

**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 ▲

ZIP CODE ▲

C00385732

3. IS THIS  
REPORTNEW  
(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

04

01

2010

through

06

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

Theresa Kehoe

Signature of Treasurer

Electronically Filed by Theresa Kehoe

Date

08

20

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

FEC Form 3X (Rev. 02/2003)

2 / 21

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

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	2010	36987.91
(b) Cash on Hand at Beginning of Reporting Period .....	48231.82	
(c) Total Receipts (from Line 19) .....	28500.00	83500.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	76731.82	120487.91
7. Total Disbursements (from Line 31) .....	64420.49	108176.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	12311.33	12311.33
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)

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Write or Type Committee Name

TO ORGANIZE A MAJORITY PAC (TOMPAC)

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

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) .....	11000.00	28500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	11000.00	28500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	17500.00	50000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	28500.00	78500.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	5000.00
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)) .....	28500.00	83500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	28500.00	83500.00

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

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.....	9920.49	23676.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	9920.49	23676.58
22. Transfers to Affiliated/Other Party Committees.....	5000.00	5000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	49500.00	79500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	64420.49	108176.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	64420.49	108176.58

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	28500.00	78500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28500.00	78500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9920.49	23676.58
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	9920.49	23676.58

# **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)

Christopher Dorval

Mailing Address 3298 Aberfoyle PI NW

City

Washington

State

DC

Zip Code

20015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dorval Strategies

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.13005

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Timothy Hannegan

Mailing Address 6601 Lybrook Ct

City

Bethesda

State

MD

Zip Code

20817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wexler & Walker

Occupation  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.13009

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Kevin Kelly

Mailing Address 7819 Montvale Way

City

Mc Lean

State

VA

Zip Code

22102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VanScoyoc & Associates

Occupation  
Attorney/VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.13001

Amount of Each Receipt this Period

5000.00

**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 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)

Ann McAllister

Mailing Address 3039 Albemarle St NW

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BKSH & Associates

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.13007

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

James Smith

Mailing Address 3339 Stephenson PI NW

City

Washington

State

DC

Zip Code

20015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Smith, Dawson & Andrews

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.13010

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia VanScoyoc

Mailing Address 131 Yarnick Rd

City

Great Falls

State

VA

Zip Code

22066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VanScoyoc Associates

Occupation  
partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.13003

Amount of Each Receipt this Period

2500.00

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

4500.00

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

11000.00

# **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)  
 ALLIANT ENERGY CORPORATION EMPLOYEE'S POLITICAL ACTION COMM

Mailing Address 801 Pennsylvania Ave, NW  
 Suite 640

City State Zip Code  
 Washington DC 20004

FEC ID number of contributing  
federal political committee. **C** C00132092

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  
 0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11C.13026

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
 AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)

Mailing Address 222 South Prospect Ave  
 c/o Finance Department

City State Zip Code  
 Park Ridge IL 60068

FEC ID number of contributing  
federal political committee. **C** C00173153

Name of Employer Occupation

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

Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11C.13012

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
 AMERICAN CHIROPRACTIC ASSOCIATION PAC

Mailing Address 1701 Clarendon Blvd

City State Zip Code  
 Arlington VA 22209

FEC ID number of contributing  
federal political committee. **C** C00102764

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  
 0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11C.13014

Amount of Each Receipt this Period

1500.00

**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 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, AFL-CIO COMMITTEE ON POLITICAL EDUCATION

Mailing Address 555 New Jersey Avenue, NW

City State Zip Code  
 Washington DC 20001

FEC ID number of contributing  
federal political committee. **C** C00028860

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  
 0 5 / 2 1 / 2 0 1 0

Transaction ID: SA11C.13018

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
 AMERICAN PODIATRIC MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 9312 Old Georgetown Road

City State Zip Code  
 Bethesda MD 20814

FEC ID number of contributing  
federal political committee. **C** C00008839

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  
 0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11C.13016

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)  
 ARENT FOX LLP PAC (AFPAC)

Mailing Address Arent Fox LLP  
 1050 Connecticut Avenue, NW

City State Zip Code  
 Washington DC 20036

FEC ID number of contributing  
federal political committee. **C** C00241380

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  
 0 5 / 2 5 / 2 0 1 0

Transaction ID: SA11C.13020

Amount of Each Receipt this Period

1000.00

**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 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) ASSOCIATION FOR THE ADVANCEMENT OF PSYCHOLOGY INC PSYCHOLOGISTS FOR LEG ACTION

Mailing Address P.O. BOX 38129

City State Zip Code  
COLORADO SPRINGS CO 80937

FEC ID number of contributing federal political committee. **C** C00002956

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  
0 6 / 2 1 / 2 0 1 0

Transaction ID: SA11C.13028

Amount of Each Receipt this Period

2500.00

**B.** Full Name (Last, First, Middle Initial) HearPac of Hearing Industries Association

Mailing Address 1444 I St NW Ste 700

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00437798

Name of Employer Occupation

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

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11C.13030

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial) INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)

Mailing Address 1401 H STREET NW SUITE 1200

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00105981

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  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11C.13022

