

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

Office Use Only

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

TO ORGANIZE A MAJORITY PAC (TOMPAC)

ADDRESS (number and street)

PO BOX 752

☐Check if different  
than previously  
reported. (ACC)

DES MOINES

IA

50303

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIPCODE ▲

C00385732

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 (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

1 0

0 1

2 0 0 7

through

1 2

3 1

2 0 0 7

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

Type or Print Name of Treasurer

Theresa Kehoe

Signature of Treasurer

Electronically Filed by Theresa Kehoe

Date

0 1

2 3

2 0 0 8

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2007	43667.58
(b) Cash on Hand at Beginning of Reporting Period .....	15584.40	
(c) Total Receipts (from Line 19) .....	78000.00	170725.40
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	93584.40	214392.98
7. Total Disbursements (from Line 31) .....	58701.46	179510.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	34882.94	34882.94
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

TO ORGANIZE A MAJORITY PAC (TOMPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	7

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	21000.00	73510.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	21000.00	73510.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	57000.00	97000.00
(c) Other Political Committees (such as PACs) .....	78000.00	170510.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	215.40
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	78000.00	170725.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	78000.00	170725.40

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	31201.46	88672.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	31201.46	88672.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27500.00	90500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	337.43
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))..	58701.46	179510.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58701.46	179510.04

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	78000.00	170510.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	78000.00	170510.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	31201.46	88672.61
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	215.40
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	31201.46	88457.21

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

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

FOR LINE NUMBER: PAGE 6 / 21

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Gerard D'Amico

Mailing Address 358 Salisbury Street

City

Worcester

State

MA

Zip Code

01609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Gov't Affairs Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.12081

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Lawrence Goodman

Mailing Address 425 Marguerita Ave

City

Santa Monica

State

CA

Zip Code

90402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
School Link Technologies

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  
 1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.12080

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Douglas Harrison

Mailing Address 455 Hunter Trophy

City

New Braunfels

State

TX

Zip Code

78132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scooter Store

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.12077

Amount of Each Receipt this Period

5000.00

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

11000.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 21

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

J Michael Perik

Mailing Address 313 Washington Street #225

City State Zip Code  
 Newton MA 02458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Achievement Technologies

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.12082

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

D Michael Smith

Mailing Address 3104 Rodman St NW

City State Zip Code  
 Washington DC 20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenberg Traurig

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.12078

Amount of Each Receipt this Period

5000.00

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

10000.00

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

21000.00

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

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

FOR LINE NUMBER: PAGE 8 / 21

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

AAJ PAC

Mailing Address 1050 31st St NW

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing  
federal political committee.

C

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  
 1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11C.12053

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

AFSCME PAC

Mailing Address 1625 L St NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

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  
 1 0 / 0 4 / 2 0 0 7

Transaction ID: SA11C.12067

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

American Association of Nurse Anesthetists (CRNA PAC)

Mailing Address 412 1st St SE Ste 12

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11C.12072

Amount of Each Receipt this Period

2500.00

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

12500.00

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

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

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

FOR LINE NUMBER: PAGE 9 / 21

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
 American Federation of Teachers COPE

Mailing Address 555 New Jersey Ave NW

City State Zip Code  
 Washington DC 20001

FEC ID number of contributing  
 federal political committee.

**C**

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  
 1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11C.12068

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
 American Hospital Association PAC (AHA PAC)

Mailing Address 325 7th St NW

City State Zip Code  
 Washington DC 20004

FEC ID number of contributing  
 federal political committee.

**C**

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  
 1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11C.12074

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)  
 American Optometric Association PAC

Mailing Address 1505 Prince St Ste 300

City State Zip Code  
 Alexandria VA 22314

FEC ID number of contributing  
 federal political committee.

**C**

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  
 1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11C.12076

Amount of Each Receipt this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 21

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
 AOPA PAC Aircraft Owners and Pilots Association  
 Mailing Address 421 Aviation Way

City State Zip Code  
 Frederick MD 21701

FEC ID number of contributing  
federal political committee.

**C**

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  
 1 0 / 2 6 / 2 0 0 7

Transaction ID: SA11C.12063

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
 California Dairies Federal PAC  
 Mailing Address PO Box 2198

City State Zip Code  
 Los Banos CA 93635

FEC ID number of contributing  
federal political committee.

**C**

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  
 1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11C.12059

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)  
 National Air Traffic Controllers Association PAC  
 Mailing Address 1325 Massachusetts Ave NW

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C**

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  
 1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11C.12055

Amount of Each Receipt this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 21

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Peach-PAC-General Account

Mailing Address 2300 River Plaza Drive Suite 110

City State Zip Code  
 Lafayette CA 94549

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11C.12057

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Realtors PAC

Mailing Address 430 N Michigan Ave

City State Zip Code  
 Chicago IL 60611

FEC ID number of contributing  
federal political committee.

