. TIMOFEYEV

Mailing Address 1514 12TH STREET NW  
APARTMENT 4

City State Zip Code  
WASHINGTON DC 20005-4461

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

Name of Employer Occupation  
PAUL, HASTINGS, JANOFSKY & WALKER L.L. LAWYER

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

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

Transaction ID: SA11.9967

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. MICHAEL E. TONER

Mailing Address 4227 FORDHAM ROAD NW

City State Zip Code  
WASHINGTON DC 20016-1907

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

Name of Employer Occupation  
BRYAN CAVE ATTORNEY

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11.9963

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

1450.00

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

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

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

FOR LINE NUMBER: PAGE 114 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MRS. BERNICE TROCHMANN

Mailing Address 215 9TH STREET E.  
APARTMENT 301

City THIEF RIVER FALLS State MN Zip Code 56701-1609

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 ▼ 225.00

Date of Receipt: MM / DD / YYYY  
09 / 07 / 2010

Transaction ID: SA11.12629

Amount of Each Receipt this Period: 85.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MRS. BERNICE TROCHMANN

Mailing Address 215 9TH STREET E.  
APARTMENT 301

City THIEF RIVER FALLS State MN Zip Code 56701-1609

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 ▼ 225.00

Date of Receipt: MM / DD / YYYY  
09 / 13 / 2010

Transaction ID: SA11.13097

Amount of Each Receipt this Period: 85.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. KENNY A. TROUTT

Mailing Address 10595 STRAIT LANE

City DALLAS State TX Zip Code 75229-5424

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

Name of Employer MT. VERNON INVESTMENTS Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY  
09 / 30 / 2010

Transaction ID: SA11.13984

Amount of Each Receipt this Period: 5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5170.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 / 289
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. PATRICK TRYSLA	Date of Receipt MM / DD / YYYY 07 / 07 / 2010
	Mailing Address 4550 MAIN STREET	<b>Transaction ID:</b> SA11.8717
	City State Zip Code KANSAS CITY MO 64111-1881	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer FRONTIER INVESTMENT BANKING	Occupation MANAGING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS. BARBARA TURNER	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 7990 PLANTATION DRIVE	<b>Transaction ID:</b> SA11.13544
	City State Zip Code WEST CHESTER OH 45069-2262	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. PAUL J. TWILLING	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 2435 FOX SEDGE WAY APARTMENT R.	<b>Transaction ID:</b> SA11.13548
	City State Zip Code WEST CHESTER OH 45069-8885	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 / 289
	<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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. CHARLES USBORNE	Date of Receipt MM / DD / YYYY 07 / 29 / 2010
	Mailing Address 19861 BETHPAGE COURT	<b>Transaction ID:</b> SA11.10016
	City State Zip Code ASHBURN VA 20147-5213	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation FIRST FINANCIAL GROUP FINANCIAL ADVISOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) LCDR PAUL E. VIDAL	Date of Receipt MM / DD / YYYY 07 / 29 / 2010
	Mailing Address 5104 ALFRED DRIVE	<b>Transaction ID:</b> SA11.9969
	City State Zip Code WALDORF MD 20601-3258	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation U.S. NAVY NAVAL AVIATOR/NAVAL OFFICER, LCDR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. GEORGE H. VINCENT	Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 8150 VARNER ROAD	<b>Transaction ID:</b> SA11.13681
	City State Zip Code CINCINNATI OH 45243-4130	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation DINSMORE & SHOHL LLP ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 117 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. JEFFRY H. VONGILLERN

Mailing Address 6617 IROQUOIS TRAIL

City State Zip Code  
EDINA MN 55439-1015

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

Name of Employer U.S. BANK Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 28 / 2010

Transaction ID: SA11.13680

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. MAURICE JOSEPH WAGENER

Mailing Address 12520 WAYZATA BLVD

City State Zip Code  
MINNETONKA MN 55305-1937

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

Name of Employer SELF Occupation AUTO DEALER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 27 / 2010

Transaction ID: SA11.9751

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. BERNIE WAGNILD

Mailing Address 1201 YALE PLACE  
APARTMENT 1102

City State Zip Code  
MINNEAPOLIS MN 55403-1958

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

Name of Employer VALLEY AUTOMOTIVE Occupation PRESIDENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 09 / 2010

Transaction ID: SA11.10744

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 118 / 289  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. ROGER WAHL DICK

Mailing Address 5510 RIVER BLUFF DRIVE

City State Zip Code  
BLOOMINGTON MN 55437-3611

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

Name of Employer Occupation  
SELF-EMPLOYED REAL ESTATE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2010

Transaction ID: SA11.9028

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. PAUL M. WALSER

Mailing Address 4609 BROWDALE AVENUE

City State Zip Code  
EDINA MN 55424-1144

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

Name of Employer Occupation  
WALSER AUTOMOTIVE C.E.O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2010

Transaction ID: SA11.9703

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
David Walsh

Mailing Address P.O.Box 11450

City State Zip Code  
JACKSON WY 83002

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2010

Transaction ID: SA11COND.18

Amount of Each Receipt this Period  
250.00

EARMARKED FOR SUSANA MARI-NEZ

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3350.00**

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

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

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

FOR LINE NUMBER: PAGE 119 / 289  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)

David Walsh

Mailing Address P.O.Box 11450

City State Zip Code  
Jackson WY 83002

FEC ID number of contributing federal political committee. **C** H0OH16097

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: SA11COND.19

Amount of Each Receipt this Period

250.00

EARMARKED FOR JAMES RENAC-  
CI

**B.**

Full Name (Last, First, Middle Initial)

David Walsh

Mailing Address P.O.Box 11450

City State Zip Code  
Jackson WY 83002

FEC ID number of contributing federal political committee. **C** H0MN04148

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: SA11COND.20

Amount of Each Receipt this Period

250.00

EARMARKED FOR TERESSA COL-  
LETT

**C.**

Full Name (Last, First, Middle Initial)

David Walsh

Mailing Address P.O.Box 11450

City State Zip Code  
Jackson WY 83002

FEC ID number of contributing federal political committee. **C** H0IL11052

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: SA11COND.21

Amount of Each Receipt this Period

250.00

EARMARKED FOR ADAM KINZIN-  
GER

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 120 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. WILLIAM B. WALTERS

Mailing Address 4612 AMHERST ROAD

City State Zip Code  
COLLEGE PARK MD 20740-3624

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

Name of Employer Occupation  
SELF-EMPLOYED FARMER

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  

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

**Transaction ID:** SA11.13458

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. ROBERT WARD

Mailing Address 2930 MACOMB STREET N.W.

City State Zip Code  
WASHINGTON DC 20008-3315

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

Name of Employer Occupation  
FABRIZIO WARD & ASSOCIATE-S, L.L.C. MARKET RESEARCH

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	1	0

**Transaction ID:** SA11.11513

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. J. ROBERT WARDIN

Mailing Address 16306 HUNTERS PLACE

City State Zip Code  
LEESBURG VA 20176-7829

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

Name of Employer Occupation  
AMERICAN AIRLINES PILOT

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  

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

**Transaction ID:** SA11.9984

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 121 / 289  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. VIN WEBER

Mailing Address 7701 RIDGECREST DRIVE

City State Zip Code  
ALEXANDRIA VA 22308-1052

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

Name of Employer Occupation  
CLARK & WEHSTOCK CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2010

Transaction ID: SA11.13150

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. JEFF WEIST

Mailing Address 9289 BLACK MOUNTAIN DRIVE

City State Zip Code  
CONIFER CO 80433-9520

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

Name of Employer Occupation  
BOYLE SILVER & WEIST LOBBYIST

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 28 / 2010

Transaction ID: SA11.13690

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. DAVID E. WERKMEISTER

Mailing Address 57150 JAGUAR LANE

City State Zip Code  
MANKATO MN 56001-6769

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

Name of Employer Occupation  
MANKATO ANESTHETIC ASSOCIATION LTD OWNER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 07 / 2010

Transaction ID: SA11.12323

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

6100.00

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

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

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

FOR LINE NUMBER: PAGE 122 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. BRUCE WETZEL

Mailing Address 7550 CODER ROAD

City MAUMEE State OH Zip Code 43537-9345

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

Name of Employer SELF-EMPLOYED Occupation REALTOR

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 09 / 13 / 2010  
**Transaction ID: SA11.13079**  
 Amount of Each Receipt this Period: 250.00  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
MR. BRUCE WETZEL

Mailing Address 7550 CODER ROAD

City MAUMEE State OH Zip Code 43537-9345

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

Name of Employer SELF-EMPLOYED Occupation REALTOR

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 09 / 29 / 2010  
**Transaction ID: SA11.13661**  
 Amount of Each Receipt this Period: 500.00  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
MR. RONALD R. WHITMAN

Mailing Address 6617 HARLAN DRIVE

City EDEN PRAIRIE State MN Zip Code 55346-2527

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

Name of Employer CITY OF ST. PAUL Occupation POLICE OFFICER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 08 / 17 / 2010  
**Transaction ID: SA11.11363**  
 Amount of Each Receipt this Period: 200.00  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) ..... ► 950.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 123 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. RONALD R. WHITMAN

Mailing Address 6617 HARLAN DRIVE

City State Zip Code  
EDEN PRAIRIE MN 55346-2527

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

Name of Employer Occupation  
CITY OF ST. PAUL POLICE OFFICER

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2010

Transaction ID: SA11.12632

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. JOHN KIMBALL WHITNEY

Mailing Address 559 HARRINGTON ROAD

City State Zip Code  
WAYZATA MN 55391-1512

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

Name of Employer Occupation  
WHITNEY MANAGEMENT CO. OWNER

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

Transaction ID: SA11.13842

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MRS. MARY F. WHITNEY

Mailing Address 2767 ITASCA AVENUE S.

City State Zip Code  
ST. MARYS POINT MN 55043-9740

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2010

Transaction ID: SA11.11080

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1550.00

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

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

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

FOR LINE NUMBER: PAGE 124 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MRS. MARY F. WHITNEY  
 Mailing Address 2767 ITASCA AVENUE S.  
 City State Zip Code  
ST. MARYS POINT MN 55043-9740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
HOMEMAKER HOMEMAKER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2010  
**Transaction ID:** SA11.13897  
 Amount of Each Receipt this Period  
 1000.00  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
Jimmy Wilemon  
 Mailing Address 7101 Luella Anne Dr NE  
 City State Zip Code  
Albuquerque NM 87109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
Retired Retired  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 20.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 18 / 2010  
**Transaction ID:** SA11COND.10  
 Amount of Each Receipt this Period  
 20.00  
**EARMARKED FOR SUSANA MARI-NEZ**

**C.** Full Name (Last, First, Middle Initial)  
Jimmy Wilemon  
 Mailing Address 7101 Luella Anne Dr NE  
 City State Zip Code  
Albuquerque NM 87109  
 FEC ID number of contributing federal political committee. **C** S0AR00150  
 Name of Employer Occupation  
Retired Retired  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 5.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 18 / 2010  
**Transaction ID:** SA11COND.11  
 Amount of Each Receipt this Period  
 5.00  
**EARMARKED FOR JOHN BOOZMAN**

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1025.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 125 / 289  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial) Jimmy Wilemon		Date of Receipt MM / DD / YYYY 08 / 18 / 2010
Mailing Address 7101 Luella Anne Dr NE		<b>Transaction ID:</b> SA11COND.12
City Albuquerque	State NM	Zip Code 87109
FEC ID number of contributing federal political committee. <b>C</b> H0AR01083		Amount of Each Receipt this Period 5.00
Name of Employer Retired	Occupation Retired	EARMARKED FOR ERIC CRAWFORD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5.00	

**B.**

Full Name (Last, First, Middle Initial) Jimmy Wilemon		Date of Receipt MM / DD / YYYY 08 / 18 / 2010
Mailing Address 7101 Luella Anne Dr NE		<b>Transaction ID:</b> SA11COND.13
City Albuquerque	State NM	Zip Code 87109
FEC ID number of contributing federal political committee. <b>C</b> H0SC01279		Amount of Each Receipt this Period 5.00
Name of Employer Retired	Occupation Retired	EARMARKED FOR TIMOTHY SCOTT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5.00	

**C.**

Full Name (Last, First, Middle Initial) Jimmy Wilemon		Date of Receipt MM / DD / YYYY 08 / 18 / 2010
Mailing Address 7101 Luella Anne Dr NE		<b>Transaction ID:</b> SA11COND.14
City Albuquerque	State NM	Zip Code 87109
FEC ID number of contributing federal political committee. <b>C</b> H0AR02107		Amount of Each Receipt this Period 5.00
Name of Employer Retired	Occupation Retired	EARMARKED FOR JOHN GRIFFIN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	15.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 126 / 289  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
Jimmy Wilemon

Mailing Address 7101 Luella Anne Dr NE

City State Zip Code  
Albuquerque NM 87109

FEC ID number of contributing federal political committee. **C** S0CA00330

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5.00

Date of Receipt

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

Transaction ID: SA11COND.15

Amount of Each Receipt this Period

5.00

EARMARKED FOR CARLY FIORI-NA

**B.**

Full Name (Last, First, Middle Initial)  
Jimmy Wilemon

Mailing Address 7101 Luella Anne Dr NE

City State Zip Code  
Albuquerque NM 87109

FEC ID number of contributing federal political committee. **C** H0IL11052

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5.00

Date of Receipt

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

Transaction ID: SA11COND.16

Amount of Each Receipt this Period

5.00

EARMARKED FOR ADAM KINZINGER

**C.**

Full Name (Last, First, Middle Initial)  
MS. BETH WILLIAMS

Mailing Address 710 W. ABINGDON COURT

City State Zip Code  
ALEXANDRIA VA 22314-1352

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

Name of Employer Occupation  
KIRKLAND & ELLIS L.L.P. ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11.10019

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

260.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 127 / 289  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT A. WILLIAMS

Mailing Address 4047 CLEVELAND STREET NE

City State Zip Code  
MINNEAPOLIS MN 55421-3347

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

Name of Employer SELF-EMPLOYED Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2100.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

Transaction ID: SA11.11863

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT A. WILLIAMS

Mailing Address 4047 CLEVELAND STREET NE

City State Zip Code  
MINNEAPOLIS MN 55421-3347

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

Name of Employer SELF-EMPLOYED Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2100.00

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2010

Transaction ID: SA11.13139

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. THOMAS WILLIAMS

Mailing Address 1319 HICKORY POINT ROAD

City State Zip Code  
METAMORA IL 61548-7801

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

Name of Employer WILLIAMS BROTHERS CONSTRUCTION Occupation GENERAL CONTRACTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2010

Transaction ID: SA11.12608

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2350.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 128 / 289  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR. BARRY WINSLOW

Mailing Address 200 LAKE ST E

City State Zip Code  
WAYZATA MN 55391-1690

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

Name of Employer Occupation  
TCF FINANCIAL CORP VICE CHAIRMAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2010

Transaction ID: SA11.9370

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. CHAD D. WINTER

Mailing Address 16451 MCGINTY ROAD W.

City State Zip Code  
WAYZATA MN 55391-2354

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

Name of Employer Occupation  
NORTHERN OIL & GAS, INC. VICE PRESIDENT OF OPERATIONS/C.F.O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2010

Transaction ID: SA11.9550

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. JOHN R. WOERNER

Mailing Address 11381 LANDING ROAD

City State Zip Code  
EDEN PRAIRIE MN 55347-4953

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

Name of Employer Occupation  
AMERIPRISE EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2010

Transaction ID: SA11.12317

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5450.00**

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



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

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

FOR LINE NUMBER: PAGE 129 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MR. STEPHEN M. WOODWARD

Mailing Address 4 ANDREW COURT

City State Zip Code  
BURR RIDGE IL 60527-8128

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS  
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

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

Transaction ID: SA11.13151

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MRS. RUTH ANN YOCUM

Mailing Address 8330 21ST STREET N.

City State Zip Code  
LAKE ELMO MN 55042-8414

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

Name of Employer HOME MAKER  
Occupation HOME MAKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	0

Transaction ID: SA11.8947

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. STEVEN L. YOUNGSTEDT

Mailing Address 4711 SHADY OAK ROAD

City State Zip Code  
HOPKINS MN 55343-8840

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

Name of Employer SELF-EMPLOYED  
Occupation SELF-EMPLOYED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

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

Transaction ID: SA11.13131

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

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

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

FOR LINE NUMBER: PAGE 130 / 289  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
DR. THOMAS K. YUE

Mailing Address 8718 ALVARADO TRAIL

City State Zip Code  
INVER GROVE HEIGHT MN 55077-3001

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

Name of Employer REGINA MEDICAL CENTER      Occupation PHYSICIAN

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  

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

**Transaction ID:** SA11.10351

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MR. LOWELL R. ZITZLOFF

Mailing Address 5790 HARDCRABBLE CIRCLE

City State Zip Code  
MINNETRISTA MN 55364-9007

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

Name of Employer ZITCO      Occupation SELF-EMPLOYED

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      5500.00

Date of Receipt  

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

**Transaction ID:** SA11.13136

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

REATTRIBUTION REQUESTED

**C.** Full Name (Last, First, Middle Initial)  
MR. LOWELL R. ZITZLOFF

Mailing Address 5790 HARDCRABBLE CIRCLE

City State Zip Code  
MINNETRISTA MN 55364-9007

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

Name of Employer ZITCO      Occupation SELF-EMPLOYED

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      5500.00

Date of Receipt  

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

**Transaction ID:** SA11.9446

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5750.00**

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

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

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

FOR LINE NUMBER: PAGE 131 / 289  
(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
MRS. KAROLYN ZURN

Mailing Address 18629 COUNTY HIGHWAY 14

City State Zip Code  
CALLAWAY MN 56521-9683

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

Name of Employer Occupation  
SELF FARMER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 07 / 2010

Transaction ID: SA11.12751

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
E.M. S.N.S., L.L.C.

Mailing Address 8355 CRESTDALE COURT

City State Zip Code  
CINCINNATI OH 45236-1429

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 23 / 2010

Transaction ID: SA11.13553

Amount of Each Receipt this Period

250.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS  
REQUESTED

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

350.00

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

399481.43

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 132 / 289  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
COMMITTEE OF AUTOMOBILE RETAILERS

Mailing Address 200 LOTHENBACH AVENUE

City State Zip Code  
WEST SAINT PAUL MN 55118-3505

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 30 / 2010

**Transaction ID:** SA11.10053

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

FEDERALLY PERMISSABLE FUNDS

**B.** Full Name (Last, First, Middle Initial)  
BRYAN CAVE LLP POLITICAL FUND

Mailing Address 1155 F. STREET NW

City State Zip Code  
WASHINGTON DC 20004-1312

FEC ID number of contributing federal political committee. **C** C00332643

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 29 / 2010

**Transaction ID:** SA11.9964

Amount of Each Receipt this Period  
3000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
COMCAST CORPORATION PAC

Mailing Address 1701 J.F.K. BOULEVARD

City State Zip Code  
PHILADELPHIA PA 19103-2838

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 28 / 2010

**Transaction ID:** SA11.13677

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 133 / 289

(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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
ELECTRICAL CONTRACTORS PAC 'TEC PAC'

Mailing Address 3100 HUMBOLDT AVENUE S.

