

**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)

6901 AUTO CLUB ROAD

☒Check if different
than previously
reported. (ACC)

BLOOMINGTON

MN

55438

2428

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

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 (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

01

01

2011

through

06

30

2011

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

Type or Print Name of Treasurer

Mr. Don Stiles

Signature of Treasurer

Electronically Filed by Mr. Don Stiles

Date

07

15

2011

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
Freedom First PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011 ^{Y Y Y}	154989.62
(b) Cash on Hand at Beginning of Reporting Period	154989.62	
(c) Total Receipts (from Line 19)	358508.18	358508.18
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	513497.80	513497.80
7. Total Disbursements (from Line 31)	509399.95	509399.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4097.85	4097.85
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

Freedom First PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	261164.68	261164.68
(ii) Unitemized	37705.02	37705.02
(iii) TOTAL (add Lines 11(a)(i) and (ii)	298869.70	298869.70
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	91.46	91.46
(d) Total Contributions (add Lines		
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	298961.16	298961.16
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)	53226.56	53226.56
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	6320.46	6320.46
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))	358508.18	358508.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	358508.18	358508.18

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.....	509399.95	509399.95	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	509399.95	509399.95	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent 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))..	509399.95	509399.95	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	509399.95	509399.95	

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)	298961.16	298961.16
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	298961.16	298961.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	509399.95	509399.95
37. Offsets to Operating Expenditures (from Line 15, page 3)	53226.56	53226.56
38. Net Operating Expenditures (subtract Line 37 from Line 36)	456173.39	456173.39

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

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

FOR LINE NUMBER: PAGE 6 / 170

(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. ERIC ANTON

Mailing Address 7 PARK AVENUE
APT. 16ACity State Zip Code
NEW YORK NY 10016-4354FEC ID number of contributing
federal political committee.

C

Name of Employer
EASTERN CONSOLIDATEDOccupation
EXECUTIVE MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: SA11.31108

Amount of Each Receipt this Period

200.00

CONTRIBUTION

IN-KIND: FOOD & BEVERAGE

B.

Full Name (Last, First, Middle Initial)

MR. CURT BRADBURY

Mailing Address 4 EDGEHILL RD

City State Zip Code
LITTLE ROCK AR 72207-5444FEC ID number of contributing
federal political committee.

C

Name of Employer
STEPHENS INC.Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.75

Date of Receipt

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

Transaction ID: SA11.31106

Amount of Each Receipt this Period

332.75

CONTRIBUTION

IN-KIND: ROOM RENTAL

C.

Full Name (Last, First, Middle Initial)

MR. BRIAN BROOKS

Mailing Address 6 OAK KNOLL TERRACE

City State Zip Code
PASADENA CA 91106-4534FEC ID number of contributing
federal political committee.

C

Name of Employer
ONEWEST BANKOccupation
VICE CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.18668

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

5532.75

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 / 170

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. BRIAN BROOKS

Mailing Address 6 OAK KNOLL TERRACE

City

PASADENA

State

CA

Zip Code

91106-4534

FEC ID number of contributing
federal political committee.

C

Name of Employer
ONEWEST BANK

Occupation

VICE CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.19266

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SEE REATTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. BRIAN BROOKS

Mailing Address 6 OAK KNOLL TERRACE

City

PASADENA

State

CA

Zip Code

91106-4534

FEC ID number of contributing
federal political committee.

C

Name of Employer
ONEWEST BANK

Occupation

VICE CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.19266B

Amount of Each Receipt this Period

-5000.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

C.

Full Name (Last, First, Middle Initial)

MR. VIRGINIA BROOKS

Mailing Address 6 OAK KNOLL TERRACE

City

PASADENA

State

CA

Zip Code

91106-4534

FEC ID number of contributing
federal political committee.

C

Name of Employer
ONEWEST BANK

Occupation

VICE CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.33946

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional)

5000.00

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 8 / 170

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. JONATHAN BURKAN

Mailing Address 49 NORTH 8TH STREET
#4E

City State Zip Code
BROOKLYN NY 11211-2845

FEC ID number of contributing
federal political committee.

C

Name of Employer
UBS FINANCIAL SERVICES

Occupation
VP OF INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: SA11.31107

Amount of Each Receipt this Period

200.00

CONTRIBUTION

IN-KIND: FOOD & BEVERAGE

B.

Full Name (Last, First, Middle Initial)

MR. JAMES DEWITT CAGE

Mailing Address 3259 DAVENPORT PARK LANE

City State Zip Code
DULUTH GA 30096-9238

FEC ID number of contributing
federal political committee.

C

Name of Employer
HONEYWELL

Occupation
SALES / MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.19267

Amount of Each Receipt this Period

400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GEORGE T. CHIANIS

Mailing Address P.O. BOX 758

City State Zip Code
PORTSMOUTH NH 03802-0758

FEC ID number of contributing
federal political committee.

C

Name of Employer
G.T.C. WIRELESS PARTNERS,
L.L.C.

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.18338

Amount of Each Receipt this Period

5000.00

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 9 / 170

(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
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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. ANDREW CUMMINS

Mailing Address 1000 5TH STREET #222

City

MIAMI

State

FL

Zip Code

33139-6510

FEC ID number of contributing
federal political committee.

C

Name of Employer
EXPLORADOR CAPITAL

Occupation

INVESTMENTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.32623

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DOUGLAS W. FENSTERMAKER

Mailing Address 8134 STICKNEY RUN

City

WOODSTUCK

State

IL

Zip Code

60098-8194

FEC ID number of contributing
federal political committee.

C

Name of Employer
HURON CONSULTING GROUP

Occupation

HEALTHCARE CONSULTANT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.18683

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. LAWRENCE D. FINDER

Mailing Address 4919 WILLIAMS COURT LANE

City

HOUSTON

State

TX

Zip Code

77081-2103

FEC ID number of contributing
federal political committee.

C

Name of Employer
HAYNES & BOONE LLP

Occupation

ATTORNEY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

632.19

Date of Receipt

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

Transaction ID: SA11.31046

Amount of Each Receipt this Period

632.19

CONTRIBUTION

IN-KIND: FOOD & BEVERAGE

SUBTOTAL of Receipts This Page (optional)

6132.19

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 170

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. DAVID R. FRAUENSHUH

Mailing Address 6401 INDIAN HILLS ROAD

City

EDINA

State

MN

Zip Code

55439-1133

FEC ID number of contributing
federal political committee.

C

Name of Employer
FRAUENSHUH, INC.

Occupation

C.E.O. CHAIRMAN & FOUNDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.18039

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. SANDRA L. FRAUENSHUH

Mailing Address 6401 INDIAN HILLS ROAD

City

EDINA

State

MN

Zip Code

55439-1133

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 ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.18034

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROGER FRIEDMAN

Mailing Address INFO REQUESTED

City

INFO REQUESTED

State

XX

Zip Code

99999

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

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

Transaction ID: SA11.19325

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 11 / 170

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. DODY P. GATES

Mailing Address 5049 WORNALL ROAD

City

KANSAS CITY

State

MO

Zip Code

64112-2409

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation

VOLUNTEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11.18935

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. COURTNEY C. GEDULDIG

Mailing Address 1519 PATHFINDER LANE

City

MCLEAN

State

VA

Zip Code

22101-3509

FEC ID number of contributing
federal political committee.

C

Name of Employer
FINANCIAL SERVICES FORUM

Occupation

CHIEF COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3123.90

Date of Receipt

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

Transaction ID: SA11.31052

Amount of Each Receipt this Period

3123.90

CONTRIBUTION

IN-KIND: FOOD & BEVERAGE

C.

Full Name (Last, First, Middle Initial)

MR. SAM GEDULDIG

Mailing Address 1519 PATHFINDER LANE

City

MCLEAN

State

VA

Zip Code

22101-3509

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLARK, LYTLE & GEDULDIG

Occupation

SENIOR PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.18619

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10123.90

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 / 170

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. DAVID W. GIBSON

Mailing Address 3505 W. 64TH STREET

City

MISSION HILLS

State

KS

Zip Code

66208-1707

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

COMMODITY TRADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11.19026

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RYAN R. GILBERTSON

Mailing Address 1675 NEAL AVENUE

City

DELANO

State

MN

Zip Code

55328-9017

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHERN GAS & OIL

Occupation

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
0 1 / 0 7 / 2 0 1 1

Transaction ID: SA11.18023

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MICHAEL BRIAN GORMAN

Mailing Address 5100 MIRROR LAKES DRIVE

City

EDINA

State

MN

Zip Code

55436-1342

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPLIT ROCK PARTNERS

Occupation

MANAGING PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.19263

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

12000.00

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 / 170

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MRS. JILL GRAGSON

Mailing Address 5 PROMONTORY RIDGE DRIVE

City

LAS VEGAS

State

NV

Zip Code

89135-1670

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 ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.31048

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

IN-KIND: FOOD & BEVERAGE

B.

Full Name (Last, First, Middle Initial)

MR. SCOTT GRAGSON

Mailing Address 5 PROMONTORY RIDGE DRIVE

City

LAS VEGAS

State

NV

Zip Code

89135-1670

FEC ID number of contributing
federal political committee.

C

Name of Employer
COLLIERS INTERNATIONAL

Occupation

VP OF LAS VEGAS LAND DIVISION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.31047

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

IN-KIND: FOOD & BEVERAGE

C.

Full Name (Last, First, Middle Initial)

MR. TODD GRAGSON

Mailing Address 9357 ASTON MARTIN DR

City

LAS VEGAS

State

NV

Zip Code

89117-7116

FEC ID number of contributing
federal political committee.

C

Name of Employer
CITY OF LAS VEGAS

Occupation

MECHANIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.68

Date of Receipt

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

Transaction ID: SA11.31049

Amount of Each Receipt this Period

468.68

CONTRIBUTION

IN-KIND: BEVERAGES

SUBTOTAL of Receipts This Page (optional)

10468.68

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 / 170

(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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. TOM GRANT

Mailing Address 6400 INDIAN LANE

City

MISSION HILLS

State

KS

Zip Code

66208-1716

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11.19157

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JEFFREY PETER GREINER

Mailing Address 4760 LODGE LANE

City

GREENWOOD

State

MN

Zip Code

55331-9287

FEC ID number of contributing
federal political committee.**C**Name of Employer
NORWEST EQUITY PARTNERS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PRIVATE EQUITY INVESTOR

Aggregate Year-to-Date ▼

424.60

Date of Receipt

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

Transaction ID: SA11.31042

Amount of Each Receipt this Period

424.60

CONTRIBUTION

IN-KIND: CATERING, WINE,
FLOWERS**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES E. HAGLUND

Mailing Address 4330 BASSETT CREEK DRIVE

City

GOLDEN VALLEY

State

MN

Zip Code

55422-3611

FEC ID number of contributing
federal political committee.**C**Name of Employer
CENTRAL CONTAINER CORPORA-
TION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

C.E.O.

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.17996

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

7424.60

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 / 170

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. F. PHIL HANDY

Mailing Address 222 S. PENNSYLVANIA AVE, SUITE 200

City

WINTER PARK

State

FL

Zip Code

32789-4105

FEC ID number of contributing
federal political committee.

C

Name of Employer
STRATEGIC INDUSTRIES

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
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11.33871

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. LYDA HILL

Mailing Address 1601 ELM STREET

City

DALLAS

State

TX

Zip Code

75201-4701

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
ENTREPRENEUR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.18672

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CHRIS W. HOLM

Mailing Address 350 HIGHCROFT LANE

City

WAYZATA

State

MN

Zip Code

55391-1549

FEC ID number of contributing
federal political committee.

C

Name of Employer
OKC PROPERTY MANAGEMENT,
INC.

Occupation
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.18620

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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 16 / 170

(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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. SCOTT HONOUR

Mailing Address 1725 BOHNS POINT ROAD

City

WAYZATA

State

MN

Zip Code

55391-9311

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE GORES GROUP

Occupation

PRIVATE EQUITY INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2036.39

Date of Receipt

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

Transaction ID: SA11.31053

Amount of Each Receipt this Period

2036.39

CONTRIBUTION

IN-KIND: FOOD & BEVERAGE

B.

Full Name (Last, First, Middle Initial)

MR. BRIAN H. HOOK

Mailing Address 3105 WHITE DAISY PLACE

City

FAIRFAX

State

VA

Zip Code

22031-1454

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

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
0	1	/	0	4	/	2	0	1	1

Transaction ID: SA11.17607

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. KAREN H. HUBBARD

Mailing Address 2289 RIVER ROAD S.

City

LAKELAND

State

MN

Zip Code

55043-9775

FEC ID number of contributing
federal political committee.

C

Name of Employer
HUBBARD BROADCASTING INC.

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.19891

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

7286.39

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 / 170

(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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. STANLEY S. HUBBARD

Mailing Address 2289 RIVER ROAD S.

City

LAKELAND

State

MN

Zip Code

55043-9775

FEC ID number of contributing
federal political committee.

C

Name of Employer
HUBBARD BROADCASTING, INC.

Occupation

BROADCASTING EXECUTIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.19892

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. LOUIS WARD HUTCHISON, JR.

Mailing Address 10516 WOODHAVEN RIDGE RD

City

PARKER

State

CO

Zip Code

80134-5027

FEC ID number of contributing
federal political committee.

C

Name of Employer
APOKALYYIS, INC.

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
0	1	/	0	4	/	2	0	1	1

Transaction ID: SA11.17588

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CLIFF JEKEL

Mailing Address 20 S. 27TH STREET

City

CAMP HILL

State

PA

Zip Code

17011-4514

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAPITAL BLUECROSS

Occupation

DIRECTOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.18024

Amount of Each Receipt this Period

250.00

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 18 / 170

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. RONALD JOHNSON

Mailing Address 81 MARLAND ROAD SOUTH

City

COLORADO SPRINGS

State

CO

Zip Code

80906-4348

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTRAL BANCORP

Occupation

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
0 1 / 0 4 / 2 0 1 1

Transaction ID: SA11.17608

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. THOMAS JOHN JORDAN

Mailing Address 1474 ALEXANDER VALLEY ROAD

City

HEALDSBURG

State

CA

Zip Code

95448-9003

FEC ID number of contributing
federal political committee.

C

Name of Employer
JORDAN WINERY

Occupation

BUSINESSMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.19013

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. EVAN KOSTER

Mailing Address 1301 AVENUE OF THE AMERICAS

City

NEW YORK

State

NY

Zip Code

10019-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer
DEWEY AND LEOEUF LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.34

Date of Receipt

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

Transaction ID: SA11.31110

Amount of Each Receipt this Period

361.34

CONTRIBUTION

IN-KIND: FOOD & BEVERAGE

SUBTOTAL of Receipts This Page (optional)

10361.34

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 / 170

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. CORY LAGERSTROM

Mailing Address 6630 RAINBOW

City

MISSION HILLS

State

KS

Zip Code

66208-1968

FEC ID number of contributing
federal political committee.

C

Name of Employer
FRONTIER WEALTH MANAGEMENT

Occupation

WEALTH MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11.18934

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JEFFREY S. LAPOUR

Mailing Address 16 WILD RIDGE CT

City

LAS VEGAS

State

NV

Zip Code

89135-1673

FEC ID number of contributing
federal political committee.

C

Name of Employer
LAPOUR PARTNERS

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11.31050

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

IN-KIND: FOOD & BEVERAGE

C.