Amount of Each Receipt this Period

1000.00

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

4500.00

**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)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

TO ORGANIZE A MAJORITY PAC (TOMPAC)

**A.**

Full Name (Last, First, Middle Initial)

SOCIETY FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

Mailing Address 633 N. St. Clair St.  
24th FloorCity State Zip Code  
Chicago IL 60611FEC ID number of contributing  
federal political committee.**C** C00381459

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  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11C.13024

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

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

17500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 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) Bankers Trust	<b>Transaction ID:</b> SB21B.13035 <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>0</td><td>4</td><td></td><td>1</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	4		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	9		2	0	1	0												
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></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>130.55</td> </tr> </table>																				130.55
									130.55												
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) Bankers Trust	<b>Transaction ID:</b> SB21B.13053 <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>0</td><td>5</td><td></td><td>1</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	5		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	8		2	0	1	0												
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></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>134.01</td> </tr> </table>																				134.01
									134.01												
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.13078 <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>0</td><td>6</td><td></td><td>1</td><td>5</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	6		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	1	0												
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></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>138.98</td> </tr> </table>																				138.98
									138.98												
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) .....

**403.54**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 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) Gold Standard LLC	<b>Transaction ID:</b> SB21B.13037 <b>Date of Disbursement</b>																				
Mailing Address 1930 18th St NW #2	<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>4</td><td></td><td>2</td><td>5</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	4		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	5		2	0	1	0												
City Washington State DC Zip Code 20009	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement fundraising consultant for TOMPAC Candidate Name	<table border="1"> <tr> <td colspan="10">2750.00</td> </tr> </table>	2750.00																			
2750.00																					
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) Gold Standard LLC	<b>Transaction ID:</b> SB21B.13057 <b>Date of Disbursement</b>																				
Mailing Address 1930 18th St NW #2	<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>5</td><td></td><td>2</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	5		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	8		2	0	1	0												
City Washington State DC Zip Code 20009	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement fundraising consultant for TOMPAC Candidate Name	<table border="1"> <tr> <td colspan="10">2750.00</td> </tr> </table>	2750.00																			
2750.00																					
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) Gold Standard LLC	<b>Transaction ID:</b> SB21B.13061 <b>Date of Disbursement</b>																				
Mailing Address 1930 18th St NW #2	<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>6</td><td></td><td>2</td><td>1</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	6		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	1		2	0	1	0												
City Washington State DC Zip Code 20009	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement fundraising consultant for TOMPAC Candidate Name	<table border="1"> <tr> <td colspan="10">2750.00</td> </tr> </table>	2750.00																			
2750.00																					
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) ▼																				

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

**8250.00**

**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 14 / 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 1930 18th St #2

City  
Washington

State  
DC

Zip Code  
20009

Purpose of Disbursement  
travel expenses for TOMPAC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.13056

Date of Disbursement

/   /

Amount of Each Disbursement this Period

94.35

**B.**

Full Name (Last, First, Middle Initial)

United Airlines

Mailing Address PO Box 66100

City  
Chicago

State  
IL

Zip Code  
60666

Purpose of Disbursement  
travel expenses for TOMPAC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.13076

Date of Disbursement

/   /

Amount of Each Disbursement this Period

612.80

**C.**

Full Name (Last, First, Middle Initial)

Weinman Insurance

Mailing Address 311 E 2nd Ave

City  
Indianola

State  
IA

Zip Code  
50125

Purpose of Disbursement  
insurance for TOMPAC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.13038

Date of Disbursement

/   /

Amount of Each Disbursement this Period

491.00

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

1198.15

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

9851.69

# **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 15 / 21

<input type="checkbox"/> 21b	<input checked="" 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)  
IOWA DEMOCRATIC PARTY

Mailing Address 5661 Fleur Drive

City State Zip Code  
Des Moines IA 50321

Purpose of Disbursement  
contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB22.13060

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

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

5000.00

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

5000.00

**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 16 / 21

<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)  
ALEXI FOR ILLINOIS

Mailing Address PO BOX 494

City CHICAGO State IL Zip Code 60690

Purpose of Disbursement  
contributionCandidate Name  
ALEXANDER GIANNOULIASCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 00

Transaction ID: SB23.13062

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

2500.00

**B.**Full Name (Last, First, Middle Initial)  
BENNET FOR COLORADO

Mailing Address 1900 GRANT STREET SUITE 1170

City DENVER State CO Zip Code 80203

Purpose of Disbursement  
contributionCandidate Name  
MICHAEL F BENNETCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO District: 00

Transaction ID: SB23.13066

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

2500.00

**C.**Full Name (Last, First, Middle Initial)  
BLUMENTHAL FOR SENATE

Mailing Address 777 SUMMER STREET

City STAMFORD State CT Zip Code 06901

Purpose of Disbursement  
contributionCandidate Name  
RICHARD BLUMENTHALCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 00

Transaction ID: SB23.13051

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	0

Amount of Each Disbursement this Period

2500.00

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

7500.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 17 / 21

<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)

CHARLIE MELANCON CAMPAIGN COMMITTEE INC

**Transaction ID:** SB23.13067

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Mailing Address PO Box 549  
PO BOX 549