City State Zip Code  
MINNEAPOLIS MN 55408-2558

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 22 / 2010

Transaction ID: SA11.9553

Amount of Each Receipt this Period

250.00

CONTRIBUTION

FEDERALLY PERMISSABLE FUNDS

**B.**

Full Name (Last, First, Middle Initial)  
MCAPITOL MANAGEMENT/MWH AMERICAS PAC

Mailing Address 380 INTERLOCKEN CRESCENT  
SUITE 200

City State Zip Code  
BROOMFIELD CO 80021-8026

FEC ID number of contributing federal political committee. **C** C00242370

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 09 / 2010

Transaction ID: SA11.10741

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

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

Mailing Address 100 CRYSTAL RUN ROAD

City State Zip Code  
MIDDLETOWN NY 10941-4041

FEC ID number of contributing federal political committee. **C** C00477737

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2010

Transaction ID: SA11.13676

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

2250.00

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

10750.00

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

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

FOR LINE NUMBER: PAGE 134 / 289  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
D'AMICO CATERING

Mailing Address 901 HENNEPIN AVE

City State Zip Code  
MINNEAPOLIS MN 55403

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3019.66

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	6	/	2	0	1	0

**Transaction ID:** SA15.1

Amount of Each Receipt this Period  
1374.66

REFUND- CATERING

**B.** Full Name (Last, First, Middle Initial)  
D'AMICO CATERING

Mailing Address 901 HENNEPIN AVE

City State Zip Code  
MINNEAPOLIS MN 55403

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3019.66

Date of Receipt  

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

**Transaction ID:** SA15.4

Amount of Each Receipt this Period  
1645.00

REFUND- CATERING

**C.** Full Name (Last, First, Middle Initial)  
SANDOVAL FOR GOVERNOR

Mailing Address PO BOX 370297

City State Zip Code  
LAS VEGAS NV 89137

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1338.78

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

**Transaction ID:** SA15.8

Amount of Each Receipt this Period  
1338.78

REIMBURSEMENT- TRAVEL

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4358.44**

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

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

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

FOR LINE NUMBER: PAGE 135 / 289  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
FREEDOM FIRST PAC IOWA  
Mailing Address PO BOX 9190  
City ST PAUL State MN Zip Code 55109  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1977.66  
Date of Receipt 09 / 20 / 2010  
Transaction ID: SA15.5  
Amount of Each Receipt this Period 1164.58  
REIMBURSEMENT- TRAVEL

**B.** Full Name (Last, First, Middle Initial)  
FREEDOM FIRST PAC IOWA  
Mailing Address PO BOX 9190  
City ST PAUL State MN Zip Code 55109  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1977.66  
Date of Receipt 09 / 28 / 2010  
Transaction ID: SA15.7  
Amount of Each Receipt this Period 813.08  
REIMBURSEMENT- TRAVEL

**C.** Full Name (Last, First, Middle Initial)  
TENNESSEE REPUBLICAN PARTY  
Mailing Address 2424 21ST AVE STE 200  
City NASHVILLE State TN Zip Code 37212  
FEC ID number of contributing federal political committee. **C** C00040220  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1441.23  
Date of Receipt 09 / 17 / 2010  
Transaction ID: SA15.3  
Amount of Each Receipt this Period 1441.23  
REIMBURSEMENT- TRAVEL

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3418.89  
**TOTAL** This Period (last page this line number only) ..... ► 7777.33

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 136 / 289  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
WELLS FARGO

Mailing Address PO BOX 63750

City State Zip Code  
SAN FRANCISCO CA 94163

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
418.33

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 31 2010

**Transaction ID:** SA17.4

Amount of Each Receipt this Period  
67.55

INTEREST EARNINGS

**B.** Full Name (Last, First, Middle Initial)  
WELLS FARGO

Mailing Address PO BOX 63750

City State Zip Code  
SAN FRANCISCO CA 94163

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
418.33

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 31 2010

**Transaction ID:** SA17.5

Amount of Each Receipt this Period  
133.24

INTEREST EARNINGS

**C.** Full Name (Last, First, Middle Initial)  
WELLS FARGO

Mailing Address PO BOX 63750

City State Zip Code  
SAN FRANCISCO CA 94163

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
418.33

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 30 2010

**Transaction ID:** SA17.6

Amount of Each Receipt this Period  
110.64

INTEREST EARNINGS

**SUBTOTAL** of Receipts This Page (optional) ..... ► **311.43**

**TOTAL** This Period (last page this line number only) ..... ► **311.43**



**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 137 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) AMY J BURGGRAF	Transaction ID: SB21.66 Date of Disbursement 07 / 02 / 2010
	Mailing Address PO BOX 9190	
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement INTERN STIPEND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AMY J BURGGRAF	Transaction ID: SB21.67 Date of Disbursement 07 / 12 / 2010
	Mailing Address PO BOX 9190	
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement INTERN STIPEND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AMY J BURGGRAF	Transaction ID: SB21.69 Date of Disbursement 07 / 21 / 2010
	Mailing Address PO BOX 9190	
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement INTERN STIPEND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	600.00
<b>TOTAL</b> 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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) AMY J BURGGRAF	Transaction ID: SB21.71 Date of Disbursement 07 / 23 / 2010
	Mailing Address PO BOX 9190	
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement INTERN STIPEND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AMY J BURGGRAF	Transaction ID: SB21.74 Date of Disbursement 07 / 30 / 2010
	Mailing Address PO BOX 9190	
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement INTERN STIPEND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AMY J BURGGRAF	Transaction ID: SB21.76 Date of Disbursement 08 / 10 / 2010
	Mailing Address PO BOX 9190	
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement INTERN STIPEND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	600.00
<b>TOTAL</b> 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

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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
AMY J BURGGRAF

Transaction ID: SB21.78  
Date of Disbursement

Mailing Address PO BOX 9190

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

City ST PAUL State MN Zip Code 55109

Amount of Each Disbursement this Period

Purpose of Disbursement  
INTERN STIPEND

200.00
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
AMY J BURGGRAF

Transaction ID: SB21.80  
Date of Disbursement

Mailing Address PO BOX 9190

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

City ST PAUL State MN Zip Code 55109

Amount of Each Disbursement this Period

Purpose of Disbursement  
INTERN STIPEND

200.00
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
AMY J BURGGRAF

Transaction ID: SB21.82  
Date of Disbursement

Mailing Address PO BOX 9190

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

City ST PAUL State MN Zip Code 55109

Amount of Each Disbursement this Period

Purpose of Disbursement  
INTERN STIPEND

200.00
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

600.00
--------

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

--

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 140 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) ROGER A CONANT	Transaction ID: SB21.102
	Mailing Address PO BOX 9190	Date of Disbursement 07 / 29 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 5072.16
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ROGER A CONANT	Transaction ID: SB21.109
	Mailing Address PO BOX 9190	Date of Disbursement 08 / 31 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 5072.16
	Purpose of Disbursement PAYROLL 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) ▼

C.	Full Name (Last, First, Middle Initial) ROGER A CONANT	Transaction ID: SB21.116
	Mailing Address PO BOX 9190	Date of Disbursement 09 / 29 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 5072.16
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15216.48
<b>TOTAL</b> 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 141 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) THERESA DAVIS	Transaction ID: SB21.24 Date of Disbursement 07 / 28 / 2010
	Mailing Address 1325 MOUNT CURVE AVE	Amount of Each Disbursement this Period 2307.28
	City MINNEAPOLIS State MN Zip Code 55403	
	Purpose of Disbursement CATERING	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CAITLIN DUNN	Transaction ID: SB21.103 Date of Disbursement 07 / 29 / 2010
	Mailing Address PO BOX 9190	Amount of Each Disbursement this Period 2258.90
	City ST PAUL State MN Zip Code 55109	
	Purpose of Disbursement PAYROLL	
	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) ▼

C.	Full Name (Last, First, Middle Initial) CAITLIN DUNN	Transaction ID: SB21.110 Date of Disbursement 08 / 31 / 2010
	Mailing Address PO BOX 9190	Amount of Each Disbursement this Period 2258.89
	City ST PAUL State MN Zip Code 55109	
	Purpose of Disbursement PAYROLL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	6825.07
<b>TOTAL</b> 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 142 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) CAITLIN DUNN	Transaction ID: SB21.117 Date of Disbursement 09 / 29 / 2010
	Mailing Address PO BOX 9190	Amount of Each Disbursement this Period 2258.89
	City ST PAUL State MN Zip Code 55109	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CAITLIN DUNN	Transaction ID: SB21.180 Date of Disbursement 07 / 21 / 2010
	Mailing Address 4000 MASSACHUSETTS AVE NW APT 122	Amount of Each Disbursement this Period 30.00
	City WASHINGTON State DC Zip Code 20007	
	Purpose of Disbursement TRAVEL 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) ▼

C.	Full Name (Last, First, Middle Initial) CAITLIN DUNN	Transaction ID: SB21.181 Date of Disbursement 08 / 06 / 2010
	Mailing Address 4000 MASSACHUSETTS AVE NW APT 122	Amount of Each Disbursement this Period 110.82
	City WASHINGTON State DC Zip Code 20007	
	Purpose of Disbursement TRAVEL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2399.71
<b>TOTAL</b> 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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) CAITLIN DUNN	Transaction ID: SB21.193 Date of Disbursement 08 / 06 / 2010
	Mailing Address 4000 MASSACHUSETTS AVE NW APT 122	Amount of Each Disbursement this Period -30.00
	City WASHINGTON State DC Zip Code 20007	
	Purpose of Disbursement VOID CHECK	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) MR. STEVE DUPREY	Transaction ID: SB21B.14428 Date of Disbursement 09 / 27 / 2010
	Mailing Address P.O. BOX 1438	Amount of Each Disbursement this Period 2593.79
	City CONCORD State NH Zip Code 03302	
	Purpose of Disbursement IN-KIND CONTRIBUTION	Category/Type
	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) ▼	IN-KIND: FOOD AND BEVERAGES
	State: District:	

C.	Full Name (Last, First, Middle Initial) DANIEL W FISK	Transaction ID: SB21.182 Date of Disbursement 08 / 10 / 2010
	Mailing Address 858 NORTH OHIO ST	Amount of Each Disbursement this Period 367.30
	City ARLINGTON State VA Zip Code 22205	
	Purpose of Disbursement TRAVEL	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2931.09
<b>TOTAL</b> 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 144 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) SAM GEDULDIG	Transaction ID: SB21.185
	Mailing Address 1519 GEDULDIG LN	Date of Disbursement 09 / 10 / 2010
	City MCLEAN State VA Zip Code 22101	Amount of Each Disbursement this Period 1348.80
	Purpose of Disbursement TRAVEL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) RYAN GILBERTSON	Transaction ID: SB21.52
	Mailing Address 315 MANITOBA AVE #200	Date of Disbursement 08 / 31 / 2010
	City WAYZATA State MN Zip Code 55391	Amount of Each Disbursement this Period 1485.51
	Purpose of Disbursement FOOD/BEVERAGES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) BRIAN HALEY	Transaction ID: SB21.104
	Mailing Address PO BOX 9190	Date of Disbursement 07 / 29 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 6464.46
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	9298.77
<b>TOTAL</b> 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 145 / 289

<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

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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>BRIAN HALEY</b>	<b>Transaction ID:</b> SB21.111 Date of Disbursement 08 / 31 / 2010	
	Mailing Address PO BOX 9190		
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period	6464.46
	Purpose of Disbursement PAYROLL		
	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:		
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>BRIAN HALEY</b>	<b>Transaction ID:</b> SB21.118 Date of Disbursement 09 / 29 / 2010	
	Mailing Address PO BOX 9190		
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period	6464.46
	Purpose of Disbursement PAYROLL		
	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:		
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>BRIAN HALEY</b>	<b>Transaction ID:</b> SB21.186 Date of Disbursement 09 / 13 / 2010	
	Mailing Address 1868 COLUMBIA RD NW APT 511		
	City WASHINGTON State DC Zip Code 20009	Amount of Each Disbursement this Period	202.00
	Purpose of Disbursement TRAVEL		
	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:		

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

**13130.92**

**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

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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
BRIAN HALEY

Transaction ID: SB21.189  
Date of Disbursement

Mailing Address 1868 COLUMBIA RD NW APT 511

/   /

City State Zip Code  
WASHINGTON DC 20009

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL/FOOD/BEVERAGES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
TRISHA HAMM

Transaction ID: SB21.105  
Date of Disbursement

Mailing Address PO BOX 9190

/   /

City State Zip Code  
ST PAUL MN 55109

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
TRISHA HAMM

Transaction ID: SB21.112  
Date of Disbursement

Mailing Address PO BOX 9190

/   /

City State Zip Code  
ST PAUL MN 55109

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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

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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
TRISHA HAMM

Transaction ID: SB21.119  
Date of Disbursement

Mailing Address PO BOX 9190

/   /

City ST PAUL State MN Zip Code 55109

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAYROLL

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
ANN KELLY

Transaction ID: SB21.106  
Date of Disbursement

Mailing Address PO BOX 9190

/   /

City ST PAUL State MN Zip Code 55109

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAYROLL

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
ANN KELLY

Transaction ID: SB21.113  
Date of Disbursement

Mailing Address PO BOX 9190

/   /

City ST PAUL State MN Zip Code 55109

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAYROLL

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 148 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) ANN KELLY	Transaction ID: SB21.120 Date of Disbursement 09 / 29 / 2010
	Mailing Address PO BOX 9190	
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 3135.51
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ANN KELLY	Transaction ID: SB21.184 Date of Disbursement 08 / 31 / 2010
	Mailing Address 930 M ST NW APT 133	
	City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period 131.00
	Purpose of Disbursement TRAVEL 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) ▼

C.	Full Name (Last, First, Middle Initial) ROBERT D NOEL, JR	Transaction ID: SB21.65 Date of Disbursement 07 / 02 / 2010
	Mailing Address PO BOX 9190	
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement INTERN STIPEND Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3466.51
<b>TOTAL</b> 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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) ROBERT D NOEL, JR	Transaction ID: SB21.68 Date of Disbursement 07 / 12 / 2010
	Mailing Address PO BOX 9190	Amount of Each Disbursement this Period 200.00
	City ST PAUL State MN Zip Code 55109	
	Purpose of Disbursement INTERN STIPEND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ROBERT D NOEL, JR	Transaction ID: SB21.70 Date of Disbursement 07 / 21 / 2010
	Mailing Address PO BOX 9190	Amount of Each Disbursement this Period 200.00
	City ST PAUL State MN Zip Code 55109	
	Purpose of Disbursement INTERN STIPEND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ROBERT D NOEL, JR	Transaction ID: SB21.72 Date of Disbursement 07 / 23 / 2010
	Mailing Address PO BOX 9190	Amount of Each Disbursement this Period 200.00
	City ST PAUL State MN Zip Code 55109	
	Purpose of Disbursement INTERN STIPEND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	600.00
<b>TOTAL</b> 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 150 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) ROBERT D NOEL, JR	Transaction ID: SB21.73
	Mailing Address PO BOX 9190	Date of Disbursement 07 / 30 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement INTERN STIPEND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ROBERT D NOEL, JR	Transaction ID: SB21.75
	Mailing Address PO BOX 9190	Date of Disbursement 08 / 10 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement INTERN STIPEND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ROBERT D NOEL, JR	Transaction ID: SB21.77
	Mailing Address PO BOX 9190	Date of Disbursement 08 / 13 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement INTERN STIPEND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	600.00
<b>TOTAL</b> 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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) ROBERT D NOEL, JR	Transaction ID: SB21.79
	Mailing Address PO BOX 9190	Date of Disbursement 08 / 20 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement INTERN STIPEND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ROBERT D NOEL, JR	Transaction ID: SB21.81
	Mailing Address PO BOX 9190	Date of Disbursement 08 / 27 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement INTERN STIPEND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ROBERT D NOEL, JR	Transaction ID: SB21.83
	Mailing Address PO BOX 9190	Date of Disbursement 09 / 03 / 2010
	City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement INTERN STIPEND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	600.00
<b>TOTAL</b> 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 152 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) ROBERT D NOEL, JR	Transaction ID: SB21.84 Date of Disbursement 09 / 10 / 2010
	Mailing Address PO BOX 9190	Amount of Each Disbursement this Period 200.00
	City ST PAUL State MN Zip Code 55109	
	Purpose of Disbursement INTERN STIPEND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ROBERT D NOEL, JR	Transaction ID: SB21.85 Date of Disbursement 09 / 17 / 2010
	Mailing Address PO BOX 9190	Amount of Each Disbursement this Period 200.00
	City ST PAUL State MN Zip Code 55109	
	Purpose of Disbursement INTERN STIPEND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ROBERT D NOEL, JR	Transaction ID: SB21.86 Date of Disbursement 09 / 24 / 2010
	Mailing Address PO BOX 9190	Amount of Each Disbursement this Period 200.00
	City ST PAUL State MN Zip Code 55109	
	Purpose of Disbursement INTERN STIPEND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	600.00
<b>TOTAL</b> 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 153 / 289

<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

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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) MR. JOHN S. RAINEY Mailing Address 402 BOULEVARD City ANDERSON State SC Zip Code 29621-4004 Purpose of Disbursement IN-KIND 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 type="checkbox"/> Other (specify) ▼	Transaction ID: SAB21B.13172 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 800.64 IN-KIND: FOOD & BEVERAGE

<b>B.</b> Full Name (Last, First, Middle Initial) LYNN RENEE Mailing Address 7300 LILAC LN City VICTORIA State MN Zip Code 55386 Purpose of Disbursement VIDEO/AUDIO MATERIALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.191 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 300.00

<b>C.</b> Full Name (Last, First, Middle Initial) LYNN RENEE Mailing Address 7300 LILAC LN City VICTORIA State MN Zip Code 55386 Purpose of Disbursement VIDEO/AUDIO MATERIALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.192 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 300.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1400.64
<b>TOTAL</b> 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)

<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

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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
ELISE STEFANIK

Transaction ID: SB21.107  
Date of Disbursement

Mailing Address PO BOX 9190

/

City ST PAUL State MN Zip Code 55109

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
ELISE STEFANIK

Transaction ID: SB21.114  
Date of Disbursement

Mailing Address PO BOX 9190

/

City ST PAUL State MN Zip Code 55109

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
ELISE STEFANIK

Transaction ID: SB21.121  
Date of Disbursement

Mailing Address PO BOX 9190

/

City ST PAUL State MN Zip Code 55109

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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

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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) ELISE STEFANIK <hr/> Mailing Address 610 INDEPENDENCE AVE SE <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement PHONE SVC/WEB SVC Candidate Name <span style="float: right;">Category/Type</span> <hr/> 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:	Transaction ID: SB21.142 Date of Disbursement 07 / 28 / 2010 <hr/> Amount of Each Disbursement this Period 648.47
<b>B.</b>	Full Name (Last, First, Middle Initial) ELISE STEFANIK <hr/> Mailing Address 610 INDEPENDENCE AVE SE <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement TRAVEL/PHONE SERVICE Candidate Name <span style="float: right;">Category/Type</span> <hr/> 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:	Transaction ID: SB21.190 Date of Disbursement 09 / 10 / 2010 <hr/> Amount of Each Disbursement this Period 459.13
<b>C.</b>	Full Name (Last, First, Middle Initial) DON STILES <hr/> Mailing Address PO BOX 9190 <hr/> City ST PAUL State MN Zip Code 55109 <hr/> Purpose of Disbursement PAYROLL Candidate Name <span style="float: right;">Category/Type</span> <hr/> 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:	Transaction ID: SB21.108 Date of Disbursement 07 / 29 / 2010 <hr/> Amount of Each Disbursement this Period 3255.02

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4362.62
<b>TOTAL</b> 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 156 / 289

<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

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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
DON STILES

Transaction ID: SB21.115

Date of Disbursement

/  /

Mailing Address PO BOX 9190

Amount of Each Disbursement this Period

City ST PAUL State MN Zip Code 55109

Purpose of Disbursement  
PAYROLL

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
DON STILES

Transaction ID: SB21.122

Date of Disbursement

/  /

Mailing Address PO BOX 9190

Amount of Each Disbursement this Period

City ST PAUL State MN Zip Code 55109

Purpose of Disbursement  
PAYROLL

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
DON STILES

Transaction ID: SB21.183

Date of Disbursement

/  /

Mailing Address 6901 AUTO CLUB RD

Amount of Each Disbursement this Period

City BLOOMINGTON State MN Zip Code 55438

Purpose of Disbursement  
TRAVEL

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 157 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) AIR PARTNER INC	Transaction ID: SB21.177
	Mailing Address 1101 30TH ST NW	Date of Disbursement 07 / 06 / 2010
	City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period 820.00
	Purpose of Disbursement TRAVEL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AIR PARTNER INC	Transaction ID: SB21.188
	Mailing Address 1101 30TH ST NW	Date of Disbursement 09 / 27 / 2010
	City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period 5497.50
	Purpose of Disbursement TRAVEL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB21.18
	Mailing Address PO BOX 1270	Date of Disbursement 07 / 06 / 2010
	City NEWARK State NJ Zip Code 07101	Amount of Each Disbursement this Period 0.45
	Purpose of Disbursement BANK FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6317.95</b>
<b>TOTAL</b> 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

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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
AMERICAN EXPRESS

Transaction ID: SB21.20  
Date of Disbursement

Mailing Address PO BOX 1270

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

City NEWARK State NJ Zip Code 07101

Amount of Each Disbursement this Period

Purpose of Disbursement  
BANK FEES

368.60
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
AMERICAN EXPRESS

Transaction ID: SB21.3  
Date of Disbursement

Mailing Address PO BOX 1270

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	0

City NEWARK State NJ Zip Code 07101

Amount of Each Disbursement this Period

Purpose of Disbursement  
BANK FEES

1071.76
---------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
AMERICAN EXPRESS