**C**

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  
 1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11C.12065

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Seafarers Political Activity

Mailing Address 5201 Auth Way

City State Zip Code  
 Camp Springs MD 20746

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: SA11C.12070

Amount of Each Receipt this Period

4000.00

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

9500.00

**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 / 21

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Sheet Metal Workers' PAC

Mailing Address 1750 New York Ave NW

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11C.12061

Amount of Each Receipt this Period

5000.00

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

5000.00

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

57000.00

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

PAGE 13 / 21

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Alamo Rent a Car	<b>Transaction ID:</b> SB21B.12093 <b>Date of Disbursement</b>																				
Mailing Address Des Moines Airport	<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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	7												
City Des Moines State IA Zip Code 50321	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement travel for TOMPAC Travel	<table border="1"> <tr> <td>3</td><td>3</td><td>7</td><td>.</td><td>5</td><td>5</td> </tr> </table>	3	3	7	.	5	5														
3	3	7	.	5	5																
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) American Airlines	<b>Transaction ID:</b> SB21B.12104 <b>Date of Disbursement</b>																				
Mailing Address Box 619612	<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>1</td><td>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	5		2	0	0	7												
City DFW Airport State TX Zip Code 75261	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement airfare TOMPAC travel exp	<table border="1"> <tr> <td>6</td><td>6</td><td>4</td><td>.</td><td>7</td><td>9</td> </tr> </table>	6	6	4	.	7	9														
6	6	4	.	7	9																
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>C.</b> Full Name (Last, First, Middle Initial) Bankers Trust	<b>Transaction ID:</b> SB21B.12125 <b>Date of Disbursement</b>																				
Mailing Address 7th & Grand	<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>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	0	7												
City Des Moines State IA Zip Code 50309	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement bank service charges	<table border="1"> <tr> <td>2</td><td>8</td><td>6</td><td>.</td><td>3</td><td>2</td> </tr> </table>	2	8	6	.	3	2														
2	8	6	.	3	2																
Candidate Name	001 Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

1288.66

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Bankers Trust	<b>Transaction ID:</b> SB21B.12106																				
Mailing Address 7th & Grand	Date of Disbursement																				
City Des Moines	<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>1</td><td>1</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	8	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	2	8	/	2	0	0	7												
State IA Zip Code 50309	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>75.00</td> </tr> </table>	75.00																			
75.00																					
Check order	<input type="text"/>																				
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Bankers Trust	<b>Transaction ID:</b> SB21B.12126																				
Mailing Address 7th & Grand	Date of Disbursement																				
City Des Moines	<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>1</td><td>2</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	8	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	1	8	/	2	0	0	7												
State IA Zip Code 50309	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>59.16</td> </tr> </table>	59.16																			
59.16																					
bank service charges	<input type="text"/>																				
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) Carter Printing	<b>Transaction ID:</b> SB21B.12092																				
Mailing Address 1739 E Grand Ave	Date of Disbursement																				
City Des Moines	<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>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	0	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	0	/	2	0	0	7												
State IA Zip Code 50316	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>66.78</td> </tr> </table>	66.78																			
66.78																					
printing for TOMPAC	<input type="text"/>																				
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

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

**200.94**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Chesapeake Graphics	<b>Transaction ID:</b> SB21B.12100 <b>Date of Disbursement</b>
Mailing Address 1002 Butterworth Court	<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>1</div> <div>8</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>7</div> </div>
City State Zip Code Stevensville MD 21666 Purpose of Disbursement items for fundraising event Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>327.50</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Des Moines Area Comm College	<b>Transaction ID:</b> SB21B.12102 <b>Date of Disbursement</b>
Mailing Address 2006 So Ankeny Blvd	<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>1</div> <div>8</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>7</div> </div>
City State Zip Code Ankeny IA 50023 Purpose of Disbursement catering TOMPAC event Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>2500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) DiNino Associates LLC	<b>Transaction ID:</b> SB21B.12089 <b>Date of Disbursement</b>
Mailing Address 210 Whitestone Road	<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>0</div> </div> <div> <div>1</div> <div>5</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>7</div> </div>
City State Zip Code Silver Spring MD 20901 Purpose of Disbursement fundraising retainer for TOMPAC Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>8000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>

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

10827.50

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) DiNino Associates LLC	<b>Transaction ID:</b> SB21B.12097 <b>Date of Disbursement</b>																				
Mailing Address 210 Whitestone Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	7												
City Silver Spring State MD Zip Code 20901	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement fundraising retainer for TOMPAC Candidate Name	<table border="1"> <tr> <td colspan="10">4000.00</td> </tr> </table>	4000.00																			
4000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DiNino Associates LLC	<b>Transaction ID:</b> SB21B.12105 <b>Date of Disbursement</b>																				
Mailing Address 210 Whitestone Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	5		2	0	0	7												
City Silver Spring State MD Zip Code 20901	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement fundraising retainer for TOMPAC Candidate Name	<table border="1"> <tr> <td colspan="10">4000.00</td> </tr> </table>	4000.00																			
4000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) First National Merchant Solutions	<b>Transaction ID:</b> SB21B.12098 <b>Date of Disbursement</b>																				
Mailing Address PO Box 3190	<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>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	9		2	0	0	7												
City Omaha State NE Zip Code 68103	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement credit card processing exp Candidate Name	<table border="1"> <tr> <td colspan="10">165.44</td> </tr> </table>	165.44																			
165.44																					
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) .....