City Napoleonville State LA Zip Code 70390

Amount of Each Disbursement this Period

Purpose of Disbursement  
contributionCandidate Name  
CHARLES J MELANCONCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 03

1000.00

**B.**

Full Name (Last, First, Middle Initial)

CHRIS COONS FOR DELAWARE

**Transaction ID:** SB23.13068

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Mailing Address PO BOX 9900

City NEWARK State DE Zip Code 19714

Amount of Each Disbursement this Period

Purpose of Disbursement  
contributionCandidate Name  
CHRISTOPHER A COONSCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: DE District: 00

2500.00

**C.**

Full Name (Last, First, Middle Initial)

CITIZENS FOR ARLEN SPECTER

**Transaction ID:** SB23.13043

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	0

Mailing Address 236 MASSACHUSETTS AVENUE NE #602

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

Purpose of Disbursement  
contributionCandidate Name  
ARLEN SPECTERCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 00

5000.00

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

8500.00

**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 PageFOR 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)

CONWAY FOR SENATE

Mailing Address PO BOX 6168

City  
LOUISVILLEState  
KYZip Code  
40206Purpose of Disbursement  
contributionCandidate Name  
JOHN WILLIAM (JACK) CONWAYCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 00

Transaction ID: SB23.13069

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

DAN 10

Mailing Address 1088 BISHOP STREET SUITE 1009

City  
HONOLULUState  
HIZip Code  
96813Purpose of Disbursement  
contributionCandidate Name  
DANIEL K INOUECategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: HI District: 00

Transaction ID: SB23.13044

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	0

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

ELLSWORTH FOR INDIANA

Mailing Address P.O. Box 62

City  
EvansvilleState  
INZip Code  
47701Purpose of Disbursement  
contributionCandidate Name  
BRAD ELLSWORTHCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 00

Transaction ID: SB23.13052

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	0

Amount of Each Disbursement this Period

2500.00

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

7500.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 19 / 21

<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)  
EMILY'S LISTMailing Address 1120 Connecticut Avenue NW  
Ste 1100

City Washington State DC Zip Code 20036

Purpose of Disbursement  
contribution

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.13049

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**B.**Full Name (Last, First, Middle Initial)  
FISHER FOR OHIO

Mailing Address PO BOX 1418

City COLUMBUS State OH Zip Code 43216

Purpose of Disbursement  
contributionCandidate Name  
LEE IRWIN FISHERCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 00

Transaction ID: SB23.13072

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

2500.00

**C.**Full Name (Last, First, Middle Initial)  
FRIENDS OF BARBARA BOXER

Mailing Address PO BOX 411176

City LOS ANGELES State CA Zip Code 90041

Purpose of Disbursement  
contributionCandidate Name  
BARBARA BOXERCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 00

Transaction ID: SB23.13073

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

2500.00

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

6000.00

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 PageFOR 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)  
FRIENDS OF BLANCHE LINCOLN

Mailing Address PO BOX 3197

City LITTLE ROCK State AR Zip Code 72203

Purpose of Disbursement  
contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
 Disbursement For: 2010 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: AR District: 00 Runoff

Transaction ID: SB23.13058

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

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

Mailing Address 509 MADISON AVE SUITE 1902

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement  
contributionCandidate Name  
CHARLES E SCHUMERCategory/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
 Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼  
 State: NY District: 00

Transaction ID: SB23.13045

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	0

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
HODES FOR SENATE

Mailing Address 26 SOUTH MAIN STREET #253

City CONCORD State NH Zip Code 03301

Purpose of Disbursement  
contributionCandidate Name  
PAUL W HODESCategory/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
 Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼  
 State: NH District: 00

Transaction ID: SB23.13074

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

2500.00

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

10000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 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) PEOPLE FOR PATTY MURRAY US SEN	<b>Transaction ID:</b> SB23.13046
Mailing Address PO BOX 3662	Date of Disbursement
City SEATTLE State WA Zip Code 98199	<div> <div>MM / DD / YY</div> <div>04 / 28 / 2010</div> </div>
Purpose of Disbursement contribution Candidate Name <div>Category/Type</div>	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input checked="" 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: WA District: 00	<div>2500.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) ROBIN CARNAHAN FOR SENATE	<b>Transaction ID:</b> SB23.13075
Mailing Address PO BOX 50378	Date of Disbursement
City ST LOUIS State MO Zip Code 63119	<div> <div>MM / DD / YY</div> <div>06 / 30 / 2010</div> </div>
Purpose of Disbursement contribution Candidate Name <div>Category/Type</div>	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input checked="" 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: MO District: 00	<div>2500.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) SESTAK FOR SENATE	<b>Transaction ID:</b> SB23.13054
Mailing Address PO BOX 1936	Date of Disbursement
City MEDIA State PA Zip Code 19063	<div> <div>MM / DD / YY</div> <div>05 / 20 / 2010</div> </div>
Purpose of Disbursement contribution Candidate Name <div>Category/Type</div>	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input checked="" 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: PA District: 00	<div>5000.00</div>

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

10000.00

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

49500.00