Full Name (Last, First, Middle Initial)

MR. DWIGHT E. LEE

Mailing Address 434 WEST 20TH STREET

City

NEW YORK

State

NY

Zip Code

10011-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
GAGNON SECURITIES LLC

Occupation

INVESTMENT 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 3 / 1 7 / 2 0 1 1

Transaction ID: SA11.19314

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5000.00

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 / 170

(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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. LEWIS E. LEHRMAN

Mailing Address ONE FAWCETT PLACE
SUITE 130City State Zip Code
GREENWICH CT 06830-6553FEC ID number of contributing
federal political committee.**C**Name of Employer
L.E. LEHRMAN & COMPANYOccupation
SENIOR PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.18621

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SEE REATTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. LEWIS E. LEHRMAN

Mailing Address ONE FAWCETT PLACE
SUITE 130City State Zip Code
GREENWICH CT 06830-6553FEC ID number of contributing
federal political committee.**C**Name of Employer
L.E. LEHRMAN & COMPANYOccupation
SENIOR PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.18621B

Amount of Each Receipt this Period

-5000.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE**C.**

Full Name (Last, First, Middle Initial)

MRS. LOUISE S. LEHRMAN

Mailing Address ONE FAWCETT PLACE
SUITE 130City State Zip Code
GREENWICH CT 06830-6553FEC ID number of contributing
federal political committee.**C**Name of Employer
FIVE WAY PARTNERSOccupation
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.20108

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional)

10000.00

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. CHARLES LEVENS

Mailing Address P.O. BOX 9

City

WATER VALLEY

State

TX

Zip Code

76958-0009

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

OIL PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.18241

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAY LIFTON

Mailing Address 270 PARK AVE

City

NEW YORK

State

NY

Zip Code

10017-2014

FEC ID number of contributing
federal political committee.

C

Name of Employer
JP MORGAN

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: SA11.31109

Amount of Each Receipt this Period

200.00

CONTRIBUTION

IN-KIND: FOOD & BEVERAGE

C.

Full Name (Last, First, Middle Initial)

MR. PHILIP LINDAU

Mailing Address 2825 MEDICINE RIDGE ROAD

City

MINNEAPOLIS

State

MN

Zip Code

55441-3259

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMMODITY SPECIALISTS COM-
PANY

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 2 / 0 2 / 2 0 1 1

Transaction ID: SA11.18677

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
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FOR LINE NUMBER: PAGE 22 / 170

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. DAVID LOCKTON

Mailing Address 444 W. 47TH STREET
SUITE 900

City State Zip Code
KANSAS CITY MO 64112-1906

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOCKTON COMPANIES

Occupation
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11.18940

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. ELIZABETH S. MACMILLIAM

Mailing Address 1050 BEACH ROAD #14

City State Zip Code
VERO BEACH FL 32963-3454

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 ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.18217

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WHITNEY MACMILLAN

Mailing Address 1050 BEACH ROAD
APARTMENT 1H

City State Zip Code
VERO BEACH FL 32963-3413

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 ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.18216

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

12000.00

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 23 / 170

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. JOHN D. MCCLUNG

Mailing Address 683 ARCADIA DRIVE

City

SAINT PAUL

State

MN

Zip Code

55118-1801

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 ▼

4000.00

Date of Receipt

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

Transaction ID: SA11.18937

Amount of Each Receipt this Period

4000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT MCNISH

Mailing Address 5320 WAPAKONETA ROAD

City

BETHESDA

State

MD

Zip Code

20816-3130

FEC ID number of contributing
federal political committee.

C

Name of Employer
MCKINSEY & COMPANY, INC.

Occupation
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.19019

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT E. MORSE, III

Mailing Address 447 WILCHESTER BLVD.

City

HOUSTON

State

TX

Zip Code

77079-7328

FEC ID number of contributing
federal political committee.

C

Name of Employer
CRAIN, CATON & JAMES

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

632.19

Date of Receipt

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

Transaction ID: SA11.31044

Amount of Each Receipt this Period

632.19

CONTRIBUTION

IN-KIND: FOOD & BEVERAGE

SUBTOTAL of Receipts This Page (optional)

5632.19

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 170

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. PHILIP MUSSER

Mailing Address 315 KENTUCKY AVENUE

City

ALEXANDRIA

State

VA

Zip Code

22305-1739

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEW FRONTIER STRATEGY

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11.17606

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WILLIAM L. MUSSER

Mailing Address 49 EAST 86TH STREET

City

NEW YORK

State

NY

Zip Code

10028-1060

FEC ID number of contributing
federal political committee.

C

Name of Employer
WILLIAM L. MUSSER CO.

Occupation

INVESTMENT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11.19149

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DAVID C. OLSON

Mailing Address 14719 ROCKSBOROUGH ROAD

City

MINNETONKA

State

MN

Zip Code

55345-3719

FEC ID number of contributing
federal political committee.

C

Name of Employer
MN CHAMBER OF COMMERCE

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11.18630

Amount of Each Receipt this Period

225.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

4725.00

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
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MRS. ROSITA M. OWENS

Mailing Address 1070 FERNDAL ROAD W.

City

WAYZATA

State

MN

Zip Code

55391-9633

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 ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.18032

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. TIMOTHY P. OWENS

Mailing Address 1070 FERNDAL ROAD W.

City

WAYZATA

State

MN

Zip Code

55391-9633

FEC ID number of contributing
federal political committee.

C

Name of Employer
VOYAGER FINANCIAL

Occupation

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
0 1 / 1 2 / 2 0 1 1

Transaction ID: SA11.18038

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JAMES P. PACE

Mailing Address 6420 WENONGA TERRACE

City

MISSION HILLS

State

KS

Zip Code

66208-1732

FEC ID number of contributing
federal political committee.

C

Name of Employer
BIZ CAPITAL PARTNERS

Occupation

F.B.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11.19035

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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(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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. MIKE PAWLENTY

Mailing Address 8306 DELANEY CIRCLE

City

INVER GROVE HEIGHT

State

MN

Zip Code

55076-3420

FEC ID number of contributing
federal political committee.

C

Name of Employer
CISCO SYSTEMS

Occupation

SYSTEM ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.18626

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. BRUCE PENDLETON

Mailing Address 6444 INDIAN LANE

City

MISSION HILLS

State

KS

Zip Code

66208-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer
KANSAS CITY VALVES

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11.19010

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JIM ALLEN PERKINS

Mailing Address 3 SOMERVILLE COURT

City

SAN ANTONIO

State

TX

Zip Code

78257-1700

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.18943

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. JOHN H. ROBINSON, JR.

Mailing Address 121 W. 48TH STREET #1006

City

KANSAS CITY

State

MO

Zip Code

64112-3860

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.18036

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. KYLE ROBINSON

Mailing Address 121 W. 48TH STREET
#1006

City

KANSAS CITY

State

MO

Zip Code

64112-3860

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 ▼

2979.95

Date of Receipt

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

Transaction ID: SA11.31054

Amount of Each Receipt this Period

2979.95

CONTRIBUTION

IN-KIND: FOOD & BEVERAGE

C.

Full Name (Last, First, Middle Initial)

MRS. NANCY ROETS

Mailing Address 2701 S. BASIN CREEK AVENUE

City

MERIDIAN

State

ID

Zip Code

83642-4583

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 ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.19011

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

12979.95

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. MICHAEL SALZHAUER

Mailing Address 589 BROADWAY

City

NEW YORK

State

NY

Zip Code

10012-3231

FEC ID number of contributing
federal political committee.

C

Name of Employer
BENJAMIN PARTNERS

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.19015

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. KAREN O. SANGER

Mailing Address 294 GROVE LANE E
SUITE 280

City

WAYZATA

State

MN

Zip Code

55391-1775

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 ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.18030

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. STEPHEN W. SANGER

Mailing Address 294 GROVE LANE E
SUITE 280

City

WAYZATA

State

MN

Zip Code

55391-1775

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 ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.18037

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. JUSTIN SAYFIE

Mailing Address 2040 NE 210TH ST

City

MIAMI

State

FL

Zip Code

33179-1630

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATTORNEY

Occupation

BLOSSER AND SAYFIE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.39

Date of Receipt

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

Transaction ID: SA11.31105

Amount of Each Receipt this Period

537.39

CONTRIBUTION

IN-KIND: FOOD & BEVERAGE

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT A. SCHROEDER

Mailing Address 1707 SUMMIT AVENUE

City

MINNEAPOLIS

State

MN

Zip Code

55403-2849

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 2 / 0 7 / 2 0 1 1

Transaction ID: SA11.18936

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RONALD J. SCHUTZ

Mailing Address 865 NAVAJO ROAD W.

City

MEDINA

State

MN

Zip Code

55340-9487

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROBINS, KAPLAN, MILLER &
CIRESI

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.17997

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SEE REATTRIBUTION

SUBTOTAL of Receipts This Page (optional)

11537.39

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MRS. JANET JAYNE SCHUTZ

Mailing Address 865 NAVAJO ROAD W.

City

MEDINA

State

MN

Zip Code

55340-9487

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 ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.33947

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

[MEMO ITEM]

REATTRIBUTION FROM SPOUSE

B.

Full Name (Last, First, Middle Initial)

MR. RONALD J. SCHUTZ

Mailing Address 865 NAVAJO ROAD W.

City

MEDINA

State

MN

Zip Code

55340-9487

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROBINS, KAPLAN, MILLER &
CIRESI

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.17997B

Amount of Each Receipt this Period

-5000.00

CONTRIBUTION

[MEMO ITEM]

REATTRIBUTION TO SPOUSE

C.

Full Name (Last, First, Middle Initial)

MR. ALEXANDER R. SLUSKY

Mailing Address ONE MARKET STREET
STEURART TOWER 23RD FLOOR

City

SAN FRANCISCO

State

CA

Zip Code

94105-1402

FEC ID number of contributing
federal political committee.

C

Name of Employer
VECTOR CAPITAL

Occupation

FINANCE/SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.18022

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5000.00

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 / 170

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
MRS. DANNA SLUSKY

Mailing Address ONE MARKET STREET
23RD FLOOR

City State Zip Code
SAN FRANCISCO CA 94105-1107

FEC ID number of contributing
federal political committee.

C

Name of Employer
UC BERKELEY

Occupation
RESEARCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.18021

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. SAMUEL SMITH

Mailing Address 5755 WEST FUQUA STREET

City State Zip Code
HOUSTON TX 77085-4066

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.18327

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. FLETCHER W. STRONG

Mailing Address 87 E 2ND STREET
APT 3B

City State Zip Code
NEW YORK NY 10003-9207

FEC ID number of contributing
federal political committee.

C

Name of Employer
KIRCHENBAUM AND KIRCHENBAUM

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1183.48

Date of Receipt

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

Transaction ID: SA11.31111

Amount of Each Receipt this Period

1183.48

CONTRIBUTION

IN-KIND: CATERING AND FACILITY

SUBTOTAL of Receipts This Page (optional)

7183.48

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 / 170

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MRS. SANDRA J. STRONG

Mailing Address 904 NORTH GREEN BAY ROAD

City

LAKE FOREST

State

IL

Zip Code

60045-1709

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 ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.18331

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. STRONG

Mailing Address 904 N GREEN BAY RD

City

LAKE FOREST

State

IL

Zip Code

60045-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer
MORGAN STANLEY

Occupation

INVESTMENT BANKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.18333

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

J. KENT SWEEZEY

Mailing Address 4253 ARMSTRONG PKWY

City

DALLAS

State

TX

Zip Code

75205-3715

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 1 1

Transaction ID: SA11.19255

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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 33 / 170

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. JOHN THOMSON

Mailing Address 161 EAST 78TH STREET

City

NEW YORK

State

NY

Zip Code

10075-0405

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORWEST EQUITY PARTNERS

Occupation
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.31043

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

IN-KIND: CATERING, WINE,
FLOWERS

B.

Full Name (Last, First, Middle Initial)

MS. HEATHER H. WASHBURNE

Mailing Address 3809 GILLON AVENUE

City

DALLAS

State

TX

Zip Code

75205-3114

FEC ID number of contributing
federal political committee.

C

Name of Employer
AG HILL PARTNERS

Occupation
INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.19017

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RAY WASHBURNE

Mailing Address 3809 GILLON AVENUE

City

DALLAS

State

TX

Zip Code

75205-3114

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHARTER HOLDINGS

Occupation
PRIVATE EQUITY INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.19012

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

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 34 / 170

(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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. JOHN VINCENT WEBER

Mailing Address 7701 RIDGECREST DRIVE

City

ALEXANDRIA

State

VA

Zip Code

22308-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLARK & WEINSTOCK

Occupation

MANAGING PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.18944

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. GREGORY W. WENDT

Mailing Address 1 MUIR LOOP

City

SAN FRANCISCO

State

CA

Zip Code

94129-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAPITAL GROUP

Occupation

FINANCE/INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.18035

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. JOAN W. WENDT

Mailing Address 200 S. BRENTWOOD BLVD.
APARTMENT 21D

City

CLAYTON

State

MO

Zip Code

63105-1634

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 ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.19034

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

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 35 / 170

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MRS. LISA WENDT

Mailing Address 1 MUIR LOOP

City

SAN FRANCISCO

State

CA

Zip Code

94129-1123

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 ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.18028

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. KENNETH W. WILES

Mailing Address 2747 TURTLE HEAD PEAK DRIVE

City

LAS VEGAS

State

NV

Zip Code

89135-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCELERON GROUP, LLC

Occupation

FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

164.64

Date of Receipt

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

Transaction ID: SA11.31051

Amount of Each Receipt this Period

164.64

CONTRIBUTION

IN-KIND: LODGING

C.

Full Name (Last, First, Middle Initial)

MR. EDGAR WILLIAMS

Mailing Address 2900 COVE CAY DRIVE
UNIT 3G

City

CLEARWATER

State

FL

Zip Code

33760-1209

FEC ID number of contributing
federal political committee.

C

Name of Employer
LEGACY CAPITAL GROUP, INC.

Occupation

COMMODITY POOL OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.18766

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5414.64

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 / 170

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. PETER WOODSMALL

Mailing Address 5650 HIGH DRIVE

City

MISSION HILLS

State

KS

Zip Code

66208-1123

FEC ID number of contributing
federal political committee.**C**Name of Employer
SELF-EMPLOYED

Occupation

INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: SA11.18873

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. PETER WOODSMALL

Mailing Address 5650 HIGH DRIVE

City

MISSION HILLS

State

KS

Zip Code

66208-1123

FEC ID number of contributing
federal political committee.**C**Name of Employer
SELF-EMPLOYED

Occupation

INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: SA11.19032

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. FRED ZEIDMAN

Mailing Address 2104 CHILTON ROAD

City

HOUSTON

State

TX

Zip Code

77019-1504

FEC ID number of contributing
federal political committee.**C**Name of Employer
CORPORATE STRATEGIES, INC.

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

612.18

Date of Receipt

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

Transaction ID: SA11.31045

Amount of Each Receipt this Period

612.18

CONTRIBUTION

IN-KIND: FOOD & BEVERAGE

SUBTOTAL of Receipts This Page (optional)

1712.18

TOTAL This Period (last page this line number only)

261164.68

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 170

(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)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

CAMPAIGN TO ELECT TOMMY BENTON

Mailing Address 177 MARTIN STREET

City

JEFFERSON

State

GA

Zip Code

30549-1077

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

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

Transaction ID: SA11.17813

Amount of Each Receipt this Period

25.00

CONTRIBUTION

FEDERALLY PERMISSABLE FUN-
DS**B.**

Full Name (Last, First, Middle Initial)

CITIZENS FOR CIAFARDINI COMMITTEE

Mailing Address 10838 LAKEHURST CT

City

CINCINNATI

State

OH

Zip Code

45242-3109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

66.46

Date of Receipt

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

Transaction ID: SA11.31112

Amount of Each Receipt this Period

66.46

CONTRIBUTION

IN-KIND: PRINTING HANDOUTS

SUBTOTAL of Receipts This Page (optional)

91.46

TOTAL This Period (last page this line number only)

91.46

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 170

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.Full Name (Last, First, Middle Initial)
PORTMAN FOR SENATE COMMITTEE

Mailing Address PO BOX 39

City	State	Zip Code
TERRACE PARK	OH	45174

FEC ID number of contributing
federal political committee.**C** C00279299

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.63

Date of Receipt

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

Transaction ID: SA15.118

Amount of Each Receipt this Period

304.63

REIMBURSEMENT- TRAVEL

B.Full Name (Last, First, Middle Initial)
BASS VICTORY COMMITTEE

Mailing Address PO BOX 3451

City	State	Zip Code
CONCORD	NH	03302

FEC ID number of contributing
federal political committee.**C** H0NH02017

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1814.35

Date of Receipt

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

Transaction ID: SA15.112

Amount of Each Receipt this Period

1814.35

REIMBURSEMENT- TRAVEL

C.Full Name (Last, First, Middle Initial)
COBALT 16 LLC

Mailing Address 1705 DESALES ST NW PENTHOUSE

City	State	Zip Code
WASHINGTON	DC	20006

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

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

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

Transaction ID: SA15.105

Amount of Each Receipt this Period

7500.00

REFUND- RENT

SUBTOTAL of Receipts This Page (optional)

9618.98

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 / 170

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
FOTOWATIO RENEWABLE VENTURES INC

Mailing Address 44 MONTGOMERY ST STE 2200

City State Zip Code
 SAN FRANCISCO CA 94104

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
 0 2 / 0 7 / 2 0 1 1

Transaction ID: SA15.106

Amount of Each Receipt this Period

4000.00

REFUND- RENT

B.