Transaction ID: SB21.7  
Date of Disbursement

Mailing Address PO BOX 1270

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	0

City NEWARK State NJ Zip Code 07101

Amount of Each Disbursement this Period

Purpose of Disbursement  
BANK FEES

672.05
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

2112.41

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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) AMERICAN MAGGIE LLC	Transaction ID: SB21.197
	Mailing Address PO BOX 11082	Date of Disbursement 08 / 10 / 2010
	City WASHINGTON State DC Zip Code 20008	Amount of Each Disbursement this Period 2175.00
	Purpose of Disbursement WEB SERVICE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21.10
	Mailing Address 300 SOUTH WASHINGTON ST	Date of Disbursement 08 / 19 / 2010
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 16.00
	Purpose of Disbursement BANK FEES 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) ▼

C.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21.11
	Mailing Address 300 SOUTH WASHINGTON ST	Date of Disbursement 08 / 23 / 2010
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 302.00
	Purpose of Disbursement BANK FEES Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2493.00
<b>TOTAL</b> 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 160 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21.16 Date of Disbursement 09 / 23 / 2010
	Mailing Address 300 SOUTH WASHINGTON ST	Amount of Each Disbursement this Period 20.00
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement BANK FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21.21 Date of Disbursement 09 / 21 / 2010
	Mailing Address 300 SOUTH WASHINGTON ST	Amount of Each Disbursement this Period 543.00
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement BANK FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21.4 Date of Disbursement 07 / 21 / 2010
	Mailing Address 300 SOUTH WASHINGTON ST	Amount of Each Disbursement this Period 159.00
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement BANK FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>722.00</b>
<b>TOTAL</b> 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 161 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) BB&T VISA BUSINESS CARD	Transaction ID: SB21CCP.1 Date of Disbursement
	Mailing Address PO BOX 24747	<input type="text" value="07"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City TAMPA State FL Zip Code 33623	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD PAYMENT	<input type="text" value="26099.11"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AIRTRAN	Transaction ID: SB21CCD.47 Date of Disbursement
	Mailing Address 9955 AIRTRAN BLVD	<input type="text" value="07"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City ORLANDO State FL Zip Code 32827	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL	<input type="text" value="725.20"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) AMERICAN AIRLINES	Transaction ID: SB21CCD.48 Date of Disbursement
	Mailing Address 4333 AMON CARTER BLVD	<input type="text" value="07"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City FT WORTH State TX Zip Code 76155	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL	<input type="text" value="814.70"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="26099.11"/>
<b>TOTAL</b> 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 162 / 289

<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

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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) AMTRAK Mailing Address 60 MASSACHUSETTS AVE City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21CCD.32 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 283.00 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) AT&T Mailing Address ONE AT&T PLAZA City DALLAS State TX Zip Code 75202 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21CCD.35 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 363.10 [MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) CAFE ADOBE Mailing Address 2111 WESTHEIMER RD City HOSUTON State TX Zip Code 77098 Purpose of Disbursement FOOD/BEVERAGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21CCD.37 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 416.17 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 163 / 289

<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

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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
CAREY INTERNATIONAL INC

Transaction ID: SB21CCD.33  
Date of Disbursement

Mailing Address 4530 WISCONSIN AVE NW

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

City WASHINGTON State DC Zip Code 20016

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

--

349.58
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

B.

Full Name (Last, First, Middle Initial)  
CHILI'S BAR AND GRILL

Transaction ID: SB21CCD.13  
Date of Disbursement

Mailing Address 6820 LBJ FREEWAY

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

City DALLAS State TX Zip Code 75240

Amount of Each Disbursement this Period

Purpose of Disbursement  
FOOD/BEVERAGES

--

27.23
-------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

C.

Full Name (Last, First, Middle Initial)  
COURTYARD BY MARRIOTT

Transaction ID: SB21CCD.38  
Date of Disbursement

Mailing Address 10400 FERNWOOD RD

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

City BETHESDA State MD Zip Code 20817

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

--

446.49
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

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

0.00
------

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

--

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) CVS  Mailing Address 1 CVS DR  City WOODSOCKET State RI Zip Code 92895  Purpose of Disbursement OFFICE SUPPLIES Candidate Name <span style="float: right;">Category/Type</span>  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:	Transaction ID: SB21CCD.12 Date of Disbursement 07 / 02 / 2010  Amount of Each Disbursement this Period 24.14  <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) DELTA AIRLINES  Mailing Address PO BOX 20706  City ATLANTA State GA Zip Code 30320  Purpose of Disbursement TRAVEL Candidate Name <span style="float: right;">Category/Type</span>  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:	Transaction ID: SB21CCD.1 Date of Disbursement 07 / 02 / 2010  Amount of Each Disbursement this Period 3.96  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) DELTA AIRLINES  Mailing Address PO BOX 20706  City ATLANTA State GA Zip Code 30320  Purpose of Disbursement TRAVEL Candidate Name <span style="float: right;">Category/Type</span>  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:	Transaction ID: SB21CCD.56 Date of Disbursement 07 / 02 / 2010  Amount of Each Disbursement this Period 5625.80  <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	0.00

**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)

<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

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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
DEWEY & LEBEUF

Mailing Address 1101 NEW YORK AVE NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21CCD.51  
Date of Disbursement 07 / 02 / 2010

Amount of Each Disbursement this Period 1055.96

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
DOUBLETREE HOTELS

Mailing Address 7930 JONES BRANCH DR STE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21CCD.42  
Date of Disbursement 07 / 02 / 2010

Amount of Each Disbursement this Period 531.01

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
DOWNTOWNER WOODFIRE GRILL

Mailing Address 253 SEVENTH ST W

City ST PAUL State MN Zip Code 55102

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21CCD.25  
Date of Disbursement 07 / 02 / 2010

Amount of Each Disbursement this Period 112.60

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 166 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) FACEBOOK	Transaction ID: SB21CCD.54 Date of Disbursement 07 / 02 / 2010
	Mailing Address 1601 S CALIFORNIA AVE	Amount of Each Disbursement this Period 2405.57
	City PALO ALTO State CA Zip Code 94304	
	Purpose of Disbursement WEB SERVICE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB21CCD.50 Date of Disbursement 07 / 02 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 863.07
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) GEORGE BUSH INTERNATIONAL AIRPORT	Transaction ID: SB21CCD.4 Date of Disbursement 07 / 02 / 2010
	Mailing Address 2800 N TERMINAL RD	Amount of Each Disbursement this Period 11.22
	City HOUSTON State TX Zip Code 77032	
	Purpose of Disbursement FOOD/BEVERAGES	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 167 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) GODADDY	Transaction ID: SB21CCD.39
	Mailing Address 14455 N HAYDEN RD STE 219	Date of Disbursement 07 / 02 / 2010
	City SCOTTSDALE State AZ Zip Code 85260	Amount of Each Disbursement this Period 467.02
	Purpose of Disbursement WEB SERVICE Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) GOOGLE INC	Transaction ID: SB21CCD.52
	Mailing Address 1600 AMPHITHEATRE PARKWAY	Date of Disbursement 07 / 02 / 2010
	City MOUNTAIN VIEW State CA Zip Code 94043	Amount of Each Disbursement this Period 1070.71
	Purpose of Disbursement WEB SERVICE Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) HERTZ RENT A CAR	Transaction ID: SB21CCD.29
	Mailing Address 225 BRAE BLVD	Date of Disbursement 07 / 02 / 2010
	City PARK RIDGE State NJ Zip Code 07656	Amount of Each Disbursement this Period 157.91
	Purpose of Disbursement TRAVEL Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 168 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) HILTON HOTELS	Transaction ID: SB21CCD.18 Date of Disbursement 07 / 02 / 2010
	Mailing Address 7930 JONES BRANCH DR STE 1100	Amount of Each Disbursement this Period 42.61
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement TRAVEL	
	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:	

B.	Full Name (Last, First, Middle Initial) HILTON HOTELS	Transaction ID: SB21CCD.36 Date of Disbursement 07 / 02 / 2010
	Mailing Address 7930 JONES BRANCH DR STE 1100	Amount of Each Disbursement this Period 410.52
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement TRAVEL	
	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:	

C.	Full Name (Last, First, Middle Initial) HILTON HOTELS	Transaction ID: SB21CCD.53 Date of Disbursement 07 / 02 / 2010
	Mailing Address 7930 JONES BRANCH DR STE 1100	Amount of Each Disbursement this Period 1081.15
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement TRAVEL	
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 169 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) HOLIDAY INN	Transaction ID: SB21CCD.31 Date of Disbursement 07 / 02 / 2010
	Mailing Address PO BOX 30321	Amount of Each Disbursement this Period 173.01
	City SALT LAKE CITY State UT Zip Code 84130	
	Purpose of Disbursement TRAVEL	
	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:	

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) J2 EFAV PLUS SERVICE	Transaction ID: SB21CCD.9 Date of Disbursement 07 / 02 / 2010
	Mailing Address 6922 HOLLYWOOD BLVD 5TH FL	Amount of Each Disbursement this Period 16.95
	City LOS ANGELES State CA Zip Code 90028	
	Purpose of Disbursement FAX SERVICE	
	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:	

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) JETBLUE	Transaction ID: SB21CCD.40 Date of Disbursement 07 / 02 / 2010
	Mailing Address 118-29 QUEENS BLVD	Amount of Each Disbursement this Period 500.40
	City FORT HILLS State NY Zip Code 11375	
	Purpose of Disbursement TRAVEL	
	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:	

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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

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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
KENNY PRODUCTS INC

Mailing Address 13309 S NORMANDIE AVE

City GARDENA State CA Zip Code 90249

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.27  
Date of Disbursement

07 / 02 / 2010

Amount of Each Disbursement this Period

138.13

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
LOUISIANA CAFE

Mailing Address 613 SELBY AVE

City ST PAUL State MN Zip Code 55102

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.17  
Date of Disbursement

07 / 02 / 2010

Amount of Each Disbursement this Period

32.69

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
MAILCHIMP.COM

Mailing Address 512 MEANS ST

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.3  
Date of Disbursement

07 / 02 / 2010

Amount of Each Disbursement this Period

9.00

[MEMO ITEM]

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

0.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
MALIBU ALS

Mailing Address 500 WORLD WAY

City LOS ANGELES State CA Zip Code 90189

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.10  
Date of Disbursement

07 / 02 / 2010

Amount of Each Disbursement this Period

17.75

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
MANNY'S STEAKHOUSE

Mailing Address 821 MARQUETTE AVE S

City MINNEAPOLIS State MN Zip Code 55402

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.15  
Date of Disbursement

07 / 02 / 2010

Amount of Each Disbursement this Period

29.04

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
MARRIOTT

Mailing Address 10400 FERNWOOD BLVD

City BETHESDA State MD Zip Code 20058

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.24  
Date of Disbursement

07 / 02 / 2010

Amount of Each Disbursement this Period

108.14

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 172 / 289

<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

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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
MCCORMICK & SCHMICK'S

Transaction ID: SB21CCD.23

Date of Disbursement

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

Mailing Address 720 SW WASHINGTON ST STE 550

Amount of Each Disbursement this Period

98.00
-------

City PORTLAND State OR Zip Code 97205

Purpose of Disbursement  
FOOD/BEVERAGES

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
MTA

Transaction ID: SB21CCD.8

Date of Disbursement

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

Mailing Address 347 MADISON AVE

Amount of Each Disbursement this Period

15.20
-------

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement  
TRAVEL

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
ON THE BORDER

Transaction ID: SB21CCD.7

Date of Disbursement

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

Mailing Address 6820 LBJ FREEWAY

Amount of Each Disbursement this Period

14.10
-------

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
FOOD/BEVERAGES

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

[MEMO ITEM]

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

0.00
------

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

--

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 173 / 289

<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

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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>PARKING SYSTEMS OF AMERICA</b>		<b>Transaction ID:</b> SB21CCD.6	
	Mailing Address 4011 COMMERCE		Date of Disbursement MM / DD / YYYY 07 / 02 / 2010	
	City DALLAS	State TX	Zip Code 75226	Amount of Each Disbursement this Period 12.00
	Purpose of Disbursement TRAVEL		Category/ Type	<b>[MEMO ITEM]</b>
	Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>B.</b>	Full Name (Last, First, Middle Initial) <b>PEPSI</b>		<b>Transaction ID:</b> SB21CCD.2	
	Mailing Address 4532 HIGHWAY 67 E		Date of Disbursement MM / DD / YYYY 07 / 02 / 2010	
	City MESQUITE	State TX	Zip Code 75150	Amount of Each Disbursement this Period 6.75
	Purpose of Disbursement FOOD/BEVERAGES		Category/ Type	<b>[MEMO ITEM]</b>
	Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>C.</b>	Full Name (Last, First, Middle Initial) <b>PMI INC</b>		<b>Transaction ID:</b> SB21CCD.11	
	Mailing Address 1725 DESALES ST NW STE 200		Date of Disbursement MM / DD / YYYY 07 / 02 / 2010	
	City WASHINGTON	State DC	Zip Code 20036	Amount of Each Disbursement this Period 22.00
	Purpose of Disbursement TRAVEL		Category/ Type	<b>[MEMO ITEM]</b>
	Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> 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

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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
**POLPO RESTAURANT**

Mailing Address 554 OLD POST RD #3

City GREENWICH State CT Zip Code 06930

Purpose of Disbursement CATERING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21CCD.55  
Date of Disbursement 07 / 02 / 2010

Amount of Each Disbursement this Period 2656.92

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
**QWEST**

Mailing Address 1801 CALIFORNIA ST

City DENVER State CO Zip Code 80202

Purpose of Disbursement PHONE SERVICE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21CCD.20  
Date of Disbursement 07 / 02 / 2010

Amount of Each Disbursement this Period 56.31

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
**RESIDENCE INNS**

Mailing Address 10400 FERNWOOD BLVD

City BETHESDA State MD Zip Code 20058

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21CCD.43  
Date of Disbursement 07 / 02 / 2010

Amount of Each Disbursement this Period 573.56

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) SAM ADAMS	Transaction ID: SB21CCD.19
	Mailing Address 710 BOYLSTON ST	Date of Disbursement MM / DD / YYYY 07 / 02 / 2010
	City BOSTON State MA Zip Code 02116	Amount of Each Disbursement this Period 47.00
	Purpose of Disbursement FOOD/BEVERAGES	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) SHELL OIL	Transaction ID: SB21CCD.14
	Mailing Address PO BOX 2463	Date of Disbursement MM / DD / YYYY 07 / 02 / 2010
	City HOUSTON State TX Zip Code 77252	Amount of Each Disbursement this Period 28.85
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) SKYWATER	Transaction ID: SB21CCD.16
	Mailing Address 1001 MARQUETTE AVE S	Date of Disbursement MM / DD / YYYY 07 / 02 / 2010
	City MINNEAPOLIS State MN Zip Code 55403	Amount of Each Disbursement this Period 32.55
	Purpose of Disbursement FOOD/BEVERAGES	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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

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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
SOUTHWEST AIRLINES

Mailing Address PO BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.41  
Date of Disbursement

07 / 02 / 2010

Amount of Each Disbursement this Period

528.40

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
STAPLES

Mailing Address 500 STAPLES DR

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.22  
Date of Disbursement

07 / 02 / 2010

Amount of Each Disbursement this Period

80.62

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
SUPER CAR SERVICE

Mailing Address 5425 JAMES AVE

City MINNEAPOLIS State MN Zip Code 55408

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.34  
Date of Disbursement

07 / 02 / 2010

Amount of Each Disbursement this Period

360.00

[MEMO ITEM]

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

0.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) THRIFTY CAR RENTAL Mailing Address PO BOX 32250 City TULSA State OK Zip Code 74153 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21CCD.44 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 610.41 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) UNITED AIRLINES Mailing Address 77 WACKER DR City CHICAGO State IL Zip Code 60601 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21CCD.49 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 826.79 [MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) US AIRLINES Mailing Address 4000 E SKY HARBOR BLVD City PHOENIX State AZ Zip Code 85034 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21CCD.46 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 680.40 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 178 / 289

<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

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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) USPS Mailing Address 408 SAINT PETER ST City SAINT PAUL State MN Zip Code 55102 Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21CCD.28 Date of Disbursement 07 / 02 / 2010 Amount of Each Disbursement this Period 143.08 [MEMO ITEM]
	Category/Type	[MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON Mailing Address PO BOX 660720 City DALLAS State TX Zip Code 75266 Purpose of Disbursement PHONE SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21CCD.45 Date of Disbursement 07 / 02 / 2010 Amount of Each Disbursement this Period 625.81 [MEMO ITEM]
	Category/Type	[MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) VERTICAL RESPONSE INC Mailing Address 501 2ND ST City SAN FRANCISCO State CA Zip Code 94107 Purpose of Disbursement COMPUTER/EQUIPMENT/SUPPORT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21CCD.30 Date of Disbursement 07 / 02 / 2010 Amount of Each Disbursement this Period 169.54 [MEMO ITEM]
	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 179 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) WASHINGTON FLYER TAXI	Transaction ID: SB21CCD.21
	Mailing Address PO BOX 17045	Date of Disbursement 07 / 02 / 2010
	City WASHINGTON State DC Zip Code 20041	Amount of Each Disbursement this Period 70.00
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) WOK & ROLL	Transaction ID: SB21CCD.5
	Mailing Address 4300 GLUMACK DR	Date of Disbursement 07 / 02 / 2010
	City ST PAUL State MN Zip Code 55111	Amount of Each Disbursement this Period 11.44
	Purpose of Disbursement FOOD/BEVERAGES	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) YELLOW CAB	Transaction ID: SB21CCD.26
	Mailing Address 244 FIFTH AVE	Date of Disbursement 07 / 02 / 2010
	City NEW YORK State NY Zip Code 10001	Amount of Each Disbursement this Period 115.55
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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

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)  
Freedom First PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) BB&amp;T VISA BUSINESS CARD</p> <p>Mailing Address PO BOX 24747</p> <p>City TAMPA State FL Zip Code 33623</p> <p>Purpose of Disbursement CREDIT CARD PAYMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCP.2</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="21544.78"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) AIRTRAN</p> <p>Mailing Address 9955 AIRTRAN BLVD</p> <p>City ORLANDO State FL Zip Code 32827</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.99</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="503.30"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) AMERICAN AIRLINES</p> <p>Mailing Address 4333 AMON CARTER BLVD</p> <p>City FT WORTH State TX Zip Code 76155</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.108</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="956.80"/></p> <p><b>[MEMO ITEM]</b></p>

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 181 / 289

<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

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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) AMTRAK Mailing Address 60 MASSACHUSETTS AVE City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21CCD.72 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 47.00 [MEMO ITEM]	

<b>B.</b> Full Name (Last, First, Middle Initial) APPLE ONLINE STORE Mailing Address 1 INFINITE LP City CUPERTINO State CA Zip Code 95014 Purpose of Disbursement COMPUTER PURCHASE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21CCD.111 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2689.60 [MEMO ITEM]	

<b>C.</b> Full Name (Last, First, Middle Initial) AT&T Mailing Address ONE AT&T PLAZA City DALLAS State TX Zip Code 75202 Purpose of Disbursement PHONE SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21CCD.95 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 424.75 [MEMO ITEM]	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 182 / 289

<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

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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) BILTMORE HOTEL AND SUITES Mailing Address 2151 LAURELWOOD RD City SANTA CLARA State CA Zip Code 95054 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21CCD.85 Date of Disbursement 08 / 03 / 2010 Amount of Each Disbursement this Period 224.87 [MEMO ITEM]
	Category/Type	

<b>B.</b> Full Name (Last, First, Middle Initial) BOSTON CAB ASSOCIATION Mailing Address 60 KILMARNOCK ST City BOSTON State MA Zip Code 02115 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21CCD.69 Date of Disbursement 08 / 03 / 2010 Amount of Each Disbursement this Period 27.55 [MEMO ITEM]
	Category/Type	

<b>C.</b> Full Name (Last, First, Middle Initial) BREAD & COMPANY Mailing Address 2209 CRESTMOOR RD City NASHVILLE State TN Zip Code 37215 Purpose of Disbursement FOOD/BEVERAGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21CCD.67 Date of Disbursement 08 / 03 / 2010 Amount of Each Disbursement this Period 21.09 [MEMO ITEM]
	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 183 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) BREXI BRASSERIE	Transaction ID: SB21CCD.78
	Mailing Address 411 S MONARCH ST	Date of Disbursement 08 / 03 / 2010
	City ASPEN State CO Zip Code 81611	Amount of Each Disbursement this Period 106.35
	Purpose of Disbursement FOOD/BEVERAGES	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) CHEF GEOFF'S	Transaction ID: SB21CCD.91
	Mailing Address 1301 PENNSYLVANIA AVE NW	Date of Disbursement 08 / 03 / 2010
	City WASHINGTON State DC Zip Code 20004	Amount of Each Disbursement this Period 330.26
	Purpose of Disbursement FOOD/BEVERAGES	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) COURTYARD BY MARRIOTT	Transaction ID: SB21CCD.101
	Mailing Address 10400 FERNWOOD RD	Date of Disbursement 08 / 03 / 2010
	City BETHESDA State MD Zip Code 20817	Amount of Each Disbursement this Period 562.44
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 184 / 289

<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

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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
COURTYARD BY MARRIOTT

Transaction ID: SB21CCD.103  
Date of Disbursement

Mailing Address 10400 FERNWOOD RD

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

City State Zip Code  
BETHESDA MD 20817

Amount of Each Disbursement this Period

617.07
--------

Purpose of Disbursement  
CATERING

Category/ Type
-------------------

Candidate Name

[MEMO ITEM]

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

B.