**8165.44**

**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)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
First National Merchant Solutions

Mailing Address PO Box 3190

City Omaha State NE Zip Code 68103

Purpose of Disbursement  
credit card processing exp

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.12099

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12.75

**B.**

Full Name (Last, First, Middle Initial)  
First National Merchant Solutions

Mailing Address PO Box 3190

City Omaha State NE Zip Code 68103

Purpose of Disbursement  
credit card processing exp

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.12113

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12.45

**C.**

Full Name (Last, First, Middle Initial)  
High Prairie Farms

Mailing Address One Boyt Drive

City Osceola State IA Zip Code 50213

Purpose of Disbursement  
site exp for TOMPAC fundraiser

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.12112

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1748.75

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

1773.95

**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 18 / 21

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

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

**A.**

Full Name (Last, First, Middle Initial)

Jeremy Gold

Mailing Address 2801 Quebec St NW #444

City Washington State DC Zip Code 20008

Purpose of Disbursement  
travel exp for TOMPAC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.12087

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

1281.49

**B.**

Full Name (Last, First, Middle Initial)

Jeremy Gold

Mailing Address 2801 Quebec St NW #444

City Washington State DC Zip Code 20008

Purpose of Disbursement  
catering, site & travel exp for TOMPAC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.12103

Date of Disbursement

11 / 25 / 2007

Amount of Each Disbursement this Period

2161.25

**C.**

Full Name (Last, First, Middle Initial)

Living History Farms

Mailing Address 2600 111th St

City Urbandale State IA Zip Code 50322

Purpose of Disbursement  
site exp for TOMPAC event

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.12091

Date of Disbursement

10 / 17 / 2007

Amount of Each Disbursement this Period

360.00

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

3802.74

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Paul DiNino

Mailing Address 210 Whitestone Road

City Silver Spring State MD Zip Code 20901

Purpose of Disbursement  
travel exp for TOMPAC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.12090

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

443.35

**B.**

Full Name (Last, First, Middle Initial)

Taste to Go and Catering

Mailing Address 2806 University Ave

City Des Moines State IA Zip Code 50311

Purpose of Disbursement  
catering for TOMPAC event

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.12086

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

4596.37

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

5039.72

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

31098.95

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS OF DICK DURBIN COMMITTEE

Mailing Address PO BOX 1949

City SPRINGFIELD State IL Zip Code 62705

Purpose of Disbursement  
Contribution

Candidate Name  
RICHARD J DURBIN

Office Sought: ☐ House  
☒ Senate  
☐ President

State: IL District: 00

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

011  
Category/  
Type

Transaction ID: SB23.12118

Date of Disbursement

12 / 12 / 2007

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF MARK WARNER

Mailing Address 201 NORTH UNION SUITE 350

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Candidate Name  
MARK WARNER

Office Sought: ☐ House  
☒ Senate  
☐ President

State: VA District: 00

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

Category/  
Type

Transaction ID: SB23.12120

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
FRIENDS OF MARK WARNER

Mailing Address 201 NORTH UNION SUITE 350

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Candidate Name  
MARK WARNER

Office Sought: ☐ House  
☒ Senate  
☐ President

State: VA District: 00

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

011  
Category/  
Type

Transaction ID: SB23.12124

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
LAUTENBERG FOR SENATE

Mailing Address GATEWAY ONE 23RD FLOOR

City NEWARK State NJ Zip Code 07102

Purpose of Disbursement  
Contribution

Candidate Name  
FRANK R LAUTENBERG

Office Sought: ☐ House  
☒ Senate  
☐ President

State: NJ District: 00

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

011  
Category/  
Type

Transaction ID: SB23.12114

Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
MARK PRYOR FOR US SENATE

Mailing Address PO BOX 2720

City LITTLE ROCK State AR Zip Code 72203

Purpose of Disbursement  
Contribution

Candidate Name  
MARK LUNSFORD PRYOR

Office Sought: ☐ House  
☒ Senate  
☐ President

State: AR District: 00

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

011  
Category/  
Type

Transaction ID: SB23.12119

Date of Disbursement

12 / 12 / 2007

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)  
REED COMMITTEE

Mailing Address PO BOX 8628

City CRANSTON State RI Zip Code 02920

Purpose of Disbursement  
Contribution

Candidate Name  
JACK REED

Office Sought: ☐ House  
☒ Senate  
☐ President

State: RI District: 00

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

011  
Category/  
Type

Transaction ID: SB23.12117

Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

2500.00

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

12500.00

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

27500.00