Full Name (Last, First, Middle Initial)
FOUNDATION FOR FAIR CIVIL JUSTICE

Mailing Address 6100 LAKE FORREST DR STE 520

City State Zip Code
 ATLANTA GA 30328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

799.80

Date of Receipt

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

Transaction ID: SA15.113

Amount of Each Receipt this Period

799.80

REIMBURSEMENT- TRAVEL

C.

Full Name (Last, First, Middle Initial)
REPUBLICAN GOVERNORS ASSOCIATION

Mailing Address 1747 PENNSYLVANIA AVE NW STE 250

City State Zip Code
 WASHINGTON DC 20006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3170.02

Date of Receipt

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

Transaction ID: SA15.114

Amount of Each Receipt this Period

3170.02

REIMBURSEMENT- TRAVEL

SUBTOTAL of Receipts This Page (optional)

7969.82

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 / 170

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
STRATEGIC FUNDRAISING

Mailing Address 7591 9TH ST NORTH

City State Zip Code
ST PAUL MN 55128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

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

Transaction ID: SA15.99

Amount of Each Receipt this Period

560.00

REFUND- FUNDRAISING PHONE
CALLS

B.

Full Name (Last, First, Middle Initial)
THE BUSINESS COUNCIL

Mailing Address PO BOX 20147

City State Zip Code
WASHINGTON DC 20041

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

611.40

Date of Receipt

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

Transaction ID: SA15.117

Amount of Each Receipt this Period

611.40

REIMBURSEMENT- TRAVEL

C.

Full Name (Last, First, Middle Initial)
TYNDALE HOUSE PUBLISHERS INC

Mailing Address 351 EXECUTIVE DR

City State Zip Code
CAROL STREAM IL 60188

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

32746.17

Date of Receipt

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

Transaction ID: SA15.115

Amount of Each Receipt this Period

20967.29

REIMBURSEMENT- TRAVEL

SUBTOTAL of Receipts This Page (optional)

22138.69

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 / 170

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	--	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

TYNDALE HOUSE PUBLISHERS INC

Mailing Address 351 EXECUTIVE DR

City

CAROL STREAM

State

IL

Zip Code

60188

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

32746.17

Date of Receipt

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

Transaction ID: SA15.116

Amount of Each Receipt this Period

7799.61

REIMBURSEMENT- TRAVEL

B.

Full Name (Last, First, Middle Initial)

TYNDALE HOUSE PUBLISHERS INC

Mailing Address 351 EXECUTIVE DR

City

CAROL STREAM

State

IL

Zip Code

60188

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

32746.17

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	1	1

Transaction ID: SA15.119

Amount of Each Receipt this Period

3979.27

REIMBURSEMENT- TRAVEL

C.

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 ▼

13506.82

Date of Receipt

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

Transaction ID: SA15.98

Amount of Each Receipt this Period

1234.08

REIMBURSEMENT- TRAVEL

SUBTOTAL of Receipts This Page (optional)

13012.96

TOTAL This Period (last page this line number only)

52740.45

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 170

(check only one)

<input 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 checked="" type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.Full Name (Last, First, Middle Initial)
PAWLENTY FOR PRESIDENT

Mailing Address 120 SOUTH 6TH ST STE 900

City	State	Zip Code
MINNEAPOLIS	MN	55402

FEC ID number of contributing
federal political committee.**C** C00494393

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3836.25

Date of Receipt

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

Transaction ID: SA17.13

Amount of Each Receipt this Period

3836.25

REIMBURSEMENT- EQUIPMENT
PURCHASES**B.**Full Name (Last, First, Middle Initial)
2009 HUBBARD FAMILY TRUST

Mailing Address 72-980 FRED WARING DR STE B

City	State	Zip Code
PALM DESERT	CA	92260

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

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	1

Transaction ID: SA17.12

Amount of Each Receipt this Period

400.00

REIMBURSEMENT- PUBLICATIO-
NS**C.**Full Name (Last, First, Middle Initial)
ALBERT T ANNEXSTAD

Mailing Address 5325 ELMRIDGE CIRCLE

City	State	Zip Code
EXCELSIOR	MN	55331

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

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	1

Transaction ID: SA17.11

Amount of Each Receipt this Period

400.00

REIMBURSEMENT- PUBLICATIO-
NS

SUBTOTAL of Receipts This Page (optional)

4636.25

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 43 / 170

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
BB&T

Mailing Address 300 SOUTH WASHINGTON ST

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 ▼

306.07

Date of Receipt

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

Transaction ID: SA17.8

Amount of Each Receipt this Period

27.79

INTEREST EARNINGS

B.

Full Name (Last, First, Middle Initial)
COALITION FOR MARRIAGE INC

Mailing Address 500 EDGEWATER DR STE 556

City State Zip Code
WAKEFIELD MA 01880

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

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

Transaction ID: SA17.10

Amount of Each Receipt this Period

1600.00

REIMBURSEMENT- PUBLICATIONS

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 ▼

712.30

Date of Receipt

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

Transaction ID: SA17.6

Amount of Each Receipt this Period

18.71

INTEREST EARNINGS

SUBTOTAL of Receipts This Page (optional)

1646.50

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 44 / 170

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

WELLS FARGO

Mailing Address PO BOX 63750

City

SAN FRANCISCO

State

CA

Zip Code

94163

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

712.30

Date of Receipt

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

Transaction ID: SA17.7

Amount of Each Receipt this Period

29.60

INTEREST EARNINGS

B.

Full Name (Last, First, Middle Initial)

WELLS FARGO

Mailing Address PO BOX 63750

City

SAN FRANCISCO

State

CA

Zip Code

94163

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

712.30

Date of Receipt

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

Transaction ID: SA17.9

Amount of Each Receipt this Period

8.11

INTEREST EARNINGS

SUBTOTAL of Receipts This Page (optional)

37.71

TOTAL This Period (last page this line number only)

6320.46

**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 45 / 170

<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)
Freedom First PAC**A. CITIZENS FOR CIAFARDINI COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address 10838 LAKEHURST CT

City CINCINNATI State OH Zip Code 45242-3109

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

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

State: District:

Transaction ID: SB21.31112

Date of Disbursement

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

Amount of Each Disbursement this Period

66.46

IN-KIND: PRINTING HANDOUTS

B. PAWLENTY FOR PRESIDENT

Full Name (Last, First, Middle Initial)

Mailing Address 120 S. 6TH STREET, SUITE 900

City MINNEAPOLIS State MN Zip Code 55402

Purpose of Disbursement
IN-KIND CONTRIBUTIONCandidate Name
TIM PAWLENTYCategory/
TypeOffice Sought: ☐ House
☐ Senate
☒ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.INK

Date of Disbursement

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

Amount of Each Disbursement this Period

4748.70

[MEMO ITEM]

IN-KIND CONTRIBUTION: PUBLICATIONS

C. PAUL T ANDERSON

Full Name (Last, First, Middle Initial)

Mailing Address 18915 39TH AVE NORTH

City PLYMOUTH State MN Zip Code 55446

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING/TRAVEL

Candidate Name

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

State: District:

Transaction ID: SB21.123

Date of Disbursement

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

Amount of Each Disbursement this Period

3932.54

SUBTOTAL of Disbursements This Page (optional)

3999.00

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 46 / 170

<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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) PAUL T ANDERSON	Transaction ID: SB21.125 Date of Disbursement
Mailing Address 18915 39TH AVE NORTH	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 5 / 2 0 1 1</div> </div>
City PLYMOUTH State MN Zip Code 55446	Amount of Each Disbursement this Period <div>2590.09</div>
Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL Candidate Name	<div>Category/Type</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) ▼
B. Full Name (Last, First, Middle Initial) PAUL T ANDERSON	Transaction ID: SB21.168 Date of Disbursement
Mailing Address 18915 39TH AVE NORTH	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 3 / 2 0 1 1</div> </div>
City PLYMOUTH State MN Zip Code 55446	Amount of Each Disbursement this Period <div>741.93</div>
Purpose of Disbursement TRAVEL Candidate Name	<div>Category/Type</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) ▼
C. Full Name (Last, First, Middle Initial) MR. ERIC ANTON	Transaction ID: SB21.31108 Date of Disbursement
Mailing Address 7 PARK AVENUE APT. 16A	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 9 / 2 0 1 1</div> </div>
City NEW YORK State NY Zip Code 10016-4354	Amount of Each Disbursement this Period <div>200.00</div>
Purpose of Disbursement IN-KIND CONTRIBUTION Candidate Name	<div>Category/Type</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) ▼ IN-KIND: FOOD & BEVERAGE

SUBTOTAL of Disbursements This Page (optional)

3532.02

TOTAL This Period (last page this line number only)

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

FEC Schedule B (Form 3X) (Revised 02/2003)

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 48 / 170

<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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
ROGER A CONANT

Mailing Address PO BOX 9190

City ST PAUL State MN Zip Code 55109

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.100

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5221.64

B.

Full Name (Last, First, Middle Initial)
ROGER A CONANT

Mailing Address 1813 BILTMORE ST NW # A

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.173

Date of Disbursement

/ /

Amount of Each Disbursement this Period

683.40

C.

Full Name (Last, First, Middle Initial)
ROGER A CONANT

Mailing Address PO BOX 9190

City ST PAUL State MN Zip Code 55109

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.93

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5221.64

SUBTOTAL of Disbursements This Page (optional)

11126.68

TOTAL This Period (last page this line number only)

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

FEC Schedule B (Form 3X) (Revised 02/2003)

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 50 / 170

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
CAITLIN DUNN

Mailing Address PO BOX 9190

City State Zip Code
ST PAUL MN 55109

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.94

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2224.87

B.

Full Name (Last, First, Middle Initial)
MR. LAWRENCE D. FINDER

Mailing Address 4919 WILLIAMS COURT LANE

City State Zip Code
HOUSTON TX 77081-2103

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.31046

Date of Disbursement

/ /

Amount of Each Disbursement this Period

632.19

IN-KIND: FOOD & BEVERAGE

C.

Full Name (Last, First, Middle Initial)
MINDY FINN

Mailing Address 77 8TH ST SE STE 200

City State Zip Code
WASHINGTON DC 20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.166

Date of Disbursement

/ /

Amount of Each Disbursement this Period

649.40

SUBTOTAL of Disbursements This Page (optional)

3506.46

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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) BEN FOSTER	Transaction ID: SB21.128 Date of Disbursement																				
Mailing Address 6905 JACK LONDON DR	<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>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	3		2	0	1	1												
City JOHNSTON State IA Zip Code 50131	Amount of Each Disbursement this Period																				
Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL	<table border="1"> <tr> <td>3150.00</td> </tr> </table>	3150.00																			
3150.00																					
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. Full Name (Last, First, Middle Initial) BEN FOSTER	Transaction ID: SB21.129 Date of Disbursement																				
Mailing Address 6905 JACK LONDON DR	<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>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	6		2	0	1	1												
City JOHNSTON State IA Zip Code 50131	Amount of Each Disbursement this Period																				
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	<table border="1"> <tr> <td>3000.00</td> </tr> </table>	3000.00																			
3000.00																					
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) ▼																				
C. Full Name (Last, First, Middle Initial) MRS. COURTNEY C. GEDULDIG	Transaction ID: SB21.31052 Date of Disbursement																				
Mailing Address 1519 PATHFINDER LANE	<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>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	1	1												
City MCLEAN State VA Zip Code 22101-3509	Amount of Each Disbursement this Period																				
Purpose of Disbursement IN-KIND CONTRIBUTION	<table border="1"> <tr> <td>3123.90</td> </tr> </table>	3123.90																			
3123.90																					
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) ▼ IN-KIND: FOOD & BEVERAGE																				

SUBTOTAL of Disbursements This Page (optional)

9273.90

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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) MRS. JILL GRAGSON	Transaction ID: SB21.31048 Date of Disbursement
Mailing Address 5 PROMONTORY RIDGE DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 1 / 2 0 1 1</div> </div>
City LAS VEGAS State NV Zip Code 89135-1670 Purpose of Disbursement IN-KIND CONTRIBUTION Candidate Name	Amount of Each Disbursement this Period <div>5000.00</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) ▼
IN-KIND: FOOD & BEVERAGE	
B. Full Name (Last, First, Middle Initial) MR. SCOTT GRAGSON	Transaction ID: SB21.31047 Date of Disbursement
Mailing Address 5 PROMONTORY RIDGE DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 1 / 2 0 1 1</div> </div>
City LAS VEGAS State NV Zip Code 89135-1670 Purpose of Disbursement IN-KIND CONTRIBUTION Candidate Name	Amount of Each Disbursement this Period <div>5000.00</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) ▼
IN-KIND: FOOD & BEVERAGE	
C. Full Name (Last, First, Middle Initial) MR. TODD GRAGSON	Transaction ID: SB21.31049 Date of Disbursement
Mailing Address 9357 ASTON MARTIN DR	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 1 / 2 0 1 1</div> </div>
City LAS VEGAS State NV Zip Code 89117-7116 Purpose of Disbursement IN-KIND CONTRIBUTION Candidate Name	Amount of Each Disbursement this Period <div>468.68</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) ▼
IN-KIND: BEVERAGES	

SUBTOTAL of Disbursements This Page (optional)

10468.68

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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
MR. JEFFREY PETER GREINER

Mailing Address 4760 LODGE LANE

City GREENWOOD State MN Zip Code 55331-9287

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.31042

Date of Disbursement

/ /

Amount of Each Disbursement this Period

424.60

IN-KIND: CATERING, WINE,
FLOWERS

B.

Full Name (Last, First, Middle Initial)
BRIAN HALEY

Mailing Address PO BOX 9190

City ST PAUL State MN Zip Code 55109

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.102

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6675.64

C.