Full Name (Last, First, Middle Initial)  
COURTYARD BY MARRIOTT

Transaction ID: SB21CCD.92  
Date of Disbursement

Mailing Address 10400 FERNWOOD RD

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

City State Zip Code  
BETHESDA MD 20817

Amount of Each Disbursement this Period

386.35
--------

Purpose of Disbursement  
TRAVEL

Category/ Type
-------------------

Candidate Name

[MEMO ITEM]

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

C.

Full Name (Last, First, Middle Initial)  
CROWNE PLAZA HOTEL

Transaction ID: SB21CCD.83  
Date of Disbursement

Mailing Address PO BOX 30321

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

City State Zip Code  
SALT LAKE CITY UT 84130

Amount of Each Disbursement this Period

194.30
--------

Purpose of Disbursement  
TRAVEL

Category/ Type
-------------------

Candidate Name

[MEMO ITEM]

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

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

0.00
------

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

--



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

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

FOR LINE NUMBER:  
(check only one)

<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

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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) CVS Mailing Address 1 CVS DR City WOONSOCKET State RI Zip Code 92895 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21CCD.77 Date of Disbursement 08 / 03 / 2010 Amount of Each Disbursement this Period 94.88 [MEMO ITEM]
	Category/ Type	

<b>B.</b> Full Name (Last, First, Middle Initial) DELTA AIRLINES Mailing Address PO BOX 20706 City ATLANTA State GA Zip Code 30320 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21CCD.112 Date of Disbursement 08 / 03 / 2010 Amount of Each Disbursement this Period 4371.65 [MEMO ITEM]
	Category/ Type	

<b>C.</b> Full Name (Last, First, Middle Initial) DOLLAR RENT A CAR Mailing Address PO BOX 33167 City TULSA State OK Zip Code 74153 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21CCD.89 Date of Disbursement 08 / 03 / 2010 Amount of Each Disbursement this Period 273.95 [MEMO ITEM]
	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) EINSTEIN BROS BAGELS	Transaction ID: SB21CCD.61 Date of Disbursement 08 / 03 / 2010
	Mailing Address 555 ZANG ST	Amount of Each Disbursement this Period 8.69
	City LAKEWOOD State CO Zip Code 80228	
	Purpose of Disbursement FOOD/BEVERAGES	
	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:	

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) EMBASSY SUITES	Transaction ID: SB21CCD.82 Date of Disbursement 08 / 03 / 2010
	Mailing Address 7930 JONES BRANCH DR STE 1100	Amount of Each Disbursement this Period 160.73
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement TRAVEL	
	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:	

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) EXPEDIA	Transaction ID: SB21CCD.66 Date of Disbursement 08 / 03 / 2010
	Mailing Address 333 108TH AVE NE	Amount of Each Disbursement this Period 18.00
	City BELLEVUE State WA Zip Code 98004	
	Purpose of Disbursement TRAVEL	
	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:	

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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

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)  
Freedom First PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>FACEBOOK</b></p> <p>Mailing Address 1601 S CALIFORNIA AVE</p> <p>City PALO ALTO State CA Zip Code 94304</p> <p>Purpose of Disbursement WEB SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.96</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="442.43"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>FEDEX</b></p> <p>Mailing Address 942 SOUTH SHADY GROVE RD</p> <p>City MEMPHIS State TN Zip Code 38120</p> <p>Purpose of Disbursement DELIVERY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.93</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="392.76"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>FOUR SEASONS</b></p> <p>Mailing Address 1165 LESLIE ST TORONTO</p> <p>City ONTARIO State ZZ Zip Code 99999</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.75</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="70.00"/></p> <p><b>[MEMO ITEM]</b></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 188 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) FRONTIER AIRLINES	Transaction ID: SB21CCD.105 Date of Disbursement 08 / 03 / 2010
	Mailing Address 7001 TOWER RD	Amount of Each Disbursement this Period 632.60
	City DENVER State CO Zip Code 80249	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) FRONTIER AIRLINES	Transaction ID: SB21CCD.97 Date of Disbursement 08 / 03 / 2010
	Mailing Address 7001 TOWER RD	Amount of Each Disbursement this Period 448.70
	City DENVER State CO Zip Code 80249	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) GOOGLE INC	Transaction ID: SB21CCD.110 Date of Disbursement 08 / 03 / 2010
	Mailing Address 1600 AMPHITHEATRE PARKWAY	Amount of Each Disbursement this Period 1064.08
	City MOUNTAIN VIEW State CA Zip Code 94043	
	Purpose of Disbursement WEB SERVICE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 189 / 289

<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

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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) HAMPTON INNS & SUITES Mailing Address 7930 JONES BRANCH DR STE 1100 City MCLEAN State VA Zip Code 22102 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21CCD.79 Date of Disbursement 08 / 03 / 2010
	Amount of Each Disbursement this Period 124.92 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) HILTON HOTELS Mailing Address 7930 JONES BRANCH DR STE 1100 City MCLEAN State VA Zip Code 22102 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21CCD.107 Date of Disbursement 08 / 03 / 2010
	Amount of Each Disbursement this Period 751.74 [MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) HYATT REGENCY Mailing Address ONE AVE DE LAFAYETTE City BOSTON State MA Zip Code 02111 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21CCD.84 Date of Disbursement 08 / 03 / 2010
	Amount of Each Disbursement this Period 209.67 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 190 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) INTERCONTINENTAL HOTEL	Transaction ID: SB21CCD.71
	Mailing Address PO BOX 3321	Date of Disbursement 08 / 03 / 2010
	City SALT LAKE CITY State UT Zip Code 84130	Amount of Each Disbursement this Period 45.00
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) J2 EFAQ PLUS SERVICE	Transaction ID: SB21CCD.65
	Mailing Address 6922 HOLLYWOOD BLVD 5TH FL	Date of Disbursement 08 / 03 / 2010
	City LOS ANGELES State CA Zip Code 90028	Amount of Each Disbursement this Period 16.95
	Purpose of Disbursement FAX SERVICE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) JETBLUE	Transaction ID: SB21CCD.87
	Mailing Address 118-29 QUEENS BLVD	Date of Disbursement 08 / 03 / 2010
	City FORT HILLS State NY Zip Code 11375	Amount of Each Disbursement this Period 254.40
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 191 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) KENTUCKY FRIED CHICKEN CORP	Transaction ID: SB21CCD.62
	Mailing Address 1441 GARDINER LN	Date of Disbursement 08 / 03 / 2010
	City LOUISVILLE State KY Zip Code 40213	Amount of Each Disbursement this Period 10.93
	Purpose of Disbursement FOOD/BEVERAGES	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) MARRIOTT	Transaction ID: SB21CCD.100
	Mailing Address 10400 FERNWOOD BLVD	Date of Disbursement 08 / 03 / 2010
	City BETHESDA State MD Zip Code 20058	Amount of Each Disbursement this Period 510.16
	Purpose of Disbursement CATERING	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) METROPOLITAN NASHVILLE AIRPORT	Transaction ID: SB21CCD.57
	Mailing Address ONE TERMINAL DR STE 501	Date of Disbursement 08 / 03 / 2010
	City NASHVILLE State TN Zip Code 37214	Amount of Each Disbursement this Period 3.00
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 192 / 289

<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

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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) <b>NATIONAL GOVERNORS ASSOCIATION</b> Mailing Address 444 N CAPITAL ST STE 267 City WASHINGTON State DC Zip Code 20001 Purpose of Disbursement REGISTRATION FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21CCD.98 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 495.00 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) <b>NORTH CHERRY CREEK</b> Mailing Address 190 CLAYTON LN City DENVER State CO Zip Code 80206 Purpose of Disbursement FOOD/BEVERAGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21CCD.76 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 72.37 [MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) <b>O'HARE INTERNATIONAL AIRPORT</b> Mailing Address 5600 MANNHEIM RD City CHICAGO State IL Zip Code 60666 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21CCD.60 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 8.23 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 193 / 289

<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

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)  
Freedom First PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>OFFICE MAX</b></p> <p>Mailing Address 263 SHUMAN BLVD</p> <p>City NAPERVILLE State IL Zip Code 60563</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.81</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="149.09"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>PAYPAL</b></p> <p>Mailing Address 2211 N 1ST ST</p> <p>City SAN JOSE State CA Zip Code 95131</p> <p>Purpose of Disbursement PHOTOGRAPHS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.68</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="24.27"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>PMI PARKING</b></p> <p>Mailing Address 1725 DESALES ST NW STE 200</p> <p>City WASHINGTON State DC Zip Code 20036</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.64</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15.00"/></p> <p><b>[MEMO ITEM]</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></p>

**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 194 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) <b>RADIOSHACK</b>	Transaction ID: SB21CCD.59
	Mailing Address 300 RADIOSHACK CIR	Date of Disbursement 08 / 03 / 2010
	City FORT WORTH State TX Zip Code 76102	Amount of Each Disbursement this Period 5.82
	Purpose of Disbursement EQUIPMENT PURCHASE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) <b>RADISSON HOTEL</b>	Transaction ID: SB21CCD.94
	Mailing Address 2020 JEFFERSON DAVIS HWY	Date of Disbursement 08 / 03 / 2010
	City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period 420.70
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) <b>SHERATON HOTEL</b>	Transaction ID: SB21CCD.102
	Mailing Address 39 DALTON ST	Date of Disbursement 08 / 03 / 2010
	City BOSTON State MA Zip Code 02199	Amount of Each Disbursement this Period 610.03
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 195 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SB21CCC.1 Date of Disbursement 08 / 03 / 2010
	Mailing Address PO BOX 36647-1CR	Amount of Each Disbursement this Period -657.40
	City DALLAS State TX Zip Code 75235	
	Purpose of Disbursement CREDIT	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SB21CCD.90 Date of Disbursement 08 / 03 / 2010
	Mailing Address PO BOX 36647-1CR	Amount of Each Disbursement this Period 293.40
	City DALLAS State TX Zip Code 75235	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) STAPLES	Transaction ID: SB21CCD.70 Date of Disbursement 08 / 03 / 2010
	Mailing Address 500 STAPLES DR	Amount of Each Disbursement this Period 29.94
	City FRAMINGHAM State MA Zip Code 01702	
	Purpose of Disbursement OFFICE 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) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 196 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) STARBUCKS	Transaction ID: SB21CCD.63
	Mailing Address PO BOX 3717	Date of Disbursement 08 / 03 / 2010
	City SEATTLE State WA Zip Code 98124	Amount of Each Disbursement this Period 12.95
	Purpose of Disbursement FOOD/BEVERAGES	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) TGI FRIDAYS	Transaction ID: SB21CCD.73
	Mailing Address 4201 MARSH LN	Date of Disbursement 08 / 03 / 2010
	City CARROLTON State TX Zip Code 75007	Amount of Each Disbursement this Period 51.00
	Purpose of Disbursement FOOD/BEVERAGES	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) THE SAINT PAUL HOTEL	Transaction ID: SB21CCD.74
	Mailing Address 350 MARKET ST	Date of Disbursement 08 / 03 / 2010
	City ST PAUL State MN Zip Code 55102	Amount of Each Disbursement this Period 61.93
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 197 / 289

<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

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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) THE SKY HOTEL Mailing Address 709 E DURANT AVE City ASPEN State CO Zip Code 81611 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21CCD.106 Date of Disbursement 08 / 03 / 2010 Amount of Each Disbursement this Period 699.11 [MEMO ITEM]
	Category/ Type	

<b>B.</b> Full Name (Last, First, Middle Initial) THRIFTY CAR RENTAL Mailing Address PO BOX 32250 City TULSA State OK Zip Code 74153 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21CCD.80 Date of Disbursement 08 / 03 / 2010 Amount of Each Disbursement this Period 127.18 [MEMO ITEM]
	Category/ Type	

<b>C.</b> Full Name (Last, First, Middle Initial) UNITED AIRLINES Mailing Address 77 WACKER DR City CHICAGO State IL Zip Code 60601 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21CCD.109 Date of Disbursement 08 / 03 / 2010 Amount of Each Disbursement this Period 1009.90 [MEMO ITEM]
	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 198 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) US AIRLINES	Transaction ID: SB21CCD.86 Date of Disbursement 08 / 03 / 2010
	Mailing Address 4000 E SKY HARBOR BLVD	Amount of Each Disbursement this Period 226.40
	City PHOENIX State AZ Zip Code 85034	
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) USPS	Transaction ID: SB21CCD.58 Date of Disbursement 08 / 03 / 2010
	Mailing Address 408 SAINT PETER ST	Amount of Each Disbursement this Period 5.56
	City SAINT PAUL State MN Zip Code 55102	
	Purpose of Disbursement POSTAGE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) VERIZON	Transaction ID: SB21CCD.104 Date of Disbursement 08 / 03 / 2010
	Mailing Address PO BOX 660720	Amount of Each Disbursement this Period 631.95
	City DALLAS State TX Zip Code 75266	
	Purpose of Disbursement PHONE SERVICE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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

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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
VERTICAL RESPONSE INC

Mailing Address 501 2ND ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
COMPUTER SERVICE/EQUIP

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: SB21CCD.88  
Date of Disbursement  
08 / 03 / 2010

Amount of Each Disbursement this Period  
255.38

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
BB&T VISA BUSINESS CARD

Mailing Address PO BOX 24747

City TAMPA State FL Zip Code 33623

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: SB21CCP.3  
Date of Disbursement  
09 / 07 / 2010

Amount of Each Disbursement this Period  
19702.35

**C.** Full Name (Last, First, Middle Initial)  
AIRTRAN

Mailing Address 9955 AIRTRAN BLVD

City ORLANDO State FL Zip Code 32827

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: SB21CCD.137  
Date of Disbursement  
09 / 07 / 2010

Amount of Each Disbursement this Period  
109.70

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 19702.35

**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 200 / 289

<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

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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) AMAZON.COM Mailing Address 1200 12TH AVE City SEATTLE State WA Zip Code 98144 Purpose of Disbursement RESEARCH MATERIALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21CCD.120 Date of Disbursement 09 / 07 / 2010
	Amount of Each Disbursement this Period 25.88 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN AIRLINES Mailing Address 4333 AMON CARTER BLVD City FT WORTH State TX Zip Code 76155 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21CCD.145 Date of Disbursement 09 / 07 / 2010
	Amount of Each Disbursement this Period 498.40 [MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) APPLE ONLINE STORE Mailing Address 1 INFINITE LP City CUPERTINO State CA Zip Code 95014 Purpose of Disbursement EQUIPMENT PURCHASE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21CCD.126 Date of Disbursement 09 / 07 / 2010
	Amount of Each Disbursement this Period 46.59 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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

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)  
Freedom First PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address ONE AT&amp;T PLAZA</p> <p>City DALLAS State TX Zip Code 75202</p> <p>Purpose of Disbursement PHONE SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.144</p> <p>Date of Disbursement 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 455.19</p> <p>[MEMO ITEM]</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) AU BON PAIN CO</p> <p>Mailing Address 19 FID KENNEDY AVE</p> <p>City BOSTON State MA Zip Code 02210</p> <p>Purpose of Disbursement FOOD/BEVERAGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.131</p> <p>Date of Disbursement 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 64.33</p> <p>[MEMO ITEM]</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) BILTMORE HOTEL AND SUITES</p> <p>Mailing Address 2151 LAURELWOOD RD</p> <p>City SANTA CLARA State CA Zip Code 95054</p> <p>Purpose of Disbursement CREDIT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCC.2</p> <p>Date of Disbursement 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period -224.87</p> <p>[MEMO ITEM]</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

**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

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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) CENTAUR BAR Mailing Address 2233 PARK AVE City DETROIT State MI Zip Code 48201 Purpose of Disbursement FOOD/BEVERAGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21CCD.133 Date of Disbursement 09 / 07 / 2010
	Amount of Each Disbursement this Period 70.38 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) DELTA AIRLINES Mailing Address PO BOX 20706 City ATLANTA State GA Zip Code 30320 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21CCD.156 Date of Disbursement 09 / 07 / 2010
	Amount of Each Disbursement this Period 7372.68 [MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) DOMINOS PIZZA Mailing Address 30FRANK LLOYD WRIGHT DR City ANN ARBOR State MI Zip Code 48106 Purpose of Disbursement FOOD/BEVERAGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21CCD.118 Date of Disbursement 09 / 07 / 2010
	Amount of Each Disbursement this Period 18.10 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 203 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) <b>DOUBLETREE HOTELS</b>	<b>Transaction ID:</b> SB21CCD.141 Date of Disbursement 09 / 07 / 2010	
	Mailing Address 7930 JONES BRANCH DR STE 1100		
	City: MCLEAN State: VA Zip Code: 22102 Purpose of Disbursement: TRAVEL Candidate Name:	Amount of Each Disbursement this Period 194.90	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) <b>DULLES AIRPORT PARKING</b>	<b>Transaction ID:</b> SB21CCD.12667 Date of Disbursement 09 / 07 / 2010	
	Mailing Address 1 AVIATION CIRCLE		
	City: WASHINGTON State: DC Zip Code: 20001 Purpose of Disbursement: TRAVEL Candidate Name:	Amount of Each Disbursement this Period 25.50	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) <b>FACEBOOK</b>	<b>Transaction ID:</b> SB21CCD.155 Date of Disbursement 09 / 07 / 2010	
	Mailing Address 1601 S CALIFORNIA AVE		
	City: PALO ALTO State: CA Zip Code: 94304 Purpose of Disbursement: WEB SERVICE Candidate Name:	Amount of Each Disbursement this Period 3441.43	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 204 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB21CCD.147 Date of Disbursement 09 / 07 / 2010
	Mailing Address 942 SOUTH SHADY GROVE RD	Amount of Each Disbursement this Period 564.47
	City MEMPHIS State TN Zip Code 38120	
	Purpose of Disbursement DELIVERY	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) GOOGLE INC	Transaction ID: SB21CCD.153 Date of Disbursement 09 / 07 / 2010
	Mailing Address 1600 AMPHITHEATRE PARKWAY	Amount of Each Disbursement this Period 1037.42
	City MOUNTAIN VIEW State CA Zip Code 94043	
	Purpose of Disbursement WEB SERVICE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) HILTON HOTELS	Transaction ID: SB21CCD.139 Date of Disbursement 09 / 07 / 2010
	Mailing Address 2650 LAS VEGAS BLVD	Amount of Each Disbursement this Period 133.28
	City LAS VEGAS State NV Zip Code 89109	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 205 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) HILTON HOTELS	Transaction ID: SB21CCD.152
	Mailing Address 7930 JONES BRANCH DR STE 1100	Date of Disbursement 09 / 07 / 2010
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 1024.80
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) J2 EFAK PLUS SERVICE	Transaction ID: SB21CCD.117
	Mailing Address 6922 HOLLYWOOD BLVD 5TH FL	Date of Disbursement 09 / 07 / 2010
	City LOS ANGELES State CA Zip Code 90028	Amount of Each Disbursement this Period 16.95
	Purpose of Disbursement FAX SERVICE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) LA LOMITA DOS	Transaction ID: SB21CCD.134
	Mailing Address 308 PENNSYLVANIA AVE SE	Date of Disbursement 09 / 07 / 2010
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 75.00
	Purpose of Disbursement FOOD/BEVERAGES	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 206 / 289