Full Name (Last, First, Middle Initial)
BRIAN HALEY

Mailing Address 1868 COLUMBIA RD NW APT 511

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.163

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1785.52

SUBTOTAL of Disbursements This Page (optional)

8885.76

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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) BRIAN HALEY	Transaction ID: SB21.175 Date of Disbursement																				
Mailing Address 1868 COLUMBIA RD NW APT 511	<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>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	2		2	0	1	1												
City WASHINGTON State DC Zip Code 20009 Purpose of Disbursement TRAVEL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>7</td><td>6</td><td>6</td><td>2</td><td>7</td> </tr> </table>	1	7	6	6	2	7														
1	7	6	6	2	7																
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) BRIAN HALEY	Transaction ID: SB21.179 Date of Disbursement																				
Mailing Address 1868 COLUMBIA RD NW APT 511	<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>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20009 Purpose of Disbursement TRAVEL/FOOD/BEVERAGES Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>7</td><td>1</td><td>9</td><td>3</td><td>4</td> </tr> </table>	7	1	9	3	4															
7	1	9	3	4																	
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) BRIAN HALEY	Transaction ID: SB21.95 Date of Disbursement																				
Mailing Address PO BOX 9190	<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>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City ST PAUL State MN Zip Code 55109 Purpose of Disbursement PAYROLL Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>6</td><td>6</td><td>7</td><td>5</td><td>6</td><td>4</td> </tr> </table>	6	6	7	5	6	4														
6	6	7	5	6	4																
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)

9161.25

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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) TRISHA HAMM Mailing Address PO BOX 9190	Transaction ID: SB21.103 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 1 1</div> </div>
City ST PAUL State MN Zip Code 55109 Purpose of Disbursement PAYROLL 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) ▼	Amount of Each Disbursement this Period <div>4975.09</div>
B. Full Name (Last, First, Middle Initial) TRISHA HAMM Mailing Address 2495 RYAN AVE E City ST PAUL State MN Zip Code 55109 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: SB21.161 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 5 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>304.53</div>
C. Full Name (Last, First, Middle Initial) TRISHA HAMM Mailing Address 2495 RYAN AVE E City ST PAUL State MN Zip Code 55109 Purpose of Disbursement TRAVEL/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: SB21.182 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 1 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>574.37</div>

SUBTOTAL of Disbursements This Page (optional)

5853.99

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)

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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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
TRISHA HAMM

Mailing Address PO BOX 9190

City State Zip Code
ST PAUL MN 55109

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.96

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4975.08

B.

Full Name (Last, First, Middle Initial)
MR. SCOTT HONOUR

Mailing Address 1725 BOHNS POINT ROAD

City State Zip Code
WAYZATA MN 55391-9311

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.31053

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2036.39

IN-KIND: FOOD & BEVERAGE

C.

Full Name (Last, First, Middle Initial)
BRIAN HOOK

Mailing Address 3105 WHITE DAISY PL

City State Zip Code
FAIRFAX VA 22031

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.170

Date of Disbursement

/ /

Amount of Each Disbursement this Period

52.90

SUBTOTAL of Disbursements This Page (optional)

7064.37

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)

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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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
BRIAN HOOK

Mailing Address 3105 WHITE DAISY PL

City State Zip Code
FAIRFAX VA 22031

Purpose of Disbursement
TRAVEL/FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.180

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1692.42

B.

Full Name (Last, First, Middle Initial)
ANN KELLY

Mailing Address PO BOX 9190

City State Zip Code
ST PAUL MN 55109

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.104

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3193.33

C.

Full Name (Last, First, Middle Initial)
ANN KELLY

Mailing Address 300 EAST GRAND AVE APT 607

City State Zip Code
DES MOINES IA 50309

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.165

Date of Disbursement

/ /

Amount of Each Disbursement this Period

655.73

SUBTOTAL of Disbursements This Page (optional)

5541.48

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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
ANN KELLY

Mailing Address 300 EAST GRAND AVE APT 607

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.172

Date of Disbursement

/ /

Amount of Each Disbursement this Period

610.17

B.

Full Name (Last, First, Middle Initial)
ANN KELLY

Mailing Address 300 EAST GRAND AVE APT 607

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement
TRAVEL/FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.178

Date of Disbursement

/ /

Amount of Each Disbursement this Period

924.97

C.

Full Name (Last, First, Middle Initial)
ANN KELLY

Mailing Address PO BOX 9190

City ST PAUL State MN Zip Code 55109

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.97

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3193.32

SUBTOTAL of Disbursements This Page (optional)

4728.46

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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
MR. EVAN KOSTER

Mailing Address 1301 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10019-6022

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.31110

Date of Disbursement

/ /

Amount of Each Disbursement this Period

361.34

IN-KIND: FOOD & BEVERAGE

B.

Full Name (Last, First, Middle Initial)
LUKE KRAUS

Mailing Address 1 BALSAM WAY #113

City MANCHESTER State NH Zip Code 03102

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: SB21.121

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3155.50

C.

Full Name (Last, First, Middle Initial)
LUKE KRAUS

Mailing Address 1 BALSAM WAY #113

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING/TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.127

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3652.79

SUBTOTAL of Disbursements This Page (optional)

7169.63

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 60 / 170

<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)
Freedom First PAC**A.**

Full Name (Last, First, Middle Initial)

LUKE KRAUS

Mailing Address 1 BALSAM WAY #113

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING/TRAVEL

Candidate Name

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

State: District:

Transaction ID: SB21.130

Date of Disbursement

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

Amount of Each Disbursement this Period

4373.32

B.

Full Name (Last, First, Middle Initial)

MR. JEFFREY S. LAPOUR

Mailing Address 16 WILD RIDGE CT

City LAS VEGAS State NV Zip Code 89135-1673

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

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

State: District:

Transaction ID: SB21.31050

Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

IN-KIND: FOOD & BEVERAGE

C.

Full Name (Last, First, Middle Initial)

G. B. LEIGHTON

Mailing Address 3129 18TH ST NW

City NEW BRIGHTON State MN Zip Code 55112

Purpose of Disbursement
ENTERTAINMENT

Candidate Name

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

State: District:

Transaction ID: SB21.52

Date of Disbursement

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

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

6673.32

TOTAL This Period (last page this line number only)

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

FEC Schedule B (Form 3X) (Revised 02/2003)

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 62 / 170

<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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

PHIL MUSSER

Mailing Address 315 KENTUCKY AVE

City
ALEXANDRIA

State
VA

Zip Code
22305

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.176

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6722.79

B.

Full Name (Last, First, Middle Initial)

PHIL MUSSER

Mailing Address 315 KENTUCKY AVE

City
ALEXANDRIA

State
VA

Zip Code
22305

Purpose of Disbursement
TRAVEL/TELEPHONE SERVICE/FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.185

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3120.01

C.

Full Name (Last, First, Middle Initial)

RHONDA OLYNYK

Mailing Address 15283 FAIRBANKS TRAIL NE

City
PRIOR LAKE

State
MN

Zip Code
55372

Purpose of Disbursement
TRANSCRIPTION SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.155

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional)

9992.80

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 63 / 170

<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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
TIM PAWLENTY

Mailing Address PO BOX 9190

City ST PAUL State MN Zip Code 55109

Purpose of Disbursement
TRAVEL/TELEPHONE SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.184

Date of Disbursement

/ /

Amount of Each Disbursement this Period

494.48

B.

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

Mailing Address 7300 LILAC LN

City VICTORIA State MN Zip Code 55386

Purpose of Disbursement
AUDIO/VIDEO MATERIALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.2

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

C.

Full Name (Last, First, Middle Initial)
MRS. KYLE ROBINSON

Mailing Address 121 W. 48TH STREET
#1006

City KANSAS CITY State MO Zip Code 64112-3860

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.31054

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2979.95

IN-KIND: FOOD & BEVERAGE

SUBTOTAL of Disbursements This Page (optional)

3774.43

TOTAL This Period (last page this line number only)

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

IN-KIND: FOOD & BEVERAGE

FEC Schedule B (Form 3X) (Revised 02/2003)

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 65 / 170

<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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) ELISE STEFANIK	Transaction ID: SB21.183 Date of Disbursement																				
Mailing Address 610 INDEPENDENCE AVE SE	<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>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL/TELEPHONE SERVICE	<table border="1"> <tr> <td>440.11</td> </tr> </table>	440.11																			
440.11																					
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) ELISE STEFANIK	Transaction ID: SB21.98 Date of Disbursement																				
Mailing Address PO BOX 9190	<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>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>3446.85</td> </tr> </table>	3446.85																			
3446.85																					
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) DON STILES	Transaction ID: SB21.106 Date of Disbursement																				
Mailing Address PO BOX 9190	<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>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	5		2	0	1	1												
City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>3280.35</td> </tr> </table>	3280.35																			
3280.35																					
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)

7167.31

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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) DON STILES	Transaction ID: SB21.162 Date of Disbursement
Mailing Address 6901 AUTO CLUB RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 1 1</div> </div>
City BLOOMINGTON State MN Zip Code 55438	Amount of Each Disbursement this Period
Purpose of Disbursement TRAVEL	<div>295.89</div>
Candidate Name	<div>Category/Type</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) ▼
B. Full Name (Last, First, Middle Initial) DON STILES	Transaction ID: SB21.174 Date of Disbursement
Mailing Address 6901 AUTO CLUB RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 2 / 2 0 1 1</div> </div>
City BLOOMINGTON State MN Zip Code 55438	Amount of Each Disbursement this Period
Purpose of Disbursement TRAVEL	<div>471.00</div>
Candidate Name	<div>Category/Type</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) ▼
C. Full Name (Last, First, Middle Initial) DON STILES	Transaction ID: SB21.99 Date of Disbursement
Mailing Address PO BOX 9190	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>
City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL	<div>3280.35</div>
Candidate Name	<div>Category/Type</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) ▼

SUBTOTAL of Disbursements This Page (optional)

4047.24

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 67 / 170

<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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
MR. FLETCHER W. STRONG

Mailing Address 87 E 2ND STREET
APT 3B

City NEW YORK State NY Zip Code 10003-9207

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.31111

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1183.48

IN-KIND: CATERING AND FAC-
ILITY

B.

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

Mailing Address 161 EAST 78TH STREET

City NEW YORK State NY Zip Code 10075-0405

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.31043

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

IN-KIND: CATERING, WINE,
FLOWERS

C.

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

Mailing Address 700 7TH ST SW #527

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.167

Date of Disbursement

/ /

Amount of Each Disbursement this Period

527.34

SUBTOTAL of Disbursements This Page (optional)

6710.82

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 68 / 170

<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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) EDMUND WALSH	Transaction ID: SB21.147 Date of Disbursement																				
Mailing Address 400 WALNUT ST #3E	<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>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	1	1												
City PHILADELPHIA State PA Zip Code 19106	Amount of Each Disbursement this Period																				
Purpose of Disbursement RESEARCH CONSULTING	<table border="1"> <tr> <td colspan="10">2600.00</td> </tr> </table>	2600.00																			
2600.00																					
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. Full Name (Last, First, Middle Initial) BEN WHITNEY	Transaction ID: SB21.157 Date of Disbursement																				
Mailing Address 5171 MANNING AVE NW	<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>1</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	1		2	0	1	1												
City WASHINGTON State DC Zip Code 20016	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td colspan="10">3595.92</td> </tr> </table>	3595.92																			
3595.92																					
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) MR. KENNETH W. WILES	Transaction ID: SB21.31051 Date of Disbursement																				
Mailing Address 2747 TURTLE HEAD PEAK DRIVE	<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>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	1		2	0	1	1												
City LAS VEGAS State NV Zip Code 89135-1640	Amount of Each Disbursement this Period																				
Purpose of Disbursement IN-KIND CONTRIBUTION	<table border="1"> <tr> <td colspan="10">164.64</td> </tr> </table>	164.64																			
164.64																					
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) ▼ IN-KIND: LODGING																				

SUBTOTAL of Disbursements This Page (optional)

6360.56

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 69 / 170

<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)
Freedom First PAC

A.

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

Mailing Address 2104 CHILTON ROAD

City HOUSTON State TX Zip Code 77019-1504

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.31045

Date of Disbursement

/ /

Amount of Each Disbursement this Period

612.18

IN-KIND: FOOD & BEVERAGE

B.

Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.29

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.22

C.

Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.31

Date of Disbursement

/ /

Amount of Each Disbursement this Period

965.10

SUBTOTAL of Disbursements This Page (optional)

1617.50

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)

PAGE 70 / 170

<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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.34

Date of Disbursement

/ /

Amount of Each Disbursement this Period

258.91

B.

Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.36

Date of Disbursement

/ /

Amount of Each Disbursement this Period

345.04

C.

Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.38

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4.84

SUBTOTAL of Disbursements This Page (optional)

608.79

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 71 / 170

<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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) AUTOCUE QTV	Transaction ID: SB21.53 Date of Disbursement																				
Mailing Address 306 FIFTH AVE 3RD FL	<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>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	1	1												
City NEW YORK State NY Zip Code 10001	Amount of Each Disbursement this Period																				
Purpose of Disbursement EQUIPMENT RENTAL	<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>300.00</td> </tr> </table>																				300.00
									300.00												
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. Full Name (Last, First, Middle Initial) B-FRESH CONSULTING	Transaction ID: SB21.120 Date of Disbursement																				
Mailing Address 816 ELM ST PMB 153	<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>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	4		2	0	1	1												
City MANCHESTER State NH Zip Code 03101	Amount of Each Disbursement this Period																				
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	<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>5339.40</td> </tr> </table>																				5339.40
									5339.40												
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) B-FRESH CONSULTING	Transaction ID: SB21.122 Date of Disbursement																				
Mailing Address 816 ELM ST PMB 153	<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>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	4		2	0	1	1												
City MANCHESTER State NH Zip Code 03101	Amount of Each Disbursement this Period																				
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	<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>5287.45</td> </tr> </table>																				5287.45
									5287.45												
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)

10926.85

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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) B-FRESH CONSULTING	Transaction ID: SB21.65 Date of Disbursement																				
Mailing Address 816 ELM ST PMB 153	<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>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	3		2	0	1	1												
City MANCHESTER State NH Zip Code 03101 Purpose of Disbursement FINANCE CONSULTING Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
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. Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21.10 Date of Disbursement																				
Mailing Address 300 SOUTH WASHINGTON ST	<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>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	6		2	0	1	1												
City ALEXANDRIA State VA Zip Code 22314 Purpose of Disbursement BANK FEE Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	10.00																			
10.00																					
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																				
C. Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21.11 Date of Disbursement																				
Mailing Address 300 SOUTH WASHINGTON ST	<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>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	5		2	0	1	1												
City ALEXANDRIA State VA Zip Code 22314 Purpose of Disbursement BANK FEE Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	10.00																			
10.00																					
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)

5020.00

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 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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
BB&T

Mailing Address 300 SOUTH WASHINGTON ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.14

Date of Disbursement

/ /

Amount of Each Disbursement this Period

69.00

B.

Full Name (Last, First, Middle Initial)
BB&T

Mailing Address 300 SOUTH WASHINGTON ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.16

Date of Disbursement

/ /

Amount of Each Disbursement this Period

55.00

C.

Full Name (Last, First, Middle Initial)
BB&T

Mailing Address 300 SOUTH WASHINGTON ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.17

Date of Disbursement

/ /

Amount of Each Disbursement this Period

34.00

SUBTOTAL of Disbursements This Page (optional)

158.00

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 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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21.18 Date of Disbursement																				
Mailing Address 300 SOUTH WASHINGTON ST	<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>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	1		2	0	1	1												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement BANK FEE	<table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00																			
25.00																					
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. Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21.32 Date of Disbursement																				
Mailing Address 300 SOUTH WASHINGTON ST	<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>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	1	1												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD MERCHANT FEE	<table border="1"> <tr> <td>237.50</td> </tr> </table>	237.50																			
237.50																					
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: SB21.8 Date of Disbursement																				
Mailing Address 300 SOUTH WASHINGTON ST	<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>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement BANK FEE	<table border="1"> <tr> <td>21.00</td> </tr> </table>	21.00																			
21.00																					
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) ▼																				

SUBTOTAL of Disbursements This Page (optional)

283.50

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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21.9 Date of Disbursement
Mailing Address 300 SOUTH WASHINGTON ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 3 / 2 0 1 1</div> </div>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
Purpose of Disbursement BANK FEE	<div>10.00</div>
Candidate Name	<div>Category/Type</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) ▼
B. Full Name (Last, First, Middle Initial) BB&T INSURANCE SERVICES INC	Transaction ID: SB21.83 Date of Disbursement
Mailing Address 414 GALLIMORE DAIRY RD STE F	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 1 1</div> </div>
City GREENSBORO State NC Zip Code 27409	Amount of Each Disbursement this Period
Purpose of Disbursement INSURANCE	<div>381.00</div>
Candidate Name	<div>Category/Type</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) ▼
C. Full Name (Last, First, Middle Initial) BB&T VISA BUSINESS CARD	Transaction ID: SB21CCP.55 Date of Disbursement
Mailing Address PO BOX 24747	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 0 / 2 0 1 1</div> </div>
City TAMPA State FL Zip Code 33623	Amount of Each Disbursement this Period
Purpose of Disbursement CREDIT CARD PAYMENT	<div>27286.93</div>
Candidate Name	<div>Category/Type</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) ▼

SUBTOTAL of Disbursements This Page (optional)

27677.93

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 76 / 170

<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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
AIRCELL GOGO INFLIGHT

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City ITASCA State IL Zip Code 60143

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.879

Date of Disbursement

/ /

Amount of Each Disbursement this Period

9.95

[MEMO ITEM]

B.

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

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.880

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1011.60

[MEMO ITEM]

C.

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

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.881

Date of Disbursement

/ /

Amount of Each Disbursement this Period

207.40

[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)

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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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) AMTRAK	Transaction ID: SBCCD.882 Date of Disbursement																				
Mailing Address 60 MASSACHUSETTS AVE	<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>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	0		2	0	1	1												
City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td colspan="10">88.00</td> </tr> </table>	88.00																			
88.00																					
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. Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SBCCD.856 Date of Disbursement																				
Mailing Address ONE AT&T PLAZA	<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>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	0		2	0	1	1												
City DALLAS State TX Zip Code 75202	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEPHONE SERVICE	<table border="1"> <tr> <td colspan="10">299.18</td> </tr> </table>	299.18																			
299.18																					
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) BEST BUY	Transaction ID: SBCCD.797 Date of Disbursement																				
Mailing Address 7601 PENN AVE S	<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>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	0		2	0	1	1												
City RICHFIELD State MN Zip Code 55423	Amount of Each Disbursement this Period																				
Purpose of Disbursement EQUIPMENT PURCHASE	<table border="1"> <tr> <td colspan="10">67.48</td> </tr> </table>	67.48																			
67.48																					
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)

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 78 / 170

<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)
Freedom First PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) BOINGO WIRELESS INC</p> <p>Mailing Address 10960 WILSHIRE BLVD STE 800</p> <p>City LOS ANGELES State CA Zip Code 90024</p> <p>Purpose of Disbursement TELEPHONE 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>Transaction ID: SBCCD.857</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 0 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>9.95</div> </div> </p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) CHICK-FIL-A INC</p> <p>Mailing Address 5200 BUFFINGTON RD</p> <p>City ATLANTA State GA Zip Code 30349</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>Transaction ID: SBCCD.812</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 0 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>18.82</div> </div> </p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) DELTA AIRLINES</p> <p>Mailing Address PO BOX 20706</p> <p>City ATLANTA State GA Zip Code 30320</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>Transaction ID: SBCCD.884</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 0 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>11960.08</div> </div> </p> <p>[MEMO ITEM]</p>

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 79 / 170

<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)
Freedom First PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) DOUBLETREE HOTELS</p> <p>Mailing Address 7930 JONES BRANCH DR STE 1100</p> <p>City MCLEAN State VA Zip Code 22102</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>Transaction ID: SBCCD.885</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 0 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>543.64</div> </p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) DYLAN'S RAW BAR & GRILL</p> <p>Mailing Address 15402 MACK AVE</p> <p>City GROSSE POINT PARK State MI Zip Code 48230</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>Transaction ID: SBCCD.813</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 0 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>59.40</div> </p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) EMBASSY SUITES</p> <p>Mailing Address 7930 JONES BRANCH DR STE 1100</p> <p>City MCLEAN State VA Zip Code 22102</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>Transaction ID: SBCCD.886</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 0 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1186.45</div> </p> <p>[MEMO ITEM]</p>

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)

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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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) FACEBOOK	Transaction ID: SBCCD.942 Date of Disbursement
Mailing Address 1601 S CALIFORNIA AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 0 / 2 0 1 1</div> </div>
City PALO ALTO State CA Zip Code 94304	Amount of Each Disbursement this Period
Purpose of Disbursement WEB SERVICE	<div> <div></div> <div>2000.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) FAIRMOUNT HOTEL	Transaction ID: SBCCD.875 Date of Disbursement
Mailing Address 2401 M ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 0 / 2 0 1 1</div> </div>
City WASHINGTON State DC Zip Code 20037	Amount of Each Disbursement this Period
Purpose of Disbursement TRAVEL	<div> <div></div> <div>15.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.792 Date of Disbursement
Mailing Address 942 SOUTH SHADY GROVE RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 0 / 2 0 1 1</div> </div>
City MEMPHIS State TN Zip Code 38120	Amount of Each Disbursement this Period
Purpose of Disbursement DELIVERY	<div> <div></div> <div>440.24</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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 81 / 170

<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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
FRONTIER AIRLINES

Mailing Address 7001 TOWER RD

City State Zip Code
DENVER CO 80249

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.887

Date of Disbursement

/ /

Amount of Each Disbursement this Period

304.40

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
GOOGLE INC

Mailing Address 1600 AMPHITHEATRE PARKWAY

City State Zip Code
MOUNTAIN VIEW CA 94043

Purpose of Disbursement
WEB SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.943

Date of Disbursement

/ /

Amount of Each Disbursement this Period

622.25

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
HAMPTON INNS & SUITES

Mailing Address 7930 JONES BRANCH DR STE 1100

City State Zip Code
MCLEAN VA 22102

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.888

Date of Disbursement

/ /

Amount of Each Disbursement this Period

131.50

[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 82 / 170

<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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
HERTZ RENT A CAR

Mailing Address 225 BRAE BLVD

City State Zip Code
PARK RIDGE NJ 07656

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.889

Date of Disbursement

/ /

Amount of Each Disbursement this Period

133.19

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
HILTON HOTELS

Mailing Address 7930 JONES BRANCH DR STE 1100

City State Zip Code
MCLEAN VA 22102

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.890

Date of Disbursement

/ /

Amount of Each Disbursement this Period

446.90

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
HOLIDAY INN

Mailing Address PO BOX 30321

City State Zip Code
SALT LAKE CITY UT 84130

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.869

Date of Disbursement

/ /

Amount of Each Disbursement this Period

333.03

[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)

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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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) HYATT	Transaction ID: SBCCD.868 Date of Disbursement																				
Mailing Address 71 S WACKER DR 12TH FL	<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>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	0		2	0	1	1												
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td colspan="10">505.04</td> </tr> </table>	505.04																			
505.04																					
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) ISLAND CHICKEN GRILL	Transaction ID: SBCCD.891 Date of Disbursement																				
Mailing Address MIAMI AIRPORT 2ND FL	<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>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	0		2	0	1	1												
City MIAMI State FL Zip Code 33102	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td colspan="10">21.86</td> </tr> </table>	21.86																			
21.86																					
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) J2 EFAX PLUS SERVICE	Transaction ID: SBCCD.803 Date of Disbursement																				
Mailing Address 6922 HOLLYWOOD BLVD 5TH FL	<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>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	0		2	0	1	1												
City LOS ANGELES State CA Zip Code 90028	Amount of Each Disbursement this Period																				
Purpose of Disbursement FAX SERVICE	<table border="1"> <tr> <td colspan="10">16.95</td> </tr> </table>	16.95																			
16.95																					
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)

0.00

TOTAL This Period (last page this line number only)

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

FEC Schedule B (Form 3X) (Revised 02/2003)

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 85 / 170

<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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) PMI INC	Transaction ID: SBCCD.870 Date of Disbursement																				
Mailing Address 1725 DESALES ST NW STE 200	<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>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	0		2	0	1	1												
City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table>	30.00																			
30.00																					
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. Full Name (Last, First, Middle Initial) PMI INC	Transaction ID: SBCCD.873 Date of Disbursement																				
Mailing Address 1725 DESALES ST NW STE 200	<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>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	0		2	0	1	1												
City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td colspan="10">4.00</td> </tr> </table>	4.00																			
4.00																					
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) ▼																				
C. Full Name (Last, First, Middle Initial) POTBELLY	Transaction ID: SBCCD.807 Date of Disbursement																				
Mailing Address 222 MERCHANDISE MART PLAZA	<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>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	0		2	0	1	1												
City CHICAGO State IL Zip Code 60654	Amount of Each Disbursement this Period																				
Purpose of Disbursement FOOD/BEVERAGES	<table border="1"> <tr> <td colspan="10">7.62</td> </tr> </table>	7.62																			
7.62																					
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)

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)

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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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
QWEST

Mailing Address 1801 CALIFORNIA ST

City State Zip Code
DENVER CO 80202

Purpose of Disbursement
TELEPHONE SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.853

Date of Disbursement

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

Amount of Each Disbursement this Period

66.32

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
REDTOP CAB

Mailing Address 3251 WASHINGTON BLVD

City State Zip Code
ARLINGTON VA 22201

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.871

Date of Disbursement

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

Amount of Each Disbursement this Period

20.58

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
RONALD REAGAN AIRPORT

Mailing Address 1 TERMINAL DR

City State Zip Code
ARLINGTON VA 22202

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.883

Date of Disbursement

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

Amount of Each Disbursement this Period

40.00

[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)

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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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
RUTH'S CHRIS

Mailing Address 2231 CRYSTAL DR 11TH FL

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SBCCD.808

Date of Disbursement

/ /

Amount of Each Disbursement this Period

245.00

[MEMO ITEM]

B.

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

State: District:

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

Transaction ID: SBCCD.872

Date of Disbursement

/ /

Amount of Each Disbursement this Period

92.70

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
SPEEDWAY SUPERAMERICA

Mailing Address 500 SPEEDWAY DR

City ENON State OH Zip Code 45323

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SBCCD.874

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.83

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

FEC Schedule B (Form 3X) (Revised 02/2003)

**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 89 / 170

<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)
Freedom First PAC**A.**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

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

State: District:

Transaction ID: SBCCD.876

Date of Disbursement

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

Amount of Each Disbursement this Period

538.16

[MEMO ITEM]**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

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

State: District:

Transaction ID: SBCCD.877

Date of Disbursement

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

Amount of Each Disbursement this Period

3444.90

[MEMO ITEM]**C.**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

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

State: District:

Transaction ID: SBCCD.878

Date of Disbursement

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

Amount of Each Disbursement this Period

799.20

[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 90 / 170

<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)
Freedom First PAC

<p>A.</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 TELEPHONE 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>Transaction ID: SBCCD.854 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 0 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>157.00</div> </p> <p>[MEMO ITEM]</p>
<p>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 TELEPHONE 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>Transaction ID: SBCCD.855 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 0 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>609.59</div> </p> <p>[MEMO ITEM]</p>
<p>C.</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 SUPPORT/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>Transaction ID: SBCCD.790 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 0 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>268.33</div> </p> <p>[MEMO ITEM]</p>

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)

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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)
Freedom First PAC

A.

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

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21CCP.56

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60135.50

B.

Full Name (Last, First, Middle Initial)
A ALL DAY AND NIGHT LIMOUSINE

Mailing Address 4950 PENN AVE N

City MINNEAPOLIS State MN Zip Code 55430

Purpose of Disbursement
TRANSPORTATION SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SBCCD.866

Date of Disbursement

/ /

Amount of Each Disbursement this Period

84.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
ACE PRESS

Mailing Address 910 17TH ST NW STE 100

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SBCCD.851

Date of Disbursement

/ /

Amount of Each Disbursement this Period

185.50

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

60135.50

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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
AIRCELL GOGO INFLIGHT

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City ITASCA State IL Zip Code 60143

Purpose of Disbursement
TELEPHONE SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.860

Date of Disbursement

/ /

Amount of Each Disbursement this Period

19.90

[MEMO ITEM]

B.

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

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.910

Date of Disbursement

/ /

Amount of Each Disbursement this Period

619.30

[MEMO ITEM]

C.

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

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.911

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1363.50

[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

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(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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
AMOURA

Mailing Address 845 MARKET ST #FE2

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
FOOD/BEVERGAES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.844

Date of Disbursement

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

Amount of Each Disbursement this Period

36.30

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
AMTRAK

Mailing Address 60 MASSACHUSETTS AVE

City State Zip Code
WASHINGTON DC 20002

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.912

Date of Disbursement

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

Amount of Each Disbursement this Period

135.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
AT&T

Mailing Address ONE AT&T PLAZA

City State Zip Code
DALLAS TX 75202

Purpose of Disbursement
TELEPHONE SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.861

Date of Disbursement

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

Amount of Each Disbursement this Period

379.82

[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)

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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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
BARNES & NOBLE

Mailing Address 122 FIFTH AVE

City NEW YORK State NY Zip Code 10011

Purpose of Disbursement
PUBLICATIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SBCCD.852

Date of Disbursement

/ /

Amount of Each Disbursement this Period

28549.80

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
BEST BUY

Mailing Address 7601 PENN AVE S

City RICHFIELD State MN Zip Code 55423

Purpose of Disbursement
EQUIPMENT PURCHASE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SBCCD.800

Date of Disbursement

/ /

Amount of Each Disbursement this Period

83.99

[MEMO ITEM]

C.

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

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SBCCD.914

Date of Disbursement

/ /

Amount of Each Disbursement this Period

43.18

[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)

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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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) BOINGO WIRELESS INC	Transaction ID: SBCCD.862 Date of Disbursement
Mailing Address 10960 WILSHIRE BLVD STE 800	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 1 1</div> </div>
City LOS ANGELES State CA Zip Code 90024	Amount of Each Disbursement this Period
Purpose of Disbursement TELEPHONE SERVICE	<div> <div></div> <div>9.95</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> [MEMO ITEM] </div>
B. Full Name (Last, First, Middle Initial) BRUEGGER'S BAGEL BAKERY	Transaction ID: SBCCD.832 Date of Disbursement
Mailing Address 225 IOWA AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 1 1</div> </div>
City IOWA CITY State IA Zip Code 52240	Amount of Each Disbursement this Period
Purpose of Disbursement FOOD/BEVERAGES	<div> <div></div> <div>8.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> [MEMO ITEM] </div>
C. Full Name (Last, First, Middle Initial) CAREY INTERNATIONAL INC	Transaction ID: SBCCD.867 Date of Disbursement
Mailing Address 4530 WISCONSIN AVE NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 1 1</div> </div>
City WASHINGTON State DC Zip Code 20016	Amount of Each Disbursement this Period
Purpose of Disbursement TRANSPORTATION SERVICE	<div> <div></div> <div>593.90</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> [MEMO ITEM] </div>

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)

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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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
CENTRAL PARKING SYSTEM

Mailing Address 1050 17TH ST NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.915

Date of Disbursement

01 / 31 / 2011

Amount of Each Disbursement this Period

16.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
CHIPOTLE

Mailing Address 1401 WYNKKOOP STE 500

City DENVER State CO Zip Code 80202

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.833

Date of Disbursement

01 / 31 / 2011

Amount of Each Disbursement this Period

20.76

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
CLYDE'S

Mailing Address 707 7TH ST NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.834

Date of Disbursement

01 / 31 / 2011

Amount of Each Disbursement this Period

73.11

[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)

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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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
COLONIAL PARKING

Mailing Address 1899 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.916

Date of Disbursement

01 / 31 / 2011

Amount of Each Disbursement this Period

22.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
CONTINENTAL AIRLINES

Mailing Address 1600 SMITH ST

City HOUSTON State TX Zip Code 77002

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.917

Date of Disbursement

01 / 31 / 2011

Amount of Each Disbursement this Period

139.70

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
CUB FOODS INC

Mailing Address 421 SOUTH 3RD ST

City STILLWATER State MN Zip Code 55082

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.835

Date of Disbursement

01 / 31 / 2011

Amount of Each Disbursement this Period

127.39

[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)

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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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: SBCCD.918 Date of Disbursement																				
Mailing Address PO BOX 20706	<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>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City ATLANTA State GA Zip Code 30320	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td colspan="10">8527.30</td> </tr> </table>	8527.30																			
8527.30																					
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) EMBASSY SUITES	Transaction ID: SBCCD.919 Date of Disbursement																				
Mailing Address 7930 JONES BRANCH DR STE 1100	<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>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td colspan="10">302.14</td> </tr> </table>	302.14																			
302.14																					
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) FACEBOOK	Transaction ID: SBCCD.944 Date of Disbursement																				
Mailing Address 1601 S CALIFORNIA AVE	<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>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City PALO ALTO State CA Zip Code 94304	Amount of Each Disbursement this Period																				
Purpose of Disbursement WEB SERVICE	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
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) ▼																				

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 99 / 170

<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)
Freedom First PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) FAIRMOUNT HOTEL</p> <p>Mailing Address 2401 M ST</p> <p>City WASHINGTON State DC Zip Code 20037</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SBCCD.920</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>190.44</div> </div> </p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) FEDEX</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SBCCD.794</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>1134.85</div> </div> </p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) FRONTIER AIRLINES</p> <p>Mailing Address 7001 TOWER RD</p> <p>City DENVER State CO Zip Code 80249</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SBCCD.921</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>240.00</div> </div> </p> <p>[MEMO ITEM]</p>

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)

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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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
GASPORT BP

Mailing Address 7801 PORTLAND AVE

City MINNEAPOLIS State MN Zip Code 55420

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SBCCD.922

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12.95

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
GULFCOASTNEWS.COM

Mailing Address 184 IBERVILLE DR

City BILOXI State MS Zip Code 39531

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SBCCD.923

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4.05

[MEMO ITEM]

C.