<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

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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) LAWSONS GOURMET PROVISION Mailing Address 601 13TH ST NW City WASHINGTON State DC Zip Code 20005 Purpose of Disbursement CATERING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21CCD.150 Date of Disbursement 09 / 07 / 2010
	Amount of Each Disbursement this Period 774.70 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) LEDO'S PIZZA Mailing Address 1721 WISCONSIN AVE City WASHINGTON State DC Zip Code 20057 Purpose of Disbursement FOOD/BEVERAGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21CCD.132 Date of Disbursement 09 / 07 / 2010
	Amount of Each Disbursement this Period 67.47 [MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) LUIGI'S Mailing Address 1132 19TH ST NW City WASHINGTON State DC Zip Code 20036 Purpose of Disbursement FOOD/BEVERAGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21CCD.124 Date of Disbursement 09 / 07 / 2010
	Amount of Each Disbursement this Period 39.45 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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

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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
MARRIOTT

Mailing Address 10400 FERNWOOD BLVD

City State Zip Code  
BETHESDA MD 20058

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.15411  
Date of Disbursement

09 / 07 / 2010

Amount of Each Disbursement this Period

539.18

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
MCCORMICK & SCHMICK'S

Mailing Address 720 SW WASHINGTON ST STE 550

City State Zip Code  
PORTLAND OR 97205

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.128  
Date of Disbursement

09 / 07 / 2010

Amount of Each Disbursement this Period

57.76

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
METRO CARS

Mailing Address 24957 BREST RD

City State Zip Code  
TAYLOR MI 48180

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21CCD.129  
Date of Disbursement

09 / 07 / 2010

Amount of Each Disbursement this Period

62.00

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 208 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) ORBITZ	Transaction ID: SB21CCD.140
	Mailing Address 500 W MADISON STE 1000	Date of Disbursement 09 / 07 / 2010
	City CHICAGO State IL Zip Code 60661	Amount of Each Disbursement this Period 158.06
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) PARADIES SHOPS	Transaction ID: SB21CCD.113
	Mailing Address 5950 FULTON INDUSTRIAL BLVD SW	Date of Disbursement 09 / 07 / 2010
	City ATLANTA State GA Zip Code 30336	Amount of Each Disbursement this Period 6.22
	Purpose of Disbursement FOOD/BEVERAGES	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) PMI INC	Transaction ID: SB21CCD.121
	Mailing Address 1725 DESALES ST NW STE 200	Date of Disbursement 09 / 07 / 2010
	City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period 27.00
	Purpose of Disbursement PARKING SERVICE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) QWEST	Transaction ID: SB21CCD.130 Date of Disbursement 09 / 07 / 2010
	Mailing Address 1801 CALIFORNIA ST	Amount of Each Disbursement this Period 62.81
	City DENVER State CO Zip Code 80202	
	Purpose of Disbursement TELEPHONE SERVICE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) RADISSON HOTEL	Transaction ID: SB21CCD.143 Date of Disbursement 09 / 07 / 2010
	Mailing Address 2020 JEFFERSON DAVIS HWY	Amount of Each Disbursement this Period 313.33
	City ARLINGTON State VA Zip Code 22202	
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) REAGAN NATIONAL AIRPORT	Transaction ID: SB21CCD.115 Date of Disbursement 09 / 07 / 2010
	Mailing Address 1 AVIATION CIRCLE	Amount of Each Disbursement this Period 11.58
	City WASHINGTON State DC Zip Code 20001	
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) REAGAN NATIONAL AIRPORT	Transaction ID: SB21CCD.119
	Mailing Address 1 AVIATION CIRCLE	Date of Disbursement 09 / 07 / 2010
	City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) REAGAN NATIONAL AIRPORT	Transaction ID: SB21CCD.138
	Mailing Address 1 AVIATION CIRCLE	Date of Disbursement 09 / 07 / 2010
	City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period 117.72
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) RENTACOMPUTER.COM	Transaction ID: SB21CCD.116
	Mailing Address 6730 ROOSEVELT AVE	Date of Disbursement 09 / 07 / 2010
	City FRANKLIN State OH Zip Code 45005	Amount of Each Disbursement this Period 15.75
	Purpose of Disbursement EQUIPMENT RENTAL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 0.00

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 211 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) SHERATON HOTEL	Transaction ID: SB21CCD.149 Date of Disbursement 09 / 07 / 2010
	Mailing Address 39 DALTON ST	Amount of Each Disbursement this Period 651.82
	City BOSTON State MA Zip Code 02199	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SB21CCD.142 Date of Disbursement 09 / 07 / 2010
	Mailing Address PO BOX 36647-1CR	Amount of Each Disbursement this Period 250.10
	City DALLAS State TX Zip Code 75235	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) STAPLES	Transaction ID: SB21CCD.135 Date of Disbursement 09 / 07 / 2010
	Mailing Address 500 STAPLES DR	Amount of Each Disbursement this Period 75.18
	City FRAMINGHAM State MA Zip Code 01702	
	Purpose of Disbursement OFFICE 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) ▼
		[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 212 / 289

<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

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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) THE TOWNSEND HOTEL Mailing Address 100 TOWNSEND ST City BIRMINGHAM State MI Zip Code 48009 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21CCD.122 Date of Disbursement 09 / 07 / 2010
	Amount of Each Disbursement this Period 28.32 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) UNITED AIRLINES Mailing Address 77 WACKER DR City CHICAGO State IL Zip Code 60601 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21CCD.151222 Date of Disbursement 09 / 07 / 2010
	Amount of Each Disbursement this Period 516.35 [MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) USPS Mailing Address 408 SAINT PETER ST City SAINT PAUL State MN Zip Code 55102 Purpose of Disbursement DELIVERY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21CCD.114 Date of Disbursement 09 / 07 / 2010
	Amount of Each Disbursement this Period 8.80 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 213 / 289

<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

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)  
Freedom First PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) VERIZON</p> <p>Mailing Address PO BOX 660720</p> <p>City DALLAS State TX Zip Code 75266</p> <p>Purpose of Disbursement PHONE SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.148</p> <p>Date of Disbursement 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 636.69</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) VERTICAL RESPONSE INC</p> <p>Mailing Address 501 2ND ST</p> <p>City SAN FRANCISCO State CA Zip Code 94107</p> <p>Purpose of Disbursement COMPUTER SERVICE/EQUIPMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.146</p> <p>Date of Disbursement 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 311.93</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) BETTER WORDS LLC</p> <p>Mailing Address 1402 IDAHO AVE W</p> <p>City FALCON HEIGHTS State MN Zip Code 55108</p> <p>Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.159</p> <p>Date of Disbursement 08 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 2271.22</p>

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

2271.22

**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

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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) BLUE CROSS BLUE SHIELD OF MINNESOTA Mailing Address 3535 BLUE CROSS RD PO BOX 64676 City ST PAUL State MN Zip Code 55164 Purpose of Disbursement INSURANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21.62 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 1 0
	Amount of Each Disbursement this Period 2126.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) BLUE CROSS BLUE SHIELD OF MINNESOTA Mailing Address 3535 BLUE CROSS RD PO BOX 64676 City ST PAUL State MN Zip Code 55164 Purpose of Disbursement INSURANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21.63 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 2828.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) BLUE CROSS BLUE SHIELD OF MINNESOTA Mailing Address 3535 BLUE CROSS RD PO BOX 64676 City ST PAUL State MN Zip Code 55164 Purpose of Disbursement INSURANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21.64 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2360.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7314.00
<b>TOTAL</b> 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)

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) BLUEFRONT STRATEGIES LLC	Transaction ID: SB21.147
	Mailing Address 44 CANAL CENTER PLAZA STE G1	Date of Disbursement 07 / 21 / 2010
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) BLUEFRONT STRATEGIES LLC	Transaction ID: SB21.160
	Mailing Address 44 CANAL CENTER PLAZA STE G1	Date of Disbursement 08 / 22 / 2010
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 6214.45
	Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) BLUEFRONT STRATEGIES LLC	Transaction ID: SB21.162
	Mailing Address 44 CANAL CENTER PLAZA STE G1	Date of Disbursement 09 / 22 / 2010
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 6655.73
	Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL	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) ..... ▶

17870.18

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 216 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) BRYAN CAVE LLP	Transaction ID: SB21.87
	Mailing Address PO BOX 503089	Date of Disbursement 07 / 21 / 2010
	City ST LOUIS State MO Zip Code 63150	Amount of Each Disbursement this Period 5117.81
	Purpose of Disbursement LEGAL CONSULTING	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) BRYAN CAVE LLP	Transaction ID: SB21.88
	Mailing Address PO BOX 503089	Date of Disbursement 08 / 10 / 2010
	City ST LOUIS State MO Zip Code 63150	Amount of Each Disbursement this Period 5147.10
	Purpose of Disbursement LEGAL CONSULTING	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) BRYAN CAVE LLP	Transaction ID: SB21.89
	Mailing Address PO BOX 503089	Date of Disbursement 09 / 15 / 2010
	City ST LOUIS State MO Zip Code 63150	Amount of Each Disbursement this Period 5075.60
	Purpose of Disbursement LEGAL CONSULTING	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15340.51
<b>TOTAL</b> 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 217 / 289

<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

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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
CAPITOL COMMUNICATIONS

Mailing Address 10969 PIERCE ST NE

City State Zip Code  
BLAINE MN 55434

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.148  
Date of Disbursement

07 / 28 / 2010

Amount of Each Disbursement this Period

2800.00

B.

Full Name (Last, First, Middle Initial)  
CAPITOL DIRECT

Mailing Address 2915 COMMERS DR STE 1000

City State Zip Code  
EAGAN MN 55121

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.165  
Date of Disbursement

07 / 06 / 2010

Amount of Each Disbursement this Period

115.27

C.

Full Name (Last, First, Middle Initial)  
CAPITOL DIRECT

Mailing Address 2915 COMMERS DR STE 1000

City State Zip Code  
EAGAN MN 55121

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.166  
Date of Disbursement

07 / 21 / 2010

Amount of Each Disbursement this Period

191.31

SUBTOTAL of Disbursements This Page (optional) ▶

3106.58

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 218 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) CAPITOL DIRECT	Transaction ID: SB21.167
	Mailing Address 2915 COMMERS DR STE 1000	Date of Disbursement 08 / 22 / 2010
	City EAGAN State MN Zip Code 55121	Amount of Each Disbursement this Period 54.95
	Purpose of Disbursement PRINTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CAPITOL DIRECT	Transaction ID: SB21.168
	Mailing Address 2915 COMMERS DR STE 1000	Date of Disbursement 09 / 13 / 2010
	City EAGAN State MN Zip Code 55121	Amount of Each Disbursement this Period 141.20
	Purpose of Disbursement PRINTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB21.33
	Mailing Address 7704 LEESBURG PIKE	Date of Disbursement 07 / 03 / 2010
	City FALLS CHURCH State VA Zip Code 22043	Amount of Each Disbursement this Period 4946.40
	Purpose of Disbursement DATABASE MANAGEMENT SVC	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5142.55
<b>TOTAL</b> 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 219 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB21.34 Date of Disbursement 07 / 12 / 2010
	Mailing Address 7704 LEESBURG PIKE	Amount of Each Disbursement this Period 971.17
	City FALLS CHURCH State VA Zip Code 22043	
	Purpose of Disbursement DATABASE MANAGEMENT SVC Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB21.35 Date of Disbursement 09 / 15 / 2010
	Mailing Address 7704 LEESBURG PIKE	Amount of Each Disbursement this Period 12782.98
	City FALLS CHURCH State VA Zip Code 22043	
	Purpose of Disbursement DATABASE MANAGEMENT SVC 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) ▼

C.	Full Name (Last, First, Middle Initial) COMPLIANCE CONSULTING COMPANY OF VA LLC	Transaction ID: SB21.30 Date of Disbursement 07 / 12 / 2010
	Mailing Address PO BOX 365	Amount of Each Disbursement this Period 2500.00
	City MCLEAN State VA Zip Code 22101	
	Purpose of Disbursement COMPLIANCE CONSULTING Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	16254.15
<b>TOTAL</b> 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

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)  
Freedom First PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) <b>COMPLIANCE CONSULTING COMPANY OF VA LLC</b></p> <p>Mailing Address PO BOX 365</p> <p>City MCLEAN State VA Zip Code 22101</p> <p>Purpose of Disbursement COMPLIANCE CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.31</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) <b>COMPLIANCE CONSULTING COMPANY OF VA LLC</b></p> <p>Mailing Address PO BOX 365</p> <p>City MCLEAN State VA Zip Code 22101</p> <p>Purpose of Disbursement COMPLIANCE CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.32</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) <b>CONANT COMMUNICATIONS LLC</b></p> <p>Mailing Address 1813 BILTMORE ST NW #A</p> <p>City WASHINGTON State DC Zip Code 20009</p> <p>Purpose of Disbursement POLITICAL STRATEGY CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.152</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7500.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="12500.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# 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

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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
CRAFT MEDIA DIGITAL

Transaction ID: SB21.96  
Date of Disbursement

Mailing Address 11 D ST SE CARRIAGE HOUSE

/   /

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement  
MEDIA

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
D'AMICO CATERING

Transaction ID: SB21.23  
Date of Disbursement

Mailing Address 901 HENNEPIN AVE

/   /

City MINNEAPOLIS State MN Zip Code 55403

Amount of Each Disbursement this Period

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
DC TREASURER

Transaction ID: SB21.129  
Date of Disbursement

Mailing Address PO BOX 96385

/   /

City WASHINGTON State DC Zip Code 20090

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 222 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) DC TREASURER	Transaction ID: SB21.130 Date of Disbursement
	Mailing Address PO BOX 96385	<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City WASHINGTON State DC Zip Code 20090	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="1819.63"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DC TREASURER	Transaction ID: SB21.133 Date of Disbursement
	Mailing Address PO BOX 96385	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City WASHINGTON State DC Zip Code 20090	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="1819.63"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) DOES - UC30	Transaction ID: SB21.134 Date of Disbursement
	Mailing Address PO BOX 96664	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City WASHINGTON State DC Zip Code 20090	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="261.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3900.26"/>
<b>TOTAL</b> 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 223 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) DOT THE I <hr/> Mailing Address 2814 GLENDALE RD <hr/> City CHARLOTTE State NC Zip Code 28209 <hr/> Purpose of Disbursement PRINTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.169 Date of Disbursement 09 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 600.00
B.	Full Name (Last, First, Middle Initial) ELAVON <hr/> Mailing Address 7300 CHAPMAN HWY <hr/> City KNOXVILLE State TN Zip Code 37920 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.13 Date of Disbursement 08 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 75.00
C.	Full Name (Last, First, Middle Initial) ELAVON <hr/> Mailing Address 7300 CHAPMAN HWY <hr/> City KNOXVILLE State TN Zip Code 37920 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.14 Date of Disbursement 09 / 13 / 2010 <hr/> Amount of Each Disbursement this Period 78.13

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

**753.13**

**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 224 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) ELAVON	Transaction ID: SB21.17 Date of Disbursement 07 / 02 / 2010
	Mailing Address 7300 CHAPMAN HWY	Amount of Each Disbursement this Period 100.45
	City KNOXVILLE State TN Zip Code 37920	
	Purpose of Disbursement CREDIT CARD MERCHANT FEES	
	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:	

B.	Full Name (Last, First, Middle Initial) ELAVON	Transaction ID: SB21.19 Date of Disbursement 09 / 02 / 2010
	Mailing Address 7300 CHAPMAN HWY	Amount of Each Disbursement this Period 1010.16
	City KNOXVILLE State TN Zip Code 37920	
	Purpose of Disbursement CREDIT CARD MERCHANT FEES	
	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:	

C.	Full Name (Last, First, Middle Initial) ELAVON	Transaction ID: SB21.2 Date of Disbursement 07 / 02 / 2010
	Mailing Address 7300 CHAPMAN HWY	Amount of Each Disbursement this Period 3289.33
	City KNOXVILLE State TN Zip Code 37920	
	Purpose of Disbursement CREDIT CARD MERCHANT FEES	
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4399.94
<b>TOTAL</b> 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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) ELAVON	Transaction ID: SB21.6
	Mailing Address 7300 CHAPMAN HWY	Date of Disbursement 08 / 02 / 2010
	City KNOXVILLE State TN Zip Code 37920	Amount of Each Disbursement this Period 2203.52
	Purpose of Disbursement CREDIT CARD MERCHANT FEES	
	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:	

B.	Full Name (Last, First, Middle Initial) ENGAGE LLC	Transaction ID: SB21.194
	Mailing Address 707 8TH ST SE STE 200	Date of Disbursement 07 / 12 / 2010
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement WEB SERVICE	
	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:	

C.	Full Name (Last, First, Middle Initial) ENGAGE LLC	Transaction ID: SB21.198
	Mailing Address 707 8TH ST SE STE 200	Date of Disbursement 08 / 22 / 2010
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement WEB SERVICE	
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	12203.52
<b>TOTAL</b> 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 226 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) ENGAGE LLC	Transaction ID: SB21.201
	Mailing Address 707 8TH ST SE STE 200	Date of Disbursement 09 / 22 / 2010
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement WEB SERVICE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ENOM INC	Transaction ID: SB21.200
	Mailing Address 15801 NE 24TH ST	Date of Disbursement 08 / 24 / 2010
	City BELLEVUE State WA Zip Code 98008	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement WEB SERVICE 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) ▼

C.	Full Name (Last, First, Middle Initial) FLS CONNECT LLC	Transaction ID: SB21.54
	Mailing Address 7300 HUDSON BLVD STE 270	Date of Disbursement 07 / 27 / 2010
	City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period 18263.37
	Purpose of Disbursement FUNDRAISING PHONE CALLS 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) ..... ▶

25263.37

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

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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) FOTOWATIO RENEWABLE VENTURES INC Mailing Address 44 MONTGOMERY ST STE 2200 City SAN FRANCISCO State CA Zip Code 94104 Purpose of Disbursement OFFICE RENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21.98 Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010
	Amount of Each Disbursement this Period 4000.00 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) FOTOWATIO RENEWABLE VENTURES INC Mailing Address 44 MONTGOMERY ST STE 2200 City SAN FRANCISCO State CA Zip Code 94104 Purpose of Disbursement OFFICE RENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21.99 Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2010
	Amount of Each Disbursement this Period 4000.00 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) GREENCASTLE CONSULTING LLC Mailing Address PO BOX 16504 City ALEXANDRIA State VA Zip Code 22302 Purpose of Disbursement POLITICAL STRATEGY CONSULTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21.144 Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2010
	Amount of Each Disbursement this Period 8500.00 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	16500.00
<b>TOTAL</b> 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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) GREENCASTLE CONSULTING LLC	Transaction ID: SB21.156
	Mailing Address PO BOX 16504	Date of Disbursement 09 / 27 / 2010
	City ALEXANDRIA State VA Zip Code 22302	Amount of Each Disbursement this Period 8500.00
	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GREENCASTLE CONSULTING LLC	Transaction ID: SB21.158
	Mailing Address PO BOX 16504	Date of Disbursement 08 / 05 / 2010
	City ALEXANDRIA State VA Zip Code 22302	Amount of Each Disbursement this Period 8921.71
	Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GREENCASTLE CONSULTING LLC	Transaction ID: SB21.161
	Mailing Address PO BOX 16504	Date of Disbursement 08 / 31 / 2010
	City ALEXANDRIA State VA Zip Code 22302	Amount of Each Disbursement this Period 10245.61
	Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	27667.32
<b>TOTAL</b> 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 230 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) GREENCASTLE CONSULTING LLC	Transaction ID: SB21.179
	Mailing Address PO BOX 16504	Date of Disbursement 07 / 12 / 2010
	City ALEXANDRIA State VA Zip Code 22302	Amount of Each Disbursement this Period 731.56
	Purpose of Disbursement TRAVEL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GUERIN INC	Transaction ID: SB21.49
	Mailing Address PO BOX 2590	Date of Disbursement 07 / 12 / 2010
	City ALEXANDRIA State VA Zip Code 22301	Amount of Each Disbursement this Period 6709.78
	Purpose of Disbursement FINANCE CONSULTING/TRAVEL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HARVARD CLUB OF NEW YORK CITY	Transaction ID: SB21.50
	Mailing Address 35 WEST 44TH ST	Date of Disbursement 07 / 21 / 2010
	City NEW YORK State NY Zip Code 10036	Amount of Each Disbursement this Period 5637.75
	Purpose of Disbursement FOOD/BEVERAGES/FACILITY RENTAL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>13079.09</b>
<b>TOTAL</b> 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 231 / 289