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

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SBCCD.924

Date of Disbursement

/ /

Amount of Each Disbursement this Period

86.43

[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)

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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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
HERTZ RENT A CAR

Mailing Address 225 BRAE BLVD

City State Zip Code
PARK RIDGE NJ 07656

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SBCCD.925

Date of Disbursement

/ /

Amount of Each Disbursement this Period

78.09

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
HEWLETT PACKARD

Mailing Address 3000 HANOVER ST

City State Zip Code
PALO ALTO CA 94301

Purpose of Disbursement
EQUIPMENT PURCHASE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SBCCD.798

Date of Disbursement

/ /

Amount of Each Disbursement this Period

137.79

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
HILTON HOTELS

Mailing Address 7930 JONES BRANCH DR STE 1100

City State Zip Code
MCLEAN VA 22102

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SBCCD.831

Date of Disbursement

/ /

Amount of Each Disbursement this Period

53.00

[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)

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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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
HILTON HOTELS

Mailing Address 7930 JONES BRANCH DR STE 1100

City State Zip Code
MCLEAN VA 22102

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.892

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5170.99

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
HYATT

Mailing Address 71 S WACKER DR 12TH FL

City State Zip Code
CHICAGO IL 60606

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.893

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.39

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
IHOP

Mailing Address 450 N BRAND BLVD

City State Zip Code
GLENDALE CA 91203

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.814

Date of Disbursement

/ /

Amount of Each Disbursement this Period

28.18

[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)

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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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) J2 EFAX PLUS SERVICE	Transaction ID: SBCCD.804 Date of Disbursement
Mailing Address 6922 HOLLYWOOD BLVD 5TH FL	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 1 1</div> </div>
City LOS ANGELES State CA Zip Code 90028	Amount of Each Disbursement this Period
Purpose of Disbursement FAX SERVICE	<div>16.95</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) JACKSON 20	Transaction ID: SBCCD.815 Date of Disbursement
Mailing Address 480 KING ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 1 1</div> </div>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
Purpose of Disbursement FOOD/BEVERAGES	<div>51.24</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) JERRY'S SUBS & PIZZA	Transaction ID: SBCCD.816 Date of Disbursement
Mailing Address 15942 SHADY GROVE RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 1 1</div> </div>
City GAITHERSBURG State MD Zip Code 20877	Amount of Each Disbursement this Period
Purpose of Disbursement FOOD/BEVERAGES	<div>12.24</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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)

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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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
JETBLUE

Mailing Address 118-29 QUEENS BLVD

City FORT HILLS State NY Zip Code 11375

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.894

Date of Disbursement

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

Amount of Each Disbursement this Period

249.40

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
KFC

Mailing Address 1441 GARDINER LN

City LOUISVILLE State KY Zip Code 40213

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.817

Date of Disbursement

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

Amount of Each Disbursement this Period

21.17

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
KINKEADS

Mailing Address 2000 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.818

Date of Disbursement

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

Amount of Each Disbursement this Period

164.00

[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)

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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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
LIBERTY GAS & CONVENIENCE

Mailing Address 200 S MAIN ST

City SYRACUSE State NY Zip Code 13212

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.895

Date of Disbursement

/ /

Amount of Each Disbursement this Period

45.18

[MEMO ITEM]

B.

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: SBCCD.896

Date of Disbursement

/ /

Amount of Each Disbursement this Period

672.99

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
MEETING TOMORROW

Mailing Address 1802 W BERTEAU AVE

City CHICAGO State IL Zip Code 60613

Purpose of Disbursement
EQUIPMENT RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.801

Date of Disbursement

/ /

Amount of Each Disbursement this Period

101.95

[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 106 / 170

<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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
MI COCINA

Mailing Address 77 HIGHLAND PARK VLG

City DALLAS State TX Zip Code 75205

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SBCCD.819

Date of Disbursement

/ /

Amount of Each Disbursement this Period

88.48

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
MOLLOY SOUND & VIDEO

Mailing Address 1200 S MAMMOTH RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
EQUIPMENT PURCHASE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SBCCD.799

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
NATIONAL PRESS CLUB

Mailing Address 529 14TH ST NW

City WASHINGTON State DC Zip Code 20045

Purpose of Disbursement
CATERING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SBCCD.789

Date of Disbursement

/ /

Amount of Each Disbursement this Period

377.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

Full Name (Last, First, Middle Initial)
NEW YORK TAXI

01 / 31 / 2011

9.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
OFFICE MAX

203.28

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
PACIFIC GATEWAY CONCESSIONS

4.38

[MEMO ITEM]

FEC Schedule B (Form 3X) (Revised 02/2003)

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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
PANERA BREAD

Mailing Address 4150 WESTOWN PKWY

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SBCCD.821

Date of Disbursement

/ /

Amount of Each Disbursement this Period

24.81

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
PATRICK'S FRENCH BAKERY

Mailing Address 2928 W 66TH ST

City MINNEAPOLIS State MN Zip Code 55423

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SBCCD.822

Date of Disbursement

/ /

Amount of Each Disbursement this Period

85.07

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
POTBELLY

Mailing Address 222 MERCHANDISE MART PLAZA

City CHICAGO State IL Zip Code 60654

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SBCCD.823

Date of Disbursement

/ /

Amount of Each Disbursement this Period

65.84

[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)

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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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
QWEST

Mailing Address 1801 CALIFORNIA ST

City State Zip Code
DENVER CO 80202

Purpose of Disbursement
TELEPHONE SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.858

Date of Disbursement

/ /

Amount of Each Disbursement this Period

62.10

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
RADISSON HOTEL

Mailing Address 2020 JEFFERSON DAVIS HWY

City State Zip Code
ARLINGTON VA 22202

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.898

Date of Disbursement

/ /

Amount of Each Disbursement this Period

389.13

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
RAINBOW FOODS INC

Mailing Address 4039 BUENA VISTA RD

City State Zip Code
COLUMBUS GA 31907

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.824

Date of Disbursement

/ /

Amount of Each Disbursement this Period

282.93

[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)
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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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

RBC PLAZA PARKING

Mailing Address 43 SOUTH 5TH ST

City
MINNEAPOLIS

State
MN

Zip Code
55402

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.899

Date of Disbursement

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

Amount of Each Disbursement this Period

9.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

REAGAN NATIONAL AIRPORT

Mailing Address 1 AVIATION CIRCLE

City
WASHINGTON

State
DC

Zip Code
20001

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.906

Date of Disbursement

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

Amount of Each Disbursement this Period

4.28

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

REAGAN NATIONAL AIRPORT

Mailing Address 1 AVIATION CIRCLE

City
WASHINGTON

State
DC

Zip Code
20001

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.907

Date of Disbursement

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

Amount of Each Disbursement this Period

34.47

[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)

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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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
REAGAN NATIONAL AIRPORT

Mailing Address 1 AVIATION CIRCLE

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.908

Date of Disbursement

/ /

Amount of Each Disbursement this Period

428.72

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
REAGAN NATIONAL AIRPORT

Mailing Address 1 AVIATION CIRCLE

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.909

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2.75

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
REDTOP CAB

Mailing Address 3251 WASHINGTON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.913

Date of Disbursement

/ /

Amount of Each Disbursement this Period

21.00

[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)

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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)
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

State: District:

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

Transaction ID: SBCCD.900

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[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

State: District:

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

Transaction ID: SBCCD.848

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
STARBUCKS

Mailing Address PO BOX 3717

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SBCCD.825

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[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)

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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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
STATE FARM

Mailing Address PO BOX 680001

City DALLAS State TX Zip Code 75368

Purpose of Disbursement
INSURANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SBCCD.845

Date of Disbursement

/ /

Amount of Each Disbursement this Period

31.41

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
SUSHIYA JAPANESE RESTAURANT

Mailing Address 28 W 56TH ST

City NEW YORK State NY Zip Code 10019

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SBCCD.826

Date of Disbursement

/ /

Amount of Each Disbursement this Period

55.28

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
TANG PAVILLION

Mailing Address 65 W 55TH ST

City NEW YORK State NY Zip Code 10019

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SBCCD.827

Date of Disbursement

/ /

Amount of Each Disbursement this Period

63.95

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

Full Name (Last, First, Middle Initial)
THE RED FLAME DINER

01 / 31 / 2011

30.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
THRIFTY CAR RENTAL

MM / DD / YYYY

72.29

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
TIO JUAN'S MARGARITAS

01 / 31 / 2011

168.85

[MEMO ITEM]

0.00

FEC Schedule B (Form 3X) (Revised 02/2003)

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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
TRAVEL TRADERS

Mailing Address 811 7TH AVE

City NEW YORK State NY Zip Code 10019

Purpose of Disbursement
EVENT COLLATERAL MATERIALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SBCCD.802

Date of Disbursement

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

Amount of Each Disbursement this Period

6.68

[MEMO ITEM]

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 - CREDIT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21CCC.99

Date of Disbursement

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

Amount of Each Disbursement this Period

-1107.00

[MEMO ITEM]

C.

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

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SBCCD.902

Date of Disbursement

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

Amount of Each Disbursement this Period

694.90

[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)

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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)
Freedom First PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address 408 SAINT PETER ST</p> <p>City SAINT PAUL State MN Zip Code 55102</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>Transaction ID: SBCCD.793</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>425.44</div> </p> <p>[MEMO ITEM]</p>
<p>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 TELEPHONE 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>Transaction ID: SBCCD.859</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1202.24</div> </p> <p>[MEMO ITEM]</p>
<p>C.</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 SUPPORT/EQUIPMENT</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>Transaction ID: SBCCD.791</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>899.13</div> </p> <p>[MEMO ITEM]</p>

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 PageFOR LINE NUMBER:
(check only one)

PAGE 117 / 170

<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)
Freedom First PAC**A.**Full Name (Last, First, Middle Initial)
VIRGIN AMERICA

Mailing Address 555 AIRPORT BLVD

City BURLINGAME State CA Zip Code 94010

Purpose of Disbursement
TRAVEL

Candidate Name

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

State: District:

Transaction ID: SBCCD.903

Date of Disbursement

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

Amount of Each Disbursement this Period

114.70

[MEMO ITEM]**B.**Full Name (Last, First, Middle Initial)
WASHINGTON DULLES

Mailing Address PO BOX 17045

City WASHINGTON State DC Zip Code 20041

Purpose of Disbursement
TRAVEL

Candidate Name

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

State: District:

Transaction ID: SBCCD.904

Date of Disbursement

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

Amount of Each Disbursement this Period

85.00

[MEMO ITEM]**C.**Full Name (Last, First, Middle Initial)
WORLDCLASS LIMO

Mailing Address 744 N FEDERAL HWY

City POMPANO BEACH State FL Zip Code 33062

Purpose of Disbursement
TRANSPORTATION SERVICE

Candidate Name

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

State: District:

Transaction ID: SBCCD.865

Date of Disbursement

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

Amount of Each Disbursement this Period

587.64

[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)

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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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) YANKEE CLIPPER	Transaction ID: SBCCD.830 Date of Disbursement																				
Mailing Address 170 JOHN ST 2ND	<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>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City NEW YORK State NY Zip Code 10038	Amount of Each Disbursement this Period																				
Purpose of Disbursement FOOD/BEVERAGES	<table border="1"> <tr> <td>1</td><td>2</td><td>6</td><td>2</td> </tr> </table>	1	2	6	2																
1	2	6	2																		
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) YELLOW CAB	Transaction ID: SBCCD.905 Date of Disbursement																				
Mailing Address 244 FIFTH AVE	<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>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City NEW YORK State NY Zip Code 10001	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td>1</td><td>1</td><td>6</td><td>7</td> </tr> </table>	1	1	6	7																
1	1	6	7																		
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) BB&T VISA BUSINESS CARD	Transaction ID: SB21CCP.57 Date of Disbursement																				
Mailing Address PO BOX 24747	<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>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	7		2	0	1	1												
City TAMPA State FL Zip Code 33623	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD PAYMENT	<table border="1"> <tr> <td>1</td><td>7</td><td>2</td><td>2</td> </tr> </table>	1	7	2	2																
1	7	2	2																		
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) ▼																				

SUBTOTAL of Disbursements This Page (optional)

17227.59

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)
Freedom First PAC

A.