<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

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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) HYNES COMMUNICATIONS LLC Mailing Address 121 BOW ST STE 6 City PORTSMOUTH State NH Zip Code 03801 Purpose of Disbursement POLITICAL STRATEGY CONSULTING Candidate Name	Transaction ID: SB21.146 Date of Disbursement 07 / 12 / 2010
	Amount of Each Disbursement this Period 5022.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) HYNES COMMUNICATIONS LLC Mailing Address 121 BOW ST STE 6 City PORTSMOUTH State NH Zip Code 03801 Purpose of Disbursement POLITICAL STRATEGY CONSULTING Candidate Name	Transaction ID: SB21.150 Date of Disbursement 08 / 22 / 2010
	Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) HYNES COMMUNICATIONS LLC Mailing Address 121 BOW ST STE 6 City PORTSMOUTH State NH Zip Code 03801 Purpose of Disbursement POLITICAL STRATEGY CONSULTING Candidate Name	Transaction ID: SB21.154 Date of Disbursement 09 / 22 / 2010
	Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15022.00
<b>TOTAL</b> 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 232 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) ICONTRIBUTE LLC	Transaction ID: SB21.196
	Mailing Address PO 8522	Date of Disbursement 07 / 27 / 2010
	City FALLS CHURCH State VA Zip Code 22041	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement WEB SERVICE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	Transaction ID: SB21.128
	Mailing Address 1111 CONSTITUTION AVE NW	Date of Disbursement 07 / 30 / 2010
	City WASHINGTON State DC Zip Code 20224	Amount of Each Disbursement this Period 11332.10
	Purpose of Disbursement PAYROLL TAXES 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) ▼

C.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	Transaction ID: SB21.132
	Mailing Address 1111 CONSTITUTION AVE NW	Date of Disbursement 09 / 07 / 2010
	City WASHINGTON State DC Zip Code 20224	Amount of Each Disbursement this Period 11597.23
	Purpose of Disbursement PAYROLL TAXES Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>26929.33</b>
<b>TOTAL</b> 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

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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
INTERNAL REVENUE SERVICE

**Transaction ID:** SB21.136

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Mailing Address 1111 CONSTITUTION AVE NW

Amount of Each Disbursement this Period

56.00
-------

City WASHINGTON State DC Zip Code 20224

Purpose of Disbursement  
PAYROLL TAXES

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**B.**

Full Name (Last, First, Middle Initial)  
INTERNAL REVENUE SERVICE

**Transaction ID:** SB21.137

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Mailing Address 1111 CONSTITUTION AVE NW

Amount of Each Disbursement this Period

11710.86
----------

City WASHINGTON State DC Zip Code 20224

Purpose of Disbursement  
PAYROLL TAXES

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**C.**

Full Name (Last, First, Middle Initial)  
INTUIT

**Transaction ID:** SB21.101

Date of Disbursement

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

Mailing Address 2623 MARINE WAY

Amount of Each Disbursement this Period

230.72
--------

City MOUNTAIN VALLEY State CA Zip Code 94043

Purpose of Disbursement  
OFFICE SUPPLIES

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

**11997.58**

**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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) INTUIT PAYCYCLE	Transaction ID: SB21.123 Date of Disbursement
	Mailing Address 2800 E COMMERCE CENTER PL	<input type="text" value="09"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City TUCSON State AZ Zip Code 85706	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL SVR/INSUR	<input type="text" value="59.49"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) INTUIT PAYCYCLE	Transaction ID: SB21.124 Date of Disbursement
	Mailing Address 2800 E COMMERCE CENTER PL	<input type="text" value="07"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City TUCSON State AZ Zip Code 85706	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL SVR/INSUR	<input type="text" value="60.99"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) INTUIT PAYCYCLE	Transaction ID: SB21.125 Date of Disbursement
	Mailing Address 2800 E COMMERCE CENTER PL	<input type="text" value="08"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City TUCSON State AZ Zip Code 85706	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL SVR/INSUR	<input type="text" value="60.99"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="181.47"/>
<b>TOTAL</b> 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 235 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) JIGSAW UNLIMITED	Transaction ID: SB21.29 Date of Disbursement
	Mailing Address 2904 RALEIGH AVE SOUTH	<input type="text" value="08"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City MINNEAPOLIS State MN Zip Code 55416	Amount of Each Disbursement this Period
	Purpose of Disbursement CATERING/FURNITURE RENTAL	<input type="text" value="4770.70"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LATITUDE LLC	Transaction ID: SB21.143 Date of Disbursement
	Mailing Address 3105 WHITE DAISY PL	<input type="text" value="07"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City FAIRFAX State VA Zip Code 22031	Amount of Each Disbursement this Period
	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	<input type="text" value="7500.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LATITUDE LLC	Transaction ID: SB21.149 Date of Disbursement
	Mailing Address 3105 WHITE DAISY PL	<input type="text" value="08"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City FAIRFAX State VA Zip Code 22031	Amount of Each Disbursement this Period
	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	<input type="text" value="7500.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="19770.70"/>
<b>TOTAL</b> 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 236 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) LATITUDE LLC	Transaction ID: SB21.151 Date of Disbursement 08 / 31 / 2010
	Mailing Address 3105 WHITE DAISY PL	Amount of Each Disbursement this Period 7500.00
	City FAIRFAX State VA Zip Code 22031	
	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LATITUDE LLC	Transaction ID: SB21.155 Date of Disbursement 09 / 27 / 2010
	Mailing Address 3105 WHITE DAISY PL	Amount of Each Disbursement this Period 7500.00
	City FAIRFAX State VA Zip Code 22031	
	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	
	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) ▼

C.	Full Name (Last, First, Middle Initial) LSN INC	Transaction ID: SB21.139 Date of Disbursement 07 / 12 / 2010
	Mailing Address DEPT. AT 953016	Amount of Each Disbursement this Period 199.00
	City ATLANTA State GA Zip Code 31192	
	Purpose of Disbursement PHONE SERVICE	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15199.00
<b>TOTAL</b> 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 237 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) LSN INC	Transaction ID: SB21.140 Date of Disbursement
	Mailing Address DEPT. AT 953016	<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City ATLANTA State GA Zip Code 31192	Amount of Each Disbursement this Period
	Purpose of Disbursement PHONE SERVICE	<input type="text" value="199.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LSN INC	Transaction ID: SB21.141 Date of Disbursement
	Mailing Address DEPT. AT 953016	<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City ATLANTA State GA Zip Code 31192	Amount of Each Disbursement this Period
	Purpose of Disbursement PHONE SERVICE	<input type="text" value="199.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MAISON DU VIN	Transaction ID: SB21.51 Date of Disbursement
	Mailing Address 756 WALKER RD	<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City GREAT FALLS State VA Zip Code 22066	Amount of Each Disbursement this Period
	Purpose of Disbursement FOOD/BEVERAGES	<input type="text" value="499.45"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="897.45"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
MARRIOTT GROUP

Transaction ID: SB21.45  
Date of Disbursement

Mailing Address 113 SOUTH SAINT ASAPH ST STE 200

/   /

City ALEXANDRIA State VA Zip Code 22314

Amount of Each Disbursement this Period

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
MINNEAPOLIS CLUB

Transaction ID: SB21.27  
Date of Disbursement

Mailing Address 729-2ND AVE SOUTH

/   /

City MINNEAPOLIS State MN Zip Code 55402

Amount of Each Disbursement this Period

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
MINNESOTA DEPARTMENT OF REVENUE

Transaction ID: SB21.126  
Date of Disbursement

Mailing Address 600 NORTH ROBERT ST

/   /

City ST PAUL State MN Zip Code 55101

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 239 / 289

<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

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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
MINNESOTA DEPARTMENT OF REVENUE

Transaction ID: SB21.127

Date of Disbursement

Mailing Address 600 NORTH ROBERT ST

07 / 29 / 2010

City ST PAUL State MN Zip Code 55101

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAYROLL TAXES

342.39

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
MINNESOTA DEPARTMENT OF REVENUE

Transaction ID: SB21.131

Date of Disbursement

Mailing Address 600 NORTH ROBERT ST

09 / 03 / 2010

City ST PAUL State MN Zip Code 55101

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAYROLL TAXES

404.08

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
MINNESOTA DEPARTMENT OF REVENUE

Transaction ID: SB21.135

Date of Disbursement

Mailing Address 600 NORTH ROBERT ST

09 / 29 / 2010

City ST PAUL State MN Zip Code 55101

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAYROLL TAXES

430.52

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

1176.99

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)

PAGE 240 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MIXPO	Transaction ID: SB21.95 Date of Disbursement 07 / 27 / 2010
	Mailing Address 1325 4TH AVE STE 1215	Amount of Each Disbursement this Period 20000.00
	City SEATTLE State WA Zip Code 98101	
	Purpose of Disbursement MEDIA	
	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:	

B.	Full Name (Last, First, Middle Initial) MIXPO	Transaction ID: SB21.97 Date of Disbursement 09 / 16 / 2010
	Mailing Address 1325 4TH AVE STE 1215	Amount of Each Disbursement this Period 20000.00
	City SEATTLE State WA Zip Code 98101	
	Purpose of Disbursement MEDIA	
	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:	

C.	Full Name (Last, First, Middle Initial) MOBY DICK AIRWAYS	Transaction ID: SB21.187 Date of Disbursement 09 / 22 / 2010
	Mailing Address PO BOX 77518	Amount of Each Disbursement this Period 13572.00
	City WASHINGTON State DC Zip Code 20013	
	Purpose of Disbursement TRAVEL	
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>53572.00</b>
<b>TOTAL</b> 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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) <b>NEW FRONTIER STRATEGY</b>	<b>Transaction ID:</b> SB21.145
	Mailing Address 315 KENTUCKY AVE	Date of Disbursement 07 / 12 / 2010
	City ALEXANDRIA State VA Zip Code 22305	Amount of Each Disbursement this Period 18000.00
	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>NEW FRONTIER STRATEGY</b>	<b>Transaction ID:</b> SB21.153
	Mailing Address 315 KENTUCKY AVE	Date of Disbursement 09 / 22 / 2010
	City ALEXANDRIA State VA Zip Code 22305	Amount of Each Disbursement this Period 9000.00
	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>NEW FRONTIER STRATEGY</b>	<b>Transaction ID:</b> SB21.157
	Mailing Address 315 KENTUCKY AVE	Date of Disbursement 08 / 31 / 2010
	City ALEXANDRIA State VA Zip Code 22305	Amount of Each Disbursement this Period 9939.16
	Purpose of Disbursement POLITICAL STRATEGY CONSULTING/FOOD/BEVER	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>36939.16</b>
<b>TOTAL</b> 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

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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) PINNACLE DIRECT INC <hr/> Mailing Address 15260 113TH ST NORTH <hr/> City STILLWATER State MN Zip Code 55082 <hr/> Purpose of Disbursement PRINTING/POSTAGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21.170 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 1 0	Amount of Each Disbursement this Period 18920.98
<b>B.</b>	Full Name (Last, First, Middle Initial) PINNACLE DIRECT INC <hr/> Mailing Address 15260 113TH ST NORTH <hr/> City STILLWATER State MN Zip Code 55082 <hr/> Purpose of Disbursement PRINTING/POSTAGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21.171 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 1 0	Amount of Each Disbursement this Period 2547.85
<b>C.</b>	Full Name (Last, First, Middle Initial) PINNACLE DIRECT INC <hr/> Mailing Address 15260 113TH ST NORTH <hr/> City STILLWATER State MN Zip Code 55082 <hr/> Purpose of Disbursement PRINTING/POSTAGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21.172 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 1 0	Amount of Each Disbursement this Period 14064.61

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 35533.44

**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

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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) PINNACLE DIRECT INC  Mailing Address 15260 113TH ST NORTH  City STILLWATER State MN Zip Code 55082  Purpose of Disbursement PRINTING/POSTAGE Candidate Name <span style="float: right;">Category/Type</span>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB21.173 <b>Date of Disbursement</b> 09 / 15 / 2010  Amount of Each Disbursement this Period 599.06
<b>B.</b>	Full Name (Last, First, Middle Initial) PINNACLE DIRECT INC  Mailing Address 15260 113TH ST NORTH  City STILLWATER State MN Zip Code 55082  Purpose of Disbursement PRINTING/POSTAGE/LIST RENTAL Candidate Name <span style="float: right;">Category/Type</span>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB21.175 <b>Date of Disbursement</b> 09 / 13 / 2010  Amount of Each Disbursement this Period 19853.14
<b>C.</b>	Full Name (Last, First, Middle Initial) PKL CONSULTING LLC  Mailing Address 621 THORNWOOD LN  City NORTHFIELD State IL Zip Code 60093  Purpose of Disbursement FINANCE CONSULTING Candidate Name <span style="float: right;">Category/Type</span>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB21.39 <b>Date of Disbursement</b> 07 / 03 / 2010  Amount of Each Disbursement this Period 4000.00

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

24452.20

**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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) PKL CONSULTING LLC	Transaction ID: SB21.42 Date of Disbursement 08 / 03 / 2010
	Mailing Address 621 THORNWOOD LN	Amount of Each Disbursement this Period 4000.00
	City NORTHFIELD State IL Zip Code 60093	
	Purpose of Disbursement FINANCE CONSULTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PKL CONSULTING LLC	Transaction ID: SB21.47 Date of Disbursement 09 / 13 / 2010
	Mailing Address 621 THORNWOOD LN	Amount of Each Disbursement this Period 4000.00
	City NORTHFIELD State IL Zip Code 60093	
	Purpose of Disbursement FINANCE CONSULTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PRECISION MARKETING INC	Transaction ID: SB21.94 Date of Disbursement 09 / 15 / 2010
	Mailing Address PO BOX 7670	Amount of Each Disbursement this Period 2000.00
	City ARLINGTON State VA Zip Code 22207	
	Purpose of Disbursement LIST RENTAL/PRINTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	10000.00
<b>TOTAL</b> 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 245 / 289

<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

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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) PROMPT MAILERS INC Mailing Address 66 WILLOW AVE City STATEN ISLAND State NY Zip Code 10305 Purpose of Disbursement DELIVERY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21.36 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 6.94 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) QUEEN CITY CLUB Mailing Address 331 EAST FOURTH ST City CINCINNATI State OH Zip Code 45202 Purpose of Disbursement FACILITY RENTAL/CATERING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21.38 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 3201.57 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) SAY IT IN STITCHES INC Mailing Address 128-B HALL ST City CONCORD State NH Zip Code 03301 Purpose of Disbursement EVENT PROMOTIONAL MATERIALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21.37 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1021.00 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4229.51
<b>TOTAL</b> 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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) SHADOWTV INC	Transaction ID: SB21.176 Date of Disbursement 08 / 10 / 2010
	Mailing Address 630 NINTH AVE STE 1000 10TH FL	Amount of Each Disbursement this Period 1350.00
	City NEW YORK State NY Zip Code 10036	
	Purpose of Disbursement SUBSCRIPTIONS	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) SHANNA WOODBURY CONSULTING LLC	Transaction ID: SB21.41 Date of Disbursement 07 / 12 / 2010
	Mailing Address PO BOX 120697	Amount of Each Disbursement this Period 5000.00
	City ST PAUL State MN Zip Code 55112	
	Purpose of Disbursement FINANCE CONSULTING	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) SHANNA WOODBURY CONSULTING LLC	Transaction ID: SB21.44 Date of Disbursement 08 / 10 / 2010
	Mailing Address PO BOX 120697	Amount of Each Disbursement this Period 5000.00
	City ST PAUL State MN Zip Code 55112	
	Purpose of Disbursement FINANCE CONSULTING	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	11350.00
<b>TOTAL</b> 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 247 / 289

<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

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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) SHANNA WOODBURY CONSULTING LLC <hr/> Mailing Address PO BOX 120697 <hr/> City ST PAUL State MN Zip Code 55112 <hr/> Purpose of Disbursement FINANCE CONSULTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.46 Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2010
	Amount of Each Disbursement this Period 5000.00 Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) SOUTHWEST PUBLISHING <hr/> Mailing Address 2600 NW TOPEKA BLVD <hr/> City TOPEKA State KS Zip Code 66617 <hr/> Purpose of Disbursement PRINTING/POSTAGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.174 Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2010
	Amount of Each Disbursement this Period 6587.38 Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING <hr/> Mailing Address 7591 9TH ST NORTH <hr/> City ST PAUL State MN Zip Code 55128 <hr/> Purpose of Disbursement FUNDRAISING PHONE CALLS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.53 Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2010
	Amount of Each Disbursement this Period 1321.25 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12908.63
<b>TOTAL</b> 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)

PAGE 248 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) <b>STRATEGIC FUNDRAISING</b>	<b>Transaction ID:</b> SB21.55
	Mailing Address 7591 9TH ST NORTH	Date of Disbursement 07 / 28 / 2010
	City ST PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period 10464.46
	Purpose of Disbursement FUNDRAISING PHONE CALLS	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>STRATEGIC FUNDRAISING</b>	<b>Transaction ID:</b> SB21.56
	Mailing Address 7591 9TH ST NORTH	Date of Disbursement 08 / 22 / 2010
	City ST PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period 2542.80
	Purpose of Disbursement FUNDRAISING PHONE CALLS	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>STRATEGIC FUNDRAISING</b>	<b>Transaction ID:</b> SB21.59
	Mailing Address 7591 9TH ST NORTH	Date of Disbursement 08 / 10 / 2010
	City ST PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period 14483.15
	Purpose of Disbursement FUNDRAISING PHONE CALLS/LIST RENTAL	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) ..... ► **27490.41**

**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

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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) <b>STRATEGIC FUNDRAISING</b> Mailing Address 7591 9TH ST NORTH City ST PAUL State MN Zip Code 55128 Purpose of Disbursement FUNDRAISING PHONE CALLS/LIST RENTAL Candidate Name	Transaction ID: SB21.60 Date of Disbursement 09 / 13 / 2010
	Amount of Each Disbursement this Period 12230.48
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) ▼	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) <b>STRATEGIC FUNDRAISING</b> Mailing Address 7591 9TH ST NORTH City ST PAUL State MN Zip Code 55128 Purpose of Disbursement FUNDRAISING PHONE CALLS/LIST RENTAL Candidate Name	Transaction ID: SB21.61 Date of Disbursement 09 / 22 / 2010
	Amount of Each Disbursement this Period 4865.40
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) <b>TERRA ECLIPSE</b> Mailing Address 9043 SOQUEL DR City APTOS State CA Zip Code 95003 Purpose of Disbursement WEB SERVICE Candidate Name	Transaction ID: SB21.195 Date of Disbursement 07 / 12 / 2010
	Amount of Each Disbursement this Period 2375.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 19470.88

**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 250 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) TERRA ECLIPSE	Transaction ID: SB21.199
	Mailing Address 9043 SOQUEL DR	Date of Disbursement 08 / 22 / 2010
	City APTOS State CA Zip Code 95003	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement WEB SERVICE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TERRA ECLIPSE	Transaction ID: SB21.202
	Mailing Address 9043 SOQUEL DR	Date of Disbursement 09 / 22 / 2010
	City APTOS State CA Zip Code 95003	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement WEB SERVICE 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) ▼

C.	Full Name (Last, First, Middle Initial) THE HALLISEY GROUP	Transaction ID: SB21.43
	Mailing Address 38 EAST 85TH ST STE 5E	Date of Disbursement 08 / 05 / 2010
	City NEW YORK State NY Zip Code 10028	Amount of Each Disbursement this Period 5335.00
	Purpose of Disbursement FINANCE CONSULTING Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8335.00</b>
<b>TOTAL</b> 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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) THE MCINTOSH COMPANY INC	Transaction ID: SB21.48 Date of Disbursement 07 / 29 / 2010
	Mailing Address 5310 HARVEST HILL RD STE 209	Amount of Each Disbursement this Period 11829.78
	City DALLAS State TX Zip Code 75230	
	Purpose of Disbursement FINANCE CONSULTING/PRINTING	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) THE MINIKAHDA CLUB	Transaction ID: SB21.25 Date of Disbursement 08 / 10 / 2010
	Mailing Address 3205 EXCELSIOR BLVD	Amount of Each Disbursement this Period 357.29
	City MINNEAPOLIS State MN Zip Code 55416	
	Purpose of Disbursement CATERING	
	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) ▼

C.	Full Name (Last, First, Middle Initial) THE OLD BROGUE	Transaction ID: SB21.26 Date of Disbursement 08 / 22 / 2010
	Mailing Address PO BOX 362	Amount of Each Disbursement this Period 2661.00
	City GREAT FALLS State VA Zip Code 22066	
	Purpose of Disbursement CATERING	
	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) ..... ▶ 14848.07

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 252 / 289

<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

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)  
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)  
UNION LEAGUE CLUB OF CHICAGO

Mailing Address 65 WEST JACKSON BLVD

City CHICAGO State IL Zip Code 60604

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.28

Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

1525.71

B.