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

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.927

Date of Disbursement

02 / 17 / 2011

Amount of Each Disbursement this Period

1355.60

[MEMO ITEM]

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

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.926

Date of Disbursement

02 / 17 / 2011

Amount of Each Disbursement this Period

1141.10

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
ARBY'S

Mailing Address 1155 PERIMETER CENTER W

City ATLANTA State GA Zip Code 30338

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.843

Date of Disbursement

02 / 17 / 2011

Amount of Each Disbursement this Period

19.56

[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)

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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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SBCCD.863 Date of Disbursement
Mailing Address ONE AT&T PLAZA	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 1 1</div> </div>
City DALLAS State TX Zip Code 75202	Amount of Each Disbursement this Period
Purpose of Disbursement TELEPHONE SERVICE	<div> <div></div> <div>110.78</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) BEDFORD VILLAGE INN	Transaction ID: SBCCD.928 Date of Disbursement
Mailing Address 2 OLDE BEDFORD WAY	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 1 1</div> </div>
City BEDFORD State NH Zip Code 03110	Amount of Each Disbursement this Period
Purpose of Disbursement TRAVEL	<div> <div></div> <div>302.12</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) COURTYARD BY MARRIOTT	Transaction ID: SBCCD.929 Date of Disbursement
Mailing Address 10400 FERNWOOD RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 1 1</div> </div>
City BETHESDA State MD Zip Code 20817	Amount of Each Disbursement this Period
Purpose of Disbursement TRAVEL	<div> <div></div> <div>431.51</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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 121 / 170

<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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) DELTA AIRLINES	Transaction ID: SBCCD.930 Date of Disbursement																				
Mailing Address PO BOX 20706	<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>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	7		2	0	1	1												
City ATLANTA State GA Zip Code 30320	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td colspan="10">6224.28</td> </tr> </table>	6224.28																			
6224.28																					
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) DES MOINES AIRPORT	Transaction ID: SBCCD.937 Date of Disbursement																				
Mailing Address 5800 FLEUR DR	<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>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	7		2	0	1	1												
City DES MOINES State IA Zip Code 50321	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td colspan="10">10.59</td> </tr> </table>	10.59																			
10.59																					
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) DOUBLETREE HOTELS	Transaction ID: SBCCD.931 Date of Disbursement																				
Mailing Address 7930 JONES BRANCH DR STE 1100	<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>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	7		2	0	1	1												
City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td colspan="10">490.74</td> </tr> </table>	490.74																			
490.74																					
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)

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)

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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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) EMBASSY SUITES	Transaction ID: SBCCD.932 Date of Disbursement
Mailing Address 7930 JONES BRANCH DR STE 1100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 1 1</div> </div>
City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
Purpose of Disbursement TRAVEL	<div>623.75</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SBCCD.795 Date of Disbursement
Mailing Address 942 SOUTH SHADY GROVE RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 1 1</div> </div>
City MEMPHIS State TN Zip Code 38120	Amount of Each Disbursement this Period
Purpose of Disbursement DELIVERY	<div>362.15</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) GODADDY	Transaction ID: SBCCD.945 Date of Disbursement
Mailing Address 14455 N HAYDEN RD STE 219	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 1 1</div> </div>
City SCOTTSDALE State AZ Zip Code 85260	Amount of Each Disbursement this Period
Purpose of Disbursement WEB SERVICE	<div>24.34</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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 PageFOR 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)
Freedom First PAC**A.**Full Name (Last, First, Middle Initial)
HILTON HOTELS

Mailing Address 7930 JONES BRANCH DR STE 1100

City State Zip Code
MCLEAN VA 22102Purpose of Disbursement
TRAVEL

Candidate Name

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

State: District:

Transaction ID: SBCCD.933

Date of Disbursement

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

Amount of Each Disbursement this Period

1051.77

[MEMO ITEM]**B.**Full Name (Last, First, Middle Initial)
J2 EFAX PLUS SERVICE

Mailing Address 6922 HOLLYWOOD BLVD 5TH FL

City State Zip Code
LOS ANGELES CA 90028Purpose of Disbursement
FAX SERVICE

Candidate Name

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

State: District:

Transaction ID: SBCCD.805

Date of Disbursement

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

Amount of Each Disbursement this Period

16.95

[MEMO ITEM]**C.**Full Name (Last, First, Middle Initial)
LAGUARDIA AIRPORT

Mailing Address 00 LAGUARDIA AIRPORT

City State Zip Code
NEW YORK NY 11369Purpose of Disbursement
TRAVEL

Candidate Name

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

State: District:

Transaction ID: SBCCD.934

Date of Disbursement

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

Amount of Each Disbursement this Period

21.41

[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)

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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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
LUBY'S FUDDRUCKERS RESTAURANT

Mailing Address 13111 NW FREEWAT STE 600

City HOUSTON State TX Zip Code 77040

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.836

Date of Disbursement

02 / 17 / 2011

Amount of Each Disbursement this Period

34.20

[MEMO ITEM]

B. 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: SBCCD.935

Date of Disbursement

02 / 17 / 2011

Amount of Each Disbursement this Period

1157.72

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MCCORMICK & SCHMICK'S

Mailing Address 720 SW WASHINGTON ST STE 550

City PORTLAND State OR Zip Code 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: SBCCD.837

Date of Disbursement

02 / 17 / 2011

Amount of Each Disbursement this Period

143.68

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

[MEMO ITEM]

[MEMO ITEM]

[MEMO ITEM]

FEC Schedule B (Form 3X) (Revised 02/2003)

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)
Freedom First PAC

A.

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
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.936

Date of Disbursement

02 / 17 / 2011

Amount of Each Disbursement this Period

370.69

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
QUIZNOS

Mailing Address 1001 17TH ST STE 200

City DENVER State CO Zip Code 80202

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SBCCD.841

Date of Disbursement

02 / 17 / 2011

Amount of Each Disbursement this Period

15.52

[MEMO ITEM]

C.

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: SBCCD.849

Date of Disbursement

02 / 17 / 2011

Amount of Each Disbursement this Period

9.98

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

FEC Schedule B (Form 3X) (Revised 02/2003)

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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) USPS	Transaction ID: SBCCD.796 Date of Disbursement
Mailing Address 408 SAINT PETER ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 1 1</div> </div>
City SAINT PAUL State MN Zip Code 55102	Amount of Each Disbursement this Period
Purpose of Disbursement DELIVERY	<div>18.30</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) VERIZON	Transaction ID: SBCCD.864 Date of Disbursement
Mailing Address PO BOX 660720	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 1 1</div> </div>
City DALLAS State TX Zip Code 75266	Amount of Each Disbursement this Period
Purpose of Disbursement TELEPHONE SERVICE	<div>614.09</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) VERTICAL RESPONSE INC	Transaction ID: SBCCD.946 Date of Disbursement
Mailing Address 501 2ND ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 1 1</div> </div>
City SAN FRANCISCO State CA Zip Code 94107	Amount of Each Disbursement this Period
Purpose of Disbursement WEB SERVICE	<div>341.34</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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)

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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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) YELLOW CAB	Transaction ID: SBCCD.940 Date of Disbursement
Mailing Address 244 FIFTH AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 1 1</div> </div>
City NEW YORK State NY Zip Code 10001	Amount of Each Disbursement this Period
Purpose of Disbursement TRAVEL	<div> <div></div> <div>95.96</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) BB&T VISA BUSINESS CARD	Transaction ID: SB21CCP.58 Date of Disbursement
Mailing Address PO BOX 24747	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 2 / 2 0 1 1</div> </div>
City TAMPA State FL Zip Code 33623	Amount of Each Disbursement this Period
Purpose of Disbursement CREDIT CARD PAYMENT	<div> <div></div> <div>606.25</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
C. Full Name (Last, First, Middle Initial) DOUBLETREE HOTELS	Transaction ID: SBCCD.941 Date of Disbursement
Mailing Address 7930 JONES BRANCH DR STE 1100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 2 / 2 0 1 1</div> </div>
City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
Purpose of Disbursement TRAVEL	<div> <div></div> <div>606.25</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

606.25

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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

BETTER WORDS LLC

Mailing Address 1402 IDAHO AVE W

City FALCON HEIGHTS State MN Zip Code 55108

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING/TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.126

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2237.06

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

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.80

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2777.00

C.

Full Name (Last, First, Middle Initial)

BLUE SKY LIMOUSINE

Mailing Address PO BOX 2034

City SAUSALITO State CA Zip Code 94966

Purpose of Disbursement
TRANSPORTATION SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.156

Date of Disbursement

/ /

Amount of Each Disbursement this Period

545.00

SUBTOTAL of Disbursements This Page (optional)

5559.06

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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
BLUEFRONT STRATEGIES LLC

Mailing Address 66 CANAL CENTER PLAZA STE 555

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING/TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.124

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
BRYAN CAVE LLP

Mailing Address PO BOX 503089

City ST LOUIS State MO Zip Code 63150

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.86

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
BRYAN CAVE LLP

Mailing Address PO BOX 503089

City ST LOUIS State MO Zip Code 63150

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.87

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

12428.85

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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) BRYAN CAVE LLP Mailing Address PO BOX 503089	Transaction ID: SB21.88 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 1</div> </div>
City ST LOUIS State MO Zip Code 63150 Purpose of Disbursement LEGAL CONSULTING 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) ▼	Amount of Each Disbursement this Period <div>5000.00</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) CAPITOL DIRECT Mailing Address 2915 COMMERS DR STE 1000 City EAGAN State MN Zip Code 55121 Purpose of Disbursement PRINTING 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: SB21.142 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 1 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>122.96</div> <div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) CAPITOL DIRECT Mailing Address 2915 COMMERS DR STE 1000 City EAGAN State MN Zip Code 55121 Purpose of Disbursement PRINTING/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: SB21.143 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 5 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>966.15</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

6089.11

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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
CARAHSOFT TECHNOLOGY CORPORATION

Mailing Address 12369 SUNRISE VALLEY DR STE D2

City RESTON State VA Zip Code 20191

Purpose of Disbursement
WEB SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.189

Date of Disbursement

/ /

Amount of Each Disbursement this Period

598.50

B.

Full Name (Last, First, Middle Initial)
CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
DATABASE MANAGEMENT SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.42

Date of Disbursement

/ /

Amount of Each Disbursement this Period

106.39

C.

Full Name (Last, First, Middle Initial)
CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
DATABASE MANAGEMENT SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.43

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3815.76

SUBTOTAL of Disbursements This Page (optional)

4520.65

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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
DATABASE MANAGEMENT SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.44

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3763.92

B.

Full Name (Last, First, Middle Initial)
COBALT 16 LLC

Mailing Address 1705 DESALES ST NW PENTHOUSE

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.146

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15000.00

C.

Full Name (Last, First, Middle Initial)
COMPLIANCE CONSULTING COMPANY OF VA LLC

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
COMPLIANCE CONSULTING/DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

458.62

SUBTOTAL of Disbursements This Page (optional)

19222.54

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)

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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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) COMPLIANCE CONSULTING COMPANY OF VA LLC	Transaction ID: SB21.24 Date of Disbursement																				
Mailing Address PO BOX 365	<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>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	1		2	0	1	1												
City MCLEAN State VA Zip Code 22101	Amount of Each Disbursement this Period																				
Purpose of Disbursement COMPLIANCE CONSULTING	<table border="1"> <tr> <td colspan="10">4500.00</td> </tr> </table>	4500.00																			
4500.00																					
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. Full Name (Last, First, Middle Initial) COMPTROLLER OF MARYLAND	Transaction ID: SB21.110 Date of Disbursement																				
Mailing Address PO BOX 17132	<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>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	5		2	0	1	1												
City BALTIMORE State MD Zip Code 21297	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL TAXES	<table border="1"> <tr> <td colspan="10">197.43</td> </tr> </table>	197.43																			
197.43																					
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) COMPTROLLER OF MARYLAND	Transaction ID: SB21.118 Date of Disbursement																				
Mailing Address PO BOX 17132	<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>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	5		2	0	1	1												
City BALTIMORE State MD Zip Code 21297	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL TAXES	<table border="1"> <tr> <td colspan="10">197.43</td> </tr> </table>	197.43																			
197.43																					
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)

4894.86

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 136 / 170

<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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
DC TREASURER

Mailing Address PO BOX 96385

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.109

Date of Disbursement

01 / 25 / 2011

Amount of Each Disbursement this Period

1683.00

B.

Full Name (Last, First, Middle Initial)
DC TREASURER

Mailing Address PO BOX 96385

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.113

Date of Disbursement

02 / 18 / 2011

Amount of Each Disbursement this Period

1683.00

C.

Full Name (Last, First, Middle Initial)
DC TREASURER

Mailing Address PO BOX 96385

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement
TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.150

Date of Disbursement

03 / 01 / 2011

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

3466.00

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 137 / 170

<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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
DOES - UC30

Mailing Address PO BOX 96664

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.115

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
ELAVON

Mailing Address 7300 CHAPMAN HWY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.27

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
ELAVON

Mailing Address 7300 CHAPMAN HWY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.28

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 138 / 170

<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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
ELAVON

Mailing Address 7300 CHAPMAN HWY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.30

Date of Disbursement

/ /

Amount of Each Disbursement this Period

75.00

B.

Full Name (Last, First, Middle Initial)
ELAVON

Mailing Address 7300 CHAPMAN HWY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.33

Date of Disbursement

/ /

Amount of Each Disbursement this Period

658.79

C.

Full Name (Last, First, Middle Initial)
ELAVON

Mailing Address 7300 CHAPMAN HWY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.35

Date of Disbursement

/ /

Amount of Each Disbursement this Period

355.72

SUBTOTAL of Disbursements This Page (optional)

1089.51

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 139 / 170

<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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) ELAVON <hr/> Mailing Address 7300 CHAPMAN HWY	Transaction ID: SB21.37 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>5</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	2		2	0	1	1												
City KNOXVILLE State TN Zip Code 37920 Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px auto;"></div> Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div style="border: 1px solid black; width: 100%; text-align: right; padding-right: 10px;">78.30</div>																				
B. Full Name (Last, First, Middle Initial) ELAVON <hr/> Mailing Address 7300 CHAPMAN HWY	Transaction ID: SB21.39 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>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	2		2	0	1	1												
City KNOXVILLE State TN Zip Code 37920 Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px auto;"></div> Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div style="border: 1px solid black; width: 100%; text-align: right; padding-right: 10px;">45.00</div>																				
C. Full Name (Last, First, Middle Initial) ELAVON <hr/> Mailing Address 7300 CHAPMAN HWY	Transaction ID: SB21.40 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>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	1												
City KNOXVILLE State TN Zip Code 37920 Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px auto;"></div> Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div style="border: 1px solid black; width: 100%; text-align: right; padding-right: 10px;">195.00</div>																				

SUBTOTAL of Disbursements This Page (optional) ►

318.30

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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
ELAVON

Mailing Address 7300 CHAPMAN HWY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.41

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
EVENTS BY ANDREA

Mailing Address 345 EAST ORANGE DR

City PHOENIX State AZ Zip Code 85012

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.66

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
EXACT DRIVE INC

Mailing Address 5920 148TH ST W STE 310

City APPLE VALLEY State MN Zip Code 55124

Purpose of Disbursement
WEB SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.192

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

11400.43

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 141 / 170

<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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB21.45 Date of Disbursement
Mailing Address 942 SOUTH SHADY GROVE RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 7 / 2 0 1 1</div> </div>
City MEMPHIS State TN Zip Code 38120	Amount of Each Disbursement this Period
Purpose of Disbursement DELIVERY	<div> <div></div> <div>300.60</div> </div>
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) FEDEX	Transaction ID: SB21.49 Date of Disbursement
Mailing Address 942 SOUTH SHADY GROVE RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 2 / 2 0 1 1</div> </div>
City MEMPHIS State TN Zip Code 38120	Amount of Each Disbursement this Period
Purpose of Disbursement DELIVERY	<div> <div></div> <div>224.04</div> </div>
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) FEDEX	Transaction ID: SB21.50 Date of Disbursement
Mailing Address 942 SOUTH SHADY GROVE RD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 7 / 2 0 1 1</div> </div>
City MEMPHIS State TN Zip Code 38120	Amount of Each Disbursement this Period
Purpose of Disbursement DELIVERY	<div> <div></div> <div>185.70</div> </div>
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)

710.34

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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
FLS CONNECT LLC

Mailing Address 7300 HUDSON BLVD STE 270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.69

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11396.50

B.

Full Name (Last, First, Middle Initial)
FLS CONNECT LLC

Mailing Address 7300 HUDSON BLVD STE 270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.72

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15312.35

C.

Full Name (Last, First, Middle Initial)
FLS CONNECT LLC

Mailing Address 7300 HUDSON BLVD STE 270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.73

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4419.00

SUBTOTAL of Disbursements This Page (optional)

31127.85

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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) FLS CONNECT LLC	Transaction ID: SB21.76 Date of Disbursement																				
Mailing Address 7300 HUDSON BLVD STE 270	<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>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	4		2	0	1	1												
City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period																				
Purpose of Disbursement FUNDRAISING PHONE CALLS	<table border="1"> <tr> <td colspan="10">4569.15</td> </tr> </table>	4569.15																			
4569.15																					
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) FLS CONNECT LLC	Transaction ID: SB21.77 Date of Disbursement																				
Mailing Address 7300 HUDSON BLVD STE 270	<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>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	1	1												
City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period																				
Purpose of Disbursement FUNDRAISING PHONE CALLS	<table border="1"> <tr> <td colspan="10">2035.85</td> </tr> </table>	2035.85																			
2035.85																					
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: SB21.78 Date of Disbursement																				
Mailing Address 7300 HUDSON BLVD STE 270	<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>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	2		2	0	1	1												
City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period																				
Purpose of Disbursement FUNDRAISING PHONE CALLS	<table border="1"> <tr> <td colspan="10">2407.00</td> </tr> </table>	2407.00																			
2407.00																					
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) ▼																				

SUBTOTAL of Disbursements This Page (optional)

9012.00

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 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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
FOTOWATIO RENEWABLE VENTURES INC

Mailing Address 44 MONTGOMERY ST STE 2200

City State Zip Code
SAN FRANCISCO CA 94104

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.145

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4000.00

B.