Full Name (Last, First, Middle Initial)  
USPS

Mailing Address 408 SAINT PETER ST

City SAINT PAUL State MN Zip Code 55102

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.163

Date of Disbursement

07 / 27 / 2010

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)  
USPS

Mailing Address 408 SAINT PETER ST

City SAINT PAUL State MN Zip Code 55102

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.164

Date of Disbursement

09 / 22 / 2010

Amount of Each Disbursement this Period

880.00

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

5405.71

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

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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
VANDENBERG AND ASSOCIATES INC

Mailing Address 3927 ELM AVE

City LONG BEACH State CA Zip Code 90807

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.40

Date of Disbursement

07 / 03 / 2010

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
VERIZON

Mailing Address PO BOX 660720

City DALLAS State TX Zip Code 75266

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.138

Date of Disbursement

07 / 12 / 2010

Amount of Each Disbursement this Period

388.96

**C.** Full Name (Last, First, Middle Initial)  
WALDEN & ASSOCIATES

Mailing Address 5300 MEMORIAL DR STE 1070

City HOUSTON State TX Zip Code 77007

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.178

Date of Disbursement

07 / 06 / 2010

Amount of Each Disbursement this Period

174.44

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

3063.40

**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

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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) WELLS FARGO Mailing Address PO BOX 63750 City SAN FRANCISCO State CA Zip Code 94163 Purpose of Disbursement BANK FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.1 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 10.00

<b>B.</b> Full Name (Last, First, Middle Initial) WELLS FARGO Mailing Address PO BOX 63750 City SAN FRANCISCO State CA Zip Code 94163 Purpose of Disbursement BANK FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.12 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 15.00

<b>C.</b> Full Name (Last, First, Middle Initial) WELLS FARGO Mailing Address PO BOX 63750 City SAN FRANCISCO State CA Zip Code 94163 Purpose of Disbursement BANK FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.15 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 10.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	35.00
<b>TOTAL</b> 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)

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB21.22 Date of Disbursement 09 / 30 / 2010
	Mailing Address PO BOX 63750	Amount of Each Disbursement this Period 15.00
	City SAN FRANCISCO State CA Zip Code 94163	
	Purpose of Disbursement BANK FEES Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB21.5 Date of Disbursement 07 / 31 / 2010
	Mailing Address PO BOX 63750	Amount of Each Disbursement this Period 15.00
	City SAN FRANCISCO State CA Zip Code 94163	
	Purpose of Disbursement BANK FEES 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) ▼

C.	Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB21.8 Date of Disbursement 08 / 09 / 2010
	Mailing Address PO BOX 63750	Amount of Each Disbursement this Period 3.00
	City SAN FRANCISCO State CA Zip Code 94163	
	Purpose of Disbursement BANK FEES Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	33.00
<b>TOTAL</b> 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 256 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB21.9
	Mailing Address PO BOX 63750	Date of Disbursement 08 / 10 / 2010
	City SAN FRANCISCO State CA Zip Code 94163	Amount of Each Disbursement this Period 10.00
	Purpose of Disbursement BANK FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) WILAND DIRECT	Transaction ID: SB21.90
	Mailing Address 2950 COLORFUL AVE STE 100	Date of Disbursement 08 / 31 / 2010
	City LONGMONT State CO Zip Code 80504	Amount of Each Disbursement this Period 1826.45
	Purpose of Disbursement LIST PURCHASE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) WILAND DIRECT	Transaction ID: SB21.91
	Mailing Address 2950 COLORFUL AVE STE 100	Date of Disbursement 09 / 15 / 2010
	City LONGMONT State CO Zip Code 80504	Amount of Each Disbursement this Period 1550.00
	Purpose of Disbursement LIST PURCHASE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3386.45</b>
<b>TOTAL</b> 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 257 / 289

<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

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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>WILAND DIRECT</b>	<b>Transaction ID:</b> SB21.92 Date of Disbursement 07 / 12 / 2010	
	Mailing Address 2950 COLORFUL AVE STE 100		
	City LONGMONT      State CO      Zip Code 80504	Amount of Each Disbursement this Period	2209.63
	Purpose of Disbursement LIST RENTAL Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>WILAND DIRECT</b>	<b>Transaction ID:</b> SB21.93 Date of Disbursement 08 / 22 / 2010	
	Mailing Address 2950 COLORFUL AVE STE 100		
	City LONGMONT      State CO      Zip Code 80504	Amount of Each Disbursement this Period	800.00
	Purpose of Disbursement LIST RENTAL 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) ..... ►

**3009.63**

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

**791631.44**

# 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

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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
(ILEANA) ROS-LEHTINEN FOR CONGRESS

Mailing Address PO BOX 522784

City MIAMI State FL Zip Code 33152

Purpose of Disbursement  
CONTRIBUTION GENERAL

Candidate Name  
ILEANA ROS-LEHTINEN

Office Sought:  House  
 Senate  
 President

State: FL District: 18

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.14

Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
(PAUL) RYAN FOR CONGRESS

Mailing Address PO BOX 1919

City JANESVILLE State WI Zip Code 53547

Purpose of Disbursement  
CONTRIBUTION GENERAL

Candidate Name  
PAUL RYAN

Office Sought:  House  
 Senate  
 President

State: WI District: 01

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.6

Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
(STEVE) SOUTHERLAND FOR CONGRESS

Mailing Address PO BOX 1692

City LYNN HAVEN State FL Zip Code 32444

Purpose of Disbursement  
CONTRIBUTION GENERAL

Candidate Name  
WILLIAM SOUTHERLAND

Office Sought:  House  
 Senate  
 President

State: FL District: 02

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.11

Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
(STEVE) STIVERS FOR CONGRESS

Mailing Address 4679 WINTERSET DR

City COLUMBUS State OH Zip Code 43220

Purpose of Disbursement  
CONTRIBUTION GENERAL

Candidate Name  
STEVE STIVERS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.9

Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
(TIM) WALBERG FOR CONGRESS

Mailing Address 6769 TEACHOUT RD

City TIPTON State MI Zip Code 49287

Purpose of Disbursement  
CONTRIBUTION GENERAL

Candidate Name  
TIMOTHY WALBERG

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MI District: 07

Transaction ID: SB23.7

Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
ALLEN WEST FOR CONGRESS

Mailing Address PO BOX 1028

City DEERFIELD BEACH State FL Zip Code 33443

Purpose of Disbursement  
CONTRIBUTION GENERAL

Candidate Name  
ALLEN WEST

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: FL District: 22

Transaction ID: SB23.16

Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>BACHMANN FOR CONGRESS</b>  Mailing Address <b>PO BOX 25950</b>  City <b>WOODBURY</b> State <b>MN</b> Zip Code <b>55125</b> Purpose of Disbursement <b>EARMARKED FROM HERBERT JACOBS</b> Candidate Name <b>MICHELE BACHMANN</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MN</b> District: <b>06</b> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23COND.1</b> Date of Disbursement M M / D D / Y Y Y Y <b>09 / 30 / 2010</b>  Amount of Each Disbursement this Period 50.00
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>BACHMANN FOR CONGRESS</b>  Mailing Address <b>PO BOX 25950</b>  City <b>WOODBURY</b> State <b>MN</b> Zip Code <b>55125</b> Purpose of Disbursement <b>EARMARKED FROM CECILIA SHANTA</b> Candidate Name <b>MICHELE BACHMANN</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MN</b> District: <b>06</b> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23COND.2</b> Date of Disbursement M M / D D / Y Y Y Y <b>09 / 30 / 2010</b>  Amount of Each Disbursement this Period 15.00
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>BACHMANN FOR CONGRESS</b>  Mailing Address <b>PO BOX 25950</b>  City <b>WOODBURY</b> State <b>MN</b> Zip Code <b>55125</b> Purpose of Disbursement <b>EARMARKED ERIK REKSTAD</b> Candidate Name <b>MICHELE BACHMANN</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MN</b> District: <b>06</b> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23COND.3</b> Date of Disbursement M M / D D / Y Y Y Y <b>09 / 16 / 2010</b>  Amount of Each Disbursement this Period 25.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>90.00</b>
<b>TOTAL</b> 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 262 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) BOOZMAN FOR ARKANSAS	Transaction ID: SB23COND.5 Date of Disbursement
	Mailing Address 322 NORTH BLOOMINGTON STE A-B	<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City LOWELL State AR Zip Code 72745	Amount of Each Disbursement this Period
	Purpose of Disbursement EARMARKED FROM JIMMY WILEMON	<input type="text" value="5.00"/>
	Candidate Name JOHN BOOZMAN	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BYBERG FOR CONGRESS	Transaction ID: SB23.24 Date of Disbursement
	Mailing Address 1700 TECHNOLOGY DR NE	<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City WILLMAR State MN Zip Code 56251	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION GENERAL	<input type="text" value="2000.00"/>
	Candidate Name VIDAR BYBERG	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CARLY FOR CALIFORNIA INC	Transaction ID: SB23.29 Date of Disbursement
	Mailing Address 520 CAPITOL MALL STE 220	<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City SACRAMENTO State CA Zip Code 95814	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION GENERAL	<input type="text" value="3000.00"/>
	Candidate Name CARLY FIORINA	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5005.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
CARLY FOR CALIFORNIA INC

Transaction ID: SB23COND.13  
Date of Disbursement

Mailing Address 520 CAPITOL MALL STE 220

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	0

City State Zip Code  
SACRAMENTO CA 95814

Amount of Each Disbursement this Period

Purpose of Disbursement  
EARMARKED ERIK REKSTAD

Category/  
Type

25.00

Candidate Name  
CARLY FIORINA

Office Sought:  House  Senate  President  
 Disbursement For: 2010  Primary  General  Other (specify) ▼  
 State: CA District: 00

**B.**

Full Name (Last, First, Middle Initial)  
CARLY FOR CALIFORNIA INC

Transaction ID: SB23COND.7  
Date of Disbursement

Mailing Address 520 CAPITOL MALL STE 220

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

City State Zip Code  
SACRAMENTO CA 95814

Amount of Each Disbursement this Period

Purpose of Disbursement  
EARMARKED FROM JIMMY WILEMON

Category/  
Type

5.00

Candidate Name  
CARLY FIORINA

Office Sought:  House  Senate  President  
 Disbursement For: 2010  Primary  General  Other (specify) ▼  
 State: CA District: 00

**C.**

Full Name (Last, First, Middle Initial)  
CRAVAACK FOR CONGRESS CAMPAIGN COMM

Transaction ID: SB23.25  
Date of Disbursement

Mailing Address PO BOX 951

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

City State Zip Code  
NORTH BRANCH MN 55056

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONTRIBUTION GENERAL

Category/  
Type

2000.00

Candidate Name  
CHIP CRAVAACK

Office Sought:  House  Senate  President  
 Disbursement For: 2010  Primary  General  Other (specify) ▼  
 State: MN District: 08

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

2030.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 264 / 289

<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

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)  
Freedom First PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) CRAVAACK FOR CONGRESS CAMPAIGN COMM</p> <p>Mailing Address PO BOX 951</p> <p>City NORTH BRANCH State MN Zip Code 55056</p> <p>Purpose of Disbursement EARMARKED ERIK REKSTAD</p> <p>Candidate Name CHIP CRAVAACK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23COND.17 <b>Date of Disbursement</b> 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) CRAWFORD FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO BOX 16956</p> <p>City JONESBORO State AR Zip Code 72403</p> <p>Purpose of Disbursement EARMARKED FROM JIMMY WILEMON</p> <p>Candidate Name ERIC CRAWFORD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23COND.4 <b>Date of Disbursement</b> 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 5.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) DAN COATS FOR INDIANA</p> <p>Mailing Address PO BOX 301141</p> <p>City INDIANAPOLIS State IN Zip Code 46230</p> <p>Purpose of Disbursement CONTRIBUTION GENERAL</p> <p>Candidate Name DANIEL COATS</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.27 <b>Date of Disbursement</b> 07 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p>

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

3030.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 265 / 289

<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

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)  
Freedom First PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>DANIEL WEBSTER FOR CONGRESS</b></p> <p>Mailing Address 3400 OLD WINTER GARDEN RD</p> <p>City ORLANDO State FL Zip Code 32805</p> <p>Purpose of Disbursement CONTRIBUTION GENERAL</p> <p>Candidate Name DANIEL WEBSTER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.12 <b>Date of Disbursement</b> 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>DAVID RIVERA FOR CONGRESS</b></p> <p>Mailing Address PO BOX 520633</p> <p>City MIAMI State FL Zip Code 33152</p> <p>Purpose of Disbursement CONTRIBUTION GENERAL</p> <p>Candidate Name DAVID RIVERA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 25</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.18 <b>Date of Disbursement</b> 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>DUFFY FOR CONGRESS</b></p> <p>Mailing Address PO BOX 186</p> <p>City ASHLAND State WI Zip Code 54806</p> <p>Purpose of Disbursement EARMARKED FROM CECILIA SHANTA</p> <p>Candidate Name SEAN DUFFY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23COND.21 <b>Date of Disbursement</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 15.00</p>

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

2015.00

**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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) FRIENDS OF DENNIS ROSS	Transaction ID: SB23.13 Date of Disbursement 09 / 27 / 2010
	Mailing Address PO BOX 7310	
	City LAKELAND State FL Zip Code 33807	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION GENERAL	Category/ Type
	Candidate Name DENNIS ROSS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF KELLY AYOTTE	Transaction ID: SB23.36 Date of Disbursement 09 / 20 / 2010
	Mailing Address 101 CHARLES ST	
	City MANCHESTER State NH Zip Code 03101	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement CONTRIBUTION GENERAL	Category/ Type
	Candidate Name KELLY AYOTTE	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF FRANK GUINTA	Transaction ID: SB23.37 Date of Disbursement 09 / 20 / 2010
	Mailing Address PO BOX 877	
	City MANCHESTER State NH Zip Code 03105	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement CONTRIBUTION GENERAL	Category/ Type
	Candidate Name FRANK GUINTA	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	11000.00
<b>TOTAL</b> 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 267 / 289

<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

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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF CHRISTINE O'DONNELL</b> <hr/> Mailing Address <b>PO BOX 3987</b> <hr/> City <b>WILMINGTON</b> State <b>DE</b> Zip Code <b>19807</b> <hr/> Purpose of Disbursement <b>CONTRIBUTION GENERAL</b> <hr/> Candidate Name <b>CHRISTINE O'DONNELL</b> <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>DE</b> District: <b>00</b> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: SB23.5</b> Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	7	/	2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	2	7	/	2	0	1	0														
1000.00																							
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF ERIK PAULSEN</b> <hr/> Mailing Address <b>PO BOX 44369</b> <hr/> City <b>EDEN PRAIRIE</b> State <b>MN</b> Zip Code <b>55344</b> <hr/> Purpose of Disbursement <b>EARMARKED ERIK REKSTAD</b> <hr/> Candidate Name <b>ERIK PAULSEN</b> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MN</b> District: <b>03</b> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: SB23COND.18</b> Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">25.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	6	/	2	0	1	0	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	1	6	/	2	0	1	0														
25.00																							
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>GRASSLEY COMMITTEE INC</b> <hr/> Mailing Address <b>PO BOX 1000</b> <hr/> City <b>DES MOINES</b> State <b>IA</b> Zip Code <b>50304</b> <hr/> Purpose of Disbursement <b>CONTRIBUTION GENERAL</b> <hr/> Candidate Name <b>CHARLES GRASSLEY</b> <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>IA</b> District: <b>00</b> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: SB23.35</b> Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">2600.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	0	2	/	2	0	1	0	2600.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8	/	0	2	/	2	0	1	0														
2600.00																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<table border="1"> <tr> <td style="font-weight: bold;">3625.00</td> </tr> </table>	3625.00
3625.00		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1"> <tr> <td style="height: 20px;"> </td> </tr> </table>	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 269 / 289

<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

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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
JOEL DEMOS FOR US CONGRESS

Mailing Address 9231 W 23RD ST

City ST LOUIS PARK State MN Zip Code 55426

Purpose of Disbursement  
EARMARKED ERIK REKSTAD

Candidate Name  
JOEL DEMOS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MN District: 05

Transaction ID: SB23COND.16  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
KING FOR CONGRESS

Mailing Address 116 N MAIN ST

City EARLY State IA Zip Code 50535

Purpose of Disbursement  
CONTRIBUTION GENERAL

Candidate Name  
STEVE KING

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IA District: 05

Transaction ID: SB23.34  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
KINZINGER FOR CONGRESS

Mailing Address PO BOX 1050

City BOURBONNAIS State IL Zip Code 60914

Purpose of Disbursement  
EARMARKED FROM CECILIA SHANTA

Candidate Name  
ADAM KINZINGER

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IL District: 11

Transaction ID: SB23COND.22  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>KINZINGER FOR CONGRESS</b>	<b>Transaction ID:</b> SB23COND.8 Date of Disbursement 08 / 31 / 2010	
	Mailing Address PO BOX 1050		
	City BOURBONNAIS State IL Zip Code 60914	Amount of Each Disbursement this Period	250.00
	Purpose of Disbursement EARMARKED FROM DAVID WALSH Candidate Name ADAM KINZINGER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Category/Type	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>KINZINGER FOR CONGRESS</b>	<b>Transaction ID:</b> SB23COND.9 Date of Disbursement 08 / 31 / 2010	
	Mailing Address PO BOX 1050		
	City BOURBONNAIS State IL Zip Code 60914	Amount of Each Disbursement this Period	5.00
	Purpose of Disbursement EARMARKED FROM JIMMY WILEMON Candidate Name ADAM KINZINGER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Category/Type	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>KLINE FOR CONGRESS</b>	<b>Transaction ID:</b> SB23COND.14 Date of Disbursement 09 / 16 / 2010	
	Mailing Address 101 WEST BURNSVILLE PARKWAY STE 10		
	City BURNSVILLE State MN Zip Code 55337	Amount of Each Disbursement this Period	25.00
	Purpose of Disbursement EARMARKED ERIK REKSTAD Candidate Name JOHN KLINE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 06	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>280.00</b>
<b>TOTAL</b> 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 271 / 289

<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

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)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>KRISTI FOR CONGRESS</b>  Mailing Address <b>PO BOX 853</b>  City <b>SIOUX FALLS</b> State <b>SD</b> Zip Code <b>57101</b>  Purpose of Disbursement <b>CONTRIBUTION GENERAL</b>  Candidate Name <b>KRISTI NOEM</b>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>SD</b> District: <b>00</b>  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.21</b> Date of Disbursement M M / D D / Y Y Y Y <b>09 / 27 / 2010</b>  Amount of Each Disbursement this Period 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>LANGE FOR CONGRESS</b>  Mailing Address <b>606 13TH AVE NE</b>  City <b>INDEPENDENCE</b> State <b>IA</b> Zip Code <b>50644</b>  Purpose of Disbursement <b>CONTRIBUTION GENERAL</b>  Candidate Name <b>BENJAMIN LANGE</b>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>IA</b> District: <b>01</b>  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.30</b> Date of Disbursement M M / D D / Y Y Y Y <b>08 / 02 / 2010</b>  Amount of Each Disbursement this Period 2500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>LATHAM FOR CONGRESS</b>  Mailing Address <b>PO BOX 71</b>  City <b>CLARION</b> State <b>IA</b> Zip Code <b>50525</b>  Purpose of Disbursement <b>CONTRIBUTION GENERAL</b>  Candidate Name <b>THOMAS LATHAM</b>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>IA</b> District: <b>04</b>  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.33</b> Date of Disbursement M M / D D / Y Y Y Y <b>08 / 02 / 2010</b>  Amount of Each Disbursement this Period 2500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> 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)

<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

Any Information copied from such Reports and Statements and 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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) MARCO RUBIO FOR US SENATE	Transaction ID: SB23.10 Date of Disbursement
	Mailing Address 2030 SOUTH DOUGLAS RD STE 105	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City CORAL GABLES State FL Zip Code 33134	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION GENERAL	<input type="text" value="2600.00"/>
	Candidate Name MARCO RUBIO	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MARIO DIAZ-BALART FOR CONGRESS	Transaction ID: SB23.15 Date of Disbursement
	Mailing Address 95 MERRICK WAY STE 250	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City CORAL GABLES State FL Zip Code 33134	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION GENERAL	<input type="text" value="1000.00"/>
	Candidate Name MARIO DIAZ-BALART	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 21	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MILLER-MEEKS FOR CONGRESS	Transaction ID: SB23.20 Date of Disbursement
	Mailing Address PO BOX 3091	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City IOWA CITY State IA Zip Code 52244	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION GENERAL	<input type="text" value="1000.00"/>
	Candidate Name MARIANNETTE MILLER-MEEKS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4600.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
MILLER-MEEKS FOR CONGRESS

Mailing Address PO BOX 3091

City IOWA CITY State IA Zip Code 52244

Purpose of Disbursement  
CONTRIBUTION GENERAL

Candidate Name  
MARIANNETTE MILLER-MEEKS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IA District: 02

Transaction ID: SB23.31  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
RAESE FOR SENATE COMMITTEE

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement  
CONTRIBUTION GENERAL

Candidate Name  
JOHN RAESE

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: WV District: 00

Transaction ID: SB23.4  
Date of Disbursement

/    /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
RAESE FOR SENATE COMMITTEE

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement  
EARMARKED FROM CECILIA SHANTA

Candidate Name  
JOHN RAESE

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: WV District: 00

Transaction ID: SB23COND.24  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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)  
Freedom First PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) RON JOHNSON FOR SENATE INC</p> <p>Mailing Address 601 OREGON ST STE A</p> <p>City OSHKISH State WI Zip Code 54902</p> <p>Purpose of Disbursement CONTRIBUTION GENERAL</p> <p>Candidate Name RONALD JOHNSON</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.28</p> <p>Date of Disbursement 07 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) SAM CALIGIURI FOR CONGRESS</p> <p>Mailing Address PO BOX11252</p> <p>City WATERBURY State CT Zip Code 06703</p> <p>Purpose of Disbursement CONTRIBUTION GENERAL</p> <p>Candidate Name SAM CALIGIURI</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.8</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) SANDY ADAMS FOR CONGRESS</p> <p>Mailing Address PO BOX 1566</p> <p>City ORLANDO State FL Zip Code 32802</p> <p>Purpose of Disbursement CONTRIBUTION GENERAL</p> <p>Candidate Name SANDY ADAMS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.17</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> 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

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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
TERESA COLLETT FOR CONGRESS

Mailing Address 1824 STANFORD AVE

City ST PAUL State MN Zip Code 55105

Purpose of Disbursement  
CONTRIBUTION GENERAL

Candidate Name  
TERESA COLLETT

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MN District: 04

Transaction ID: SB23.22  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
TERESA COLLETT FOR CONGRESS

Mailing Address 1824 STANFORD AVE

City ST PAUL State MN Zip Code 55105

Purpose of Disbursement  
EARMARKED FROM DAVID WALSH

Candidate Name  
TERESSA COLLETT

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MN District: 04

Transaction ID: SB23COND.10  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
TERESA COLLETT FOR CONGRESS

Mailing Address 1824 STANFORD AVE

City ST PAUL State MN Zip Code 55105

Purpose of Disbursement  
EARMARKED ERIK REKSTAD

Candidate Name  
TERESSA COLLETT

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MN District: 04

Transaction ID: SB23COND.15  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 276 / 289

<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

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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
TERESA COLLETT FOR CONGRESS

Mailing Address 1824 STANFORD AVE

City ST PAUL State MN Zip Code 55105

Purpose of Disbursement  
EARMARKED FROM CECILIA SHANTA

Candidate Name  
TERESSA COLLETT

Office Sought:  House  Senate  President  
State: MN District: 04

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23COND.23  
Date of Disbursement  
09 / 30 / 2010

Amount of Each Disbursement this Period  
30.00

Category/Type

**B.** Full Name (Last, First, Middle Initial)  
TIM BURNS FOR CONGRESS

Mailing Address PO BOX 4483

City EIGHTY FOUR State PA Zip Code 15330

Purpose of Disbursement  
EARMARKED FROM CECILIA SHANTA

Candidate Name  
TIMOTHY BURNS

Office Sought:  House  Senate  President  
State: PA District: 12

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23COND.19  
Date of Disbursement  
09 / 30 / 2010

Amount of Each Disbursement this Period  
30.00

Category/Type

**C.** Full Name (Last, First, Middle Initial)  
TIM GRIFFIN FOR CONGRESS CAMPAIGN

Mailing Address PO BOX 7526

City LITTEL ROCK State AR Zip Code 72221

Purpose of Disbursement  
CONTRIBUTION GENERAL

Candidate Name  
JOHN GRIFFIN

Office Sought:  House  Senate  President  
State: AR District: 02

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.26  
Date of Disbursement  
07 / 28 / 2010

Amount of Each Disbursement this Period  
2000.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 2060.00

**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

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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
TIM GRIFFIN FOR CONGRESS CAMPAIGN

Mailing Address PO BOX 7526

City LITTEL ROCK State AR Zip Code 72221

Purpose of Disbursement  
EARMARKED FROM CECILIA SHANTA

Candidate Name  
JOHN GRIFFIN

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AR District: 02

Transaction ID: SB23COND.20  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
TIM GRIFFIN FOR CONGRESS CAMPAIGN

Mailing Address PO BOX 7526

City LITTEL ROCK State AR Zip Code 72221

Purpose of Disbursement  
EARMARKED FROM JIMMY WILEMON

Candidate Name  
JOHN GRIFFIN

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AR District: 02

Transaction ID: SB23COND.6  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
TIM SCOTT FOR CONGRESS

Mailing Address 1405 ASHLEY RIVER RD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement  
EARMARKED FROM JIMMY WILEMON

Candidate Name  
TIMOTHY SCOTT

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: SC District: 01

Transaction ID: SB23COND.12  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
TIM SCOTT FOR CONGRESS

Mailing Address 1405 ASHLEY RIVER RD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement  
EARMARKED FROM CECILIA SHANTA

Candidate Name  
TIMOTHY SCOTT

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: SC District: 01

Transaction ID: SB23COND.25  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

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

Mailing Address PO BOX 42221

City URBANDALE State IA Zip Code 50323

Purpose of Disbursement  
CONTRIBUTION GENERAL

Candidate Name  
BRAD ZAUN

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IA District: 03

Transaction ID: SB23.19  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

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

Mailing Address PO BOX 42221

City URBANDALE State IA Zip Code 50323

Purpose of Disbursement  
CONTRIBUTION GENERAL

Candidate Name  
BRAD ZAUN

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IA District: 03

Transaction ID: SB23.32  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) FLORIDA SENATE MAJORITY 2010 Mailing Address 420 EAST JEFFERSON ST City TALLAHASSEE State FL Zip Code 32301 Purpose of Disbursement CONTRIBUTION- FEDERAL ACCOUNT Candidate Name	Transaction ID: SB29.2 Date of Disbursement 07 / 28 / 2010 Amount of Each Disbursement this Period 5000.00

<b>B.</b> Full Name (Last, First, Middle Initial) BB&T VISA BUSINESS CARD Mailing Address PO BOX 24747 City TAMPA State FL Zip Code 33623 Purpose of Disbursement CREDIT CARD PAYMENT Candidate Name	Transaction ID: SB23CCP.3 Date of Disbursement 09 / 07 / 2010 Amount of Each Disbursement this Period 1499.57

<b>C.</b> Full Name (Last, First, Middle Initial) DELTA AIRLINES Mailing Address PO BOX 20706 City ATLANTA State GA Zip Code 30320 Purpose of Disbursement TRAVEL Candidate Name BRAD ZAUN	Transaction ID: SB23CCD.15611 Date of Disbursement 09 / 07 / 2010 Amount of Each Disbursement this Period 1085.15

**[MEMO ITEM]**  
IN-KIND TO ZAUN FOR CONGR-  
ESS

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6499.57</b>
<b>TOTAL</b> 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 280 / 289

<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

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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) DJANGO	Transaction ID: SB23CCD.136
	Mailing Address 210 10TH ST	Date of Disbursement 09 / 07 / 2010
	City DESMOINES State IA Zip Code 50309	Amount of Each Disbursement this Period 81.81
	Purpose of Disbursement FOOD/BEVERAGES	[MEMO ITEM] IN-KIND TO ZAUN FOR CONGR- ESS
	Candidate Name BRAD ZAUN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) MARRIOTT	Transaction ID: SB23CCD.154
	Mailing Address 10400 FERNWOOD BLVD	Date of Disbursement 09 / 07 / 2010
	City BETHESDA State MD Zip Code 20058	Amount of Each Disbursement this Period 332.61
	Purpose of Disbursement TRAVEL	[MEMO ITEM] IN-KIND TO ZAUN FOR CONGR- ESS
	Candidate Name BRAD ZAUN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) NEW HAMPSHIRE REPUBLICAN PARTY	Transaction ID: SB29.1
	Mailing Address 10 WATER ST	Date of Disbursement 07 / 08 / 2010
	City CONCORD State NH Zip Code 03301	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement CONTRIBUTION- FEDERAL ACCOUNT	
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>86919.57</b>



# 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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
(BUTCH) OTTER FOR GOVERNOR

Mailing Address PO BOX 1456

City BOISE State ID Zip Code 83701

Purpose of Disbursement  
CONTRIBUTION- GENERAL

Candidate Name  
BUTCH OTTER

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: ID District:

Transaction ID: SB29.5

Date of Disbursement

09 / 21 / 2010

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
BRIAN SANDOVAL FOR GOVERNOR

Mailing Address PO BOX 370297

City LAS VEGAS State NV Zip Code 89137

Purpose of Disbursement  
CONTRIBUTION- GENERAL

Candidate Name  
BRIAN SANDOVAL

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: NV District: 00

Transaction ID: SB29.6

Date of Disbursement

08 / 20 / 2010

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
CITIZENS FOR JOSH MANDEL

Mailing Address 2112 ACACIA PARK DR STE 504

City LYNDHURST State OH Zip Code 44124

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
JOSH MANDEL

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: OH District:

Transaction ID: SB29.10

Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

2000.00

**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)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) CITIZENS FOR BILL BRADY	Transaction ID: SB29.8 Date of Disbursement 08 / 19 / 2010
	Mailing Address 500 W MONROE ST FIRST FL NE	Amount of Each Disbursement this Period 5000.00
	City SPRINGFIELD State IL Zip Code 62704	
	Purpose of Disbursement CONTRIBUTION- GENERAL	Category/ Type
	Candidate Name BILL BRADY	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 00	

B.	Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DUDLEY	Transaction ID: SB29.9 Date of Disbursement 08 / 20 / 2010
	Mailing Address PO BOX 9308	Amount of Each Disbursement this Period 5000.00
	City PORTLAND State OR Zip Code 97207	
	Purpose of Disbursement CONTRIBUTION- GENERAL	Category/ Type
	Candidate Name CHRIS DUDLEY	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OR District:	

C.	Full Name (Last, First, Middle Initial) JIM KEET FOR GOVERNOR	Transaction ID: SB29.3 Date of Disbursement 08 / 06 / 2010
	Mailing Address PO BOX 25436	Amount of Each Disbursement this Period 500.00
	City LITTLE ROCK State AR Zip Code 72221	
	Purpose of Disbursement CONTRIBUTION- GENERAL	Category/ Type
	Candidate Name JIM KEET	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: AR District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	10500.00
<b>TOTAL</b> 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 283 / 289

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) SUSANA MARTINEZ FOR GOVERNOR	Transaction ID: SB29.4 Date of Disbursement
	Mailing Address PO BOX 14025	<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City LAS CRUCES State NM Zip Code 88013	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION- GENERAL	<input type="text" value="1165.00"/>
	Candidate Name SUSANA MARTINEZ	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SUSANA MARTINEZ FOR GOVERNOR	Transaction ID: SB29COND.1 Date of Disbursement
	Mailing Address PO BOX 14025	<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City LAS CRUCES State NM Zip Code 88013	Amount of Each Disbursement this Period
	Purpose of Disbursement EARMARKED FROM AL LORENZO	<input type="text" value="10.00"/>
	Candidate Name SUSANA MARTINEZ	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SUSANA MARTINEZ FOR GOVERNOR	Transaction ID: SB29COND.2 Date of Disbursement
	Mailing Address PO BOX 14025	<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City LAS CRUCES State NM Zip Code 88013	Amount of Each Disbursement this Period
	Purpose of Disbursement EARMARKED FROM JIMMY WILEMON	<input type="text" value="20.00"/>
	Candidate Name SUSANA MARTINEZ	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1195.00"/>
<b>TOTAL</b> 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 284 / 289

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 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)  
Freedom First PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) SUSANA MARTINEZ FOR GOVERNOR</p> <p>Mailing Address PO BOX 14025</p> <p>City LAS CRUCES State NM Zip Code 88013</p> <p>Purpose of Disbursement EARMARKED FROM DAVID WALSH</p> <p>Candidate Name SUSANA MARTINEZ</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29COND.3 <b>Date of Disbursement:</b> 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) SUSANA MARTINEZ FOR GOVERNOR</p> <p>Mailing Address PO BOX 14025</p> <p>City LAS CRUCES State NM Zip Code 88013</p> <p>Purpose of Disbursement EARMARKED FROM GLEN JOHNSON</p> <p>Candidate Name SUSANA MARTINEZ</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29COND.4 <b>Date of Disbursement:</b> 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) SUSANA MARTINEZ FOR GOVERNOR</p> <p>Mailing Address PO BOX 14025</p> <p>City LAS CRUCES State NM Zip Code 88013</p> <p>Purpose of Disbursement EARMARKED FROM CECILIA SHANTA</p> <p>Candidate Name SUSANA MARTINEZ</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29COND.5 <b>Date of Disbursement:</b> 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 30.00</p>

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

380.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 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)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) <b>TAXPAYERS FOR WILSON</b> <hr/> Mailing Address 19 W 44TH ST STE 1401 <hr/> City NEW YORK State NY Zip Code 10036 <hr/> Purpose of Disbursement CONTRIBUTION- GENERAL <hr/> Candidate Name HARRY WILSON <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.7 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	3		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y											
	0	7		1	3		2	0	1	0											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Category/ Type <table border="1"> <tr> <td></td> </tr> </table>																					
<b>B.</b> Full Name (Last, First, Middle Initial) <b>BB&amp;T VISA BUSINESS CARD</b> <hr/> Mailing Address PO BOX 24747 <hr/> City TAMPA State FL Zip Code 33623 <hr/> Purpose of Disbursement CREDIT CARD PAYMENT <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29CCP.4357 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	7		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y											
	0	9		0	7		2	0	1	0											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1546.03</td> </tr> </table>	1546.03																			
1546.03																					
Category/ Type <table border="1"> <tr> <td></td> </tr> </table>																					
<b>C.</b> Full Name (Last, First, Middle Initial) <b>CAPER'S CAFE</b> <hr/> Mailing Address 7000 NE AIRPORT WAY <hr/> City PORTALND State OR Zip Code 97220 <hr/> Purpose of Disbursement FOOD/BEVERAGES <hr/> Candidate Name CHRIS DUDLEY <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29CCD.123 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	7		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y											
	0	9		0	7		2	0	1	0											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>31.90</td> </tr> </table>	31.90																			
31.90																					
Category/ Type <table border="1"> <tr> <td></td> </tr> </table>																					

**[MEMO ITEM]**  
IN-KIND TO FRIENDS OF CHR-  
IS DUDLEY

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

**2546.03**

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: SB29CCD.15677 Date of Disbursement 09 / 07 / 2010
	Mailing Address PO BOX 20706	Amount of Each Disbursement this Period 695.55
	City ATLANTA State GA Zip Code 30320	
	Purpose of Disbursement TRAVEL	Category/Type
	Candidate Name CHRIS DUDLEY	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> IN-KIND TO FRIENDS OF CHRIS DUDLEY

B.	Full Name (Last, First, Middle Initial) DULLES AIRPORT PARKING	Transaction ID: SB29CCD.127 Date of Disbursement 09 / 07 / 2010
	Mailing Address 1 AVIATION CIRCLE	Amount of Each Disbursement this Period 25.50
	City WASHINGTON State DC Zip Code 20001	
	Purpose of Disbursement TRAVEL	Category/Type
	Candidate Name CHRIS DUDLEY	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> IN-KIND TO FRIENDS OF CHRIS DUDLEY

C.	Full Name (Last, First, Middle Initial) GREEN CAB & GREEN SHUTTLE	Transaction ID: SB29CCD.125 Date of Disbursement 09 / 07 / 2010
	Mailing Address 10118 E BURNSIDE ST	Amount of Each Disbursement this Period 44.00
	City PORTLAND State OR Zip Code 97216	
	Purpose of Disbursement TRAVEL	Category/Type
	Candidate Name CHRIS DUDLEY	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> IN-KIND TO FRIENDS OF CHRIS DUDLEY

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 287 / 289

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 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)  
Freedom First PAC

A.	Full Name (Last, First, Middle Initial) <b>MARRIOTT</b>	Transaction ID: SB29CCD.15419 Date of Disbursement 09 / 07 / 2010
	Mailing Address 10400 FERNWOOD BLVD	Amount of Each Disbursement this Period 282.73
	City BETHESDA State MD Zip Code 20058	
	Purpose of Disbursement TRAVEL	
	Candidate Name CHRIS DUDLEY	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OR District: 00	<b>[MEMO ITEM]</b> IN-KIND TO FRIENDS OF CHRIS DUDLEY

B.	Full Name (Last, First, Middle Initial) <b>UNITED AIRLINES</b>	Transaction ID: SB29CCD.151 Date of Disbursement 09 / 07 / 2010
	Mailing Address 77 WACKER DR	Amount of Each Disbursement this Period 466.35
	City CHICAGO State IL Zip Code 60601	
	Purpose of Disbursement TRAVEL	
	Candidate Name CHRIS DUDLEY	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OR District: 00	<b>[MEMO ITEM]</b> IN-KIND TO FRIENDS OF CHRIS DUDLEY

C.	Full Name (Last, First, Middle Initial) <b>BB&amp;T VISA BUSINESS CARD</b>	Transaction ID: SB29CCP.43995 Date of Disbursement 09 / 07 / 2010
	Mailing Address PO BOX 24747	Amount of Each Disbursement this Period 227.15
	City TAMPA State FL Zip Code 33623	
	Purpose of Disbursement CREDIT CARD PAYMENT	
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	227.15
<b>TOTAL</b> 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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 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)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial)  
VERTICAL RESPONSE INC

Mailing Address 501 2ND ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
COMPUTER SERVICE/EQUIPMENT

Candidate Name  
JOHN KASICH

Office Sought:  House  Senate  President  
State: OH District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB29CCD.146  
Date of Disbursement

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

Amount of Each Disbursement this Period

227.15
--------

**[MEMO ITEM]**

IN-KIND TO KASICH FOR GOV-ERNOR

**B.** Full Name (Last, First, Middle Initial)  
SC REPUBLICAN PARTY- VICTORY 2010

Mailing Address PO BOX 12373

City COLUMBIA State SC Zip Code 29211

Purpose of Disbursement  
CONTRIBUTION- STATE ACCOUNT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB29.11  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	0

Amount of Each Disbursement this Period

3500.00
---------

**C.** Full Name (Last, First, Middle Initial)  
VERMONT REPUBLICAN PARTY

Mailing Address PO BOX 70 141 MAIN ST STE 3

City MONTPELIER State VT Zip Code 05601

Purpose of Disbursement  
CONTRIBUTION- STATE ACCOUNT

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB29.12  
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00
---------

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

5500.00
---------

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

28348.18
----------



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 289 / 289	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Freedom First PAC

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> CITIZENS FOR BILL BRADY	Nature of Debt (Purpose): TRAVEL
Mailing Address 500 W MONROE ST 1ST FL NE	
City State ZIP Code SPRINGFIELD IL 62704	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD9.1</b>	
Amount Incurred This Period 542.25	Payment This Period 0.00	Outstanding Balance at Close of This Period 542.25

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> MICHIGAN REPUBLICAN PARTY	Nature of Debt (Purpose): TRAVEL
Mailing Address 520 SEYMOUR ST	
City State ZIP Code LANSING MI 55438	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD9.2</b>	
Amount Incurred This Period 1604.07	Payment This Period 0.00	Outstanding Balance at Close of This Period 1604.07

1) <b>SUBTOTALS</b> This Period This Page (optional).....	2146.32
2) <b>TOTALS</b> This Period (last page this line number only).....	2146.32
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	2146.32