Full Name (Last, First, Middle Initial)
GOVERNMENT ACCOUNTABILITY BOARD

Mailing Address PO BOX 7984

City State Zip Code
MADISON WI 53707

Purpose of Disbursement
REGISTRATION FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.144

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

C.

Full Name (Last, First, Middle Initial)
HAHN GROUP INC

Mailing Address 2015 FREEDOM LN

City State Zip Code
FALLS CHURCH VA 22043

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.60

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

9100.00

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 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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) HAHN GROUP INC	Transaction ID: SB21.67 Date of Disbursement																				
Mailing Address 2015 FREEDOM LN	<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>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	1	1												
City FALLS CHURCH State VA Zip Code 22043	Amount of Each Disbursement this Period																				
Purpose of Disbursement FINANCE CONSULTING	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
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. Full Name (Last, First, Middle Initial) HILTON MINNEAPOLIS	Transaction ID: SB21.177 Date of Disbursement																				
Mailing Address 1001 MARQUETTE AVE SOUTH	<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>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City MINNEAPOLIS State MN Zip Code 55403	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL/CATERING	<table border="1"> <tr> <td colspan="10">4779.54</td> </tr> </table>	4779.54																			
4779.54																					
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) ICONTRIBUTE	Transaction ID: SB21.VCHK Date of Disbursement																				
Mailing Address PO BOX 8522	<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>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	1												
City FALLS CHURCH State VA Zip Code 22041	Amount of Each Disbursement this Period																				
Purpose of Disbursement VOID CHECK	<table border="1"> <tr> <td colspan="10">-4000.00</td> </tr> </table>	-4000.00																			
-4000.00																					
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) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5779.54

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)

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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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	Transaction ID: SB21.112 Date of Disbursement																				
Mailing Address 1111 CONSTITUTION AVE NW	<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>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City WASHINGTON State DC Zip Code 20224	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL TAXES	<table border="1"> <tr> <td colspan="10">11085.52</td> </tr> </table>	11085.52																			
11085.52																					
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: SB21.116 Date of Disbursement																				
Mailing Address 1111 CONSTITUTION AVE NW	<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>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	5		2	0	1	1												
City WASHINGTON State DC Zip Code 20224	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL TAXES	<table border="1"> <tr> <td colspan="10">11085.49</td> </tr> </table>	11085.49																			
11085.49																					
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: SB21.119 Date of Disbursement																				
Mailing Address 1111 CONSTITUTION AVE NW	<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>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	1	1												
City WASHINGTON State DC Zip Code 20224	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL TAXES	<table border="1"> <tr> <td colspan="10">382.67</td> </tr> </table>	382.67																			
382.67																					
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)

22553.68

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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
INTERNAL REVENUE SERVICE

Mailing Address 1111 CONSTITUTION AVE NW

City WASHINGTON State DC Zip Code 20224

Purpose of Disbursement
TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.151

Date of Disbursement

/ /

Amount of Each Disbursement this Period

302.00

B.

Full Name (Last, First, Middle Initial)
INTUIT

Mailing Address 2623 MARINE WAY

City MOUNTAIN VALLEY State CA Zip Code 94043

Purpose of Disbursement
SOFTWARE PURCHASE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.148

Date of Disbursement

/ /

Amount of Each Disbursement this Period

215.20

C.

Full Name (Last, First, Middle Initial)
INTUIT

Mailing Address 2623 MARINE WAY

City MOUNTAIN VALLEY State CA Zip Code 94043

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.92

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.78

SUBTOTAL of Disbursements This Page (optional)

617.98

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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) INTUIT PAYCYCLE	Transaction ID: SB21.107 Date of Disbursement																				
Mailing Address 2800 E COMMERCE CENTER PL	<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>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	5		2	0	1	1												
City TUCSON State AZ Zip Code 85706	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL SERVICE	<table border="1"> <tr> <td>69.99</td> </tr> </table>	69.99																			
69.99																					
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) INTUIT PAYCYCLE	Transaction ID: SB21.108 Date of Disbursement																				
Mailing Address 2800 E COMMERCE CENTER PL	<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>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	4		2	0	1	1												
City TUCSON State AZ Zip Code 85706	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL SERVICE	<table border="1"> <tr> <td>69.99</td> </tr> </table>	69.99																			
69.99																					
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) IRELAND'S FOUR FIELDS	Transaction ID: SB21.20 Date of Disbursement																				
Mailing Address 3412 CONNECTICUT AVE NW	<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>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	9		2	0	1	1												
City WASHINGTON State DC Zip Code 20008	Amount of Each Disbursement this Period																				
Purpose of Disbursement CATERING/FACILITY RENTAL	<table border="1"> <tr> <td>3500.00</td> </tr> </table>	3500.00																			
3500.00																					
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) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3639.98

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other 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: SB21.160 Date of Disbursement
Mailing Address 3105 WHITE DAISY PL	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 5 / 2 0 1 1</div> </div>
City FAIRFAX State VA Zip Code 22031	Amount of Each Disbursement this Period
Purpose of Disbursement TRAVEL	<div>93.37</div>
Candidate Name	<div>Category/Type</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) ▼
B. Full Name (Last, First, Middle Initial) LEADING AUTHORITIES	Transaction ID: SB21.171 Date of Disbursement
Mailing Address 1990 M ST NW STE 800	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 0 / 2 0 1 1</div> </div>
City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period
Purpose of Disbursement TRAVEL	<div>163.58</div>
Candidate Name	<div>Category/Type</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) ▼
C. Full Name (Last, First, Middle Initial) LSN INC	Transaction ID: SB21.188 Date of Disbursement
Mailing Address DEPT. AT 953016	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 3 / 2 0 1 1</div> </div>
City ATLANTA State GA Zip Code 31192	Amount of Each Disbursement this Period
Purpose of Disbursement WEB SERVICE	<div>199.00</div>
Candidate Name	<div>Category/Type</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) ▼

SUBTOTAL of Disbursements This Page (optional)

455.95

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)

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) MARRIOTT GROUP	Transaction ID: SB21.59 Date of Disbursement
Mailing Address 5056 KILBURN ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 1 1</div> </div>
City ALEXANDRIA State VA Zip Code 22304	Amount of Each Disbursement this Period
Purpose of Disbursement FINANCE CONSULTING	<div>5000.00</div>
Candidate Name	<div>Category/Type</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) ▼
B. Full Name (Last, First, Middle Initial) MARRIOTT GROUP	Transaction ID: SB21.64 Date of Disbursement
Mailing Address 5056 KILBURN ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 1 1</div> </div>
City ALEXANDRIA State VA Zip Code 22304	Amount of Each Disbursement this Period
Purpose of Disbursement FINANCE CONSULTING	<div>5000.00</div>
Candidate Name	<div>Category/Type</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) ▼
C. Full Name (Last, First, Middle Initial) MINNEAPOLIS CLUB	Transaction ID: SB21.21 Date of Disbursement
Mailing Address 729-2ND AVE SOUTH	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 5 / 2 0 1 1</div> </div>
City MINNEAPOLIS State MN Zip Code 55402	Amount of Each Disbursement this Period
Purpose of Disbursement CATERING/FACILITY RENTAL	<div>1603.68</div>
Candidate Name	<div>Category/Type</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) ▼

SUBTOTAL of Disbursements This Page (optional)

11603.68

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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) MINNESOTA DEPARTMENT OF REVENUE	Transaction ID: SB21.111 Date of Disbursement																				
Mailing Address 600 NORTH ROBERT ST	<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>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City ST PAUL State MN Zip Code 55101	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL TAXES	<table border="1"> <tr> <td>448.35</td> </tr> </table>	448.35																			
448.35																					
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) MINNESOTA DEPARTMENT OF REVENUE	Transaction ID: SB21.114 Date of Disbursement																				
Mailing Address 600 NORTH ROBERT ST	<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>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	1	1												
City ST PAUL State MN Zip Code 55101	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL TAXES	<table border="1"> <tr> <td>716.58</td> </tr> </table>	716.58																			
716.58																					
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) MINNESOTA DEPARTMENT OF REVENUE	Transaction ID: SB21.117 Date of Disbursement																				
Mailing Address 600 NORTH ROBERT ST	<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>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	5		2	0	1	1												
City ST PAUL State MN Zip Code 55101	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL TAXES	<table border="1"> <tr> <td>448.35</td> </tr> </table>	448.35																			
448.35																					
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)

1613.28

TOTAL This Period (last page this line number only)

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

Full Name (Last, First, Middle Initial)
MINNESOTA DEPARTMENT OF REVENUE

Mailing Address 600 NORTH ROBERT ST

City	State	Zip Code
ST PAUL	MN	55101

Purpose of Disbursement
TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

85.00

Full Name (Last, First, Middle Initial)
NEW FRONTIER STRATEGY

Mailing Address 315 KENTUCKY AVE

City	State	Zip Code
ALEXANDRIA	VA	22305

Purpose of Disbursement
TRAVEL/FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

2959.08

Full Name (Last, First, Middle Initial)
OCTOBER INC

Mailing Address PO BOX 370672

City	State	Zip Code
LAS VEGAS	NV	89137

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Date of Disbursement

03 / 11 / 2011

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

5544.08

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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
PHOENIX SHERATON

Mailing Address 340 NORTH 3RD ST

City PHOENIX State AZ Zip Code 85004

Purpose of Disbursement
FACILITY RENTAL/CATERING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.55

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
PINSTRIPES

Mailing Address 3849 GALLAGHER DR

City EDINA State MN Zip Code 55435

Purpose of Disbursement
CATERING/FACILITY RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.23

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
PKL CONSULTING LLC

Mailing Address 621 THORNWOOD LN

City NORTHFIELD State IL Zip Code 60093

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.169

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

4467.89

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)
Freedom First PAC

A.

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

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.58

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5159.83

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

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.63

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
PRIME RATE PREMIUM FINANCE CORP INC

Mailing Address PO BOX 580016

City CHARLOTTE State NC Zip Code 28258

Purpose of Disbursement
INSURANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.84

Date of Disbursement

/ /

Amount of Each Disbursement this Period

113.75

SUBTOTAL of Disbursements This Page (optional)

10273.58

TOTAL This Period (last page this line number only)

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

FEC Schedule B (Form 3X) (Revised 02/2003)

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 / 170

<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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) SHADOWTV INC	Transaction ID: SB21.89 Date of Disbursement																				
Mailing Address 630 NINTH AVE STE 1000 10TH FL	<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>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	5		2	0	1	1												
City NEW YORK State NY Zip Code 10036	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEDIA	<table border="1"> <tr> <td colspan="10">450.00</td> </tr> </table>	450.00																			
450.00																					
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. Full Name (Last, First, Middle Initial) SHERATON PHOENIX	Transaction ID: SB21.54 Date of Disbursement																				
Mailing Address 340 NORTH THIRD ST	<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>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	1	1												
City PHOENIX State AZ Zip Code 85004	Amount of Each Disbursement this Period																				
Purpose of Disbursement FACILITY RENTAL/CATERING	<table border="1"> <tr> <td colspan="10">1350.00</td> </tr> </table>	1350.00																			
1350.00																					
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) ▼																				
C. Full Name (Last, First, Middle Initial) STACEY DAVIS & ASSOCIATES	Transaction ID: SB21.51 Date of Disbursement																				
Mailing Address 18880 VON KARMON AVE STE 100	<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>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	7		2	0	1	1												
City IRVINE State CA Zip Code 92612	Amount of Each Disbursement this Period																				
Purpose of Disbursement DELIVERY	<table border="1"> <tr> <td colspan="10">127.90</td> </tr> </table>	127.90																			
127.90																					
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)

1927.90

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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
STAR INSURANCE COMPANY

Mailing Address PO BOX 31130

City TAMPA State FL Zip Code 33631

Purpose of Disbursement
INSURANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.81

Date of Disbursement

/ /

Amount of Each Disbursement this Period

460.00

B.

Full Name (Last, First, Middle Initial)
STATE FARM

Mailing Address PO BOX 680001

City DALLAS State TX Zip Code 75368

Purpose of Disbursement
INSURANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.82

Date of Disbursement

/ /

Amount of Each Disbursement this Period

32.41

C.

Full Name (Last, First, Middle Initial)
STATE FARM

Mailing Address PO BOX 680001

City DALLAS State TX Zip Code 75368

Purpose of Disbursement
INSURANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.85

Date of Disbursement

/ /

Amount of Each Disbursement this Period

107.22

SUBTOTAL of Disbursements This Page (optional)

599.63

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other 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)
STEPHANOS

Mailing Address 11849 MILLPOND AVE

City BURNSVILLE State MN Zip Code 55337

Purpose of Disbursement
CATERING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.19

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5960.70

B.

Full Name (Last, First, Middle Initial)
STRATEGIC FUNDRAISING

Mailing Address 7591 9TH ST NORTH

City ST PAUL State MN Zip Code 55128

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.70

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3730.90

C.

Full Name (Last, First, Middle Initial)
STRATEGIC FUNDRAISING

Mailing Address 7591 9TH ST NORTH

City ST PAUL State MN Zip Code 55128

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.71

Date of Disbursement

/ /

Amount of Each Disbursement this Period

401.00

SUBTOTAL of Disbursements This Page (optional)

10092.60

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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
STRATEGIC FUNDRAISING

Mailing Address 7591 9TH ST NORTH

City ST PAUL State MN Zip Code 55128

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.74

Date of Disbursement

/ /

Amount of Each Disbursement this Period

270.00

B.

Full Name (Last, First, Middle Initial)
STRATEGIC FUNDRAISING

Mailing Address 7591 9TH ST NORTH

City ST PAUL State MN Zip Code 55128

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.75

Date of Disbursement

/ /

Amount of Each Disbursement this Period

260.00

C.

Full Name (Last, First, Middle Initial)
STRATEGIC FUNDRAISING

Mailing Address 7591 9TH ST NORTH

City ST PAUL State MN Zip Code 55128

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.79

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1197.55

SUBTOTAL of Disbursements This Page (optional)

1727.55

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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
TERRA ECLIPSE

Mailing Address 9043 SOQUEL DR

City APTOS State CA Zip Code 95003

Purpose of Disbursement
WEB SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.187

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6000.00

B.

Full Name (Last, First, Middle Initial)
THE CAPITOL CONNECTION

Mailing Address 4400 UNIVERSITY DR MS 1D2

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
UTILITIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.186

Date of Disbursement

/ /

Amount of Each Disbursement this Period

75.00

C.

Full Name (Last, First, Middle Initial)
THE MCINTOSH COMPANY INC

Mailing Address 5310 HARVEST HILL RD STE 209

City DALLAS State TX Zip Code 75230

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.61

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5033.81

SUBTOTAL of Disbursements This Page (optional)

11108.81

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 161 / 170

<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)
Freedom First PAC**A.**Full Name (Last, First, Middle Initial)
THE MCINTOSH COMPANY INC

Mailing Address 5310 HARVEST HILL RD STE 209

City DALLAS State TX Zip Code 75230

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

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

State: District:

Transaction ID: SB21.62

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

B.Full Name (Last, First, Middle Initial)
THE MINIKAHDA CLUB

Mailing Address 3205 EXCELSIOR BLVD

City MINNEAPOLIS State MN Zip Code 55416

Purpose of Disbursement
CATERING/FACILITY RENTAL

Candidate Name

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

State: District:

Transaction ID: SB21.22

Date of Disbursement

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

Amount of Each Disbursement this Period

1278.26

C.Full Name (Last, First, Middle Initial)
THE STARBOARD GROUP

Mailing Address 1420 W CANAL CT STE 10

City LITTLETON State CO Zip Code 80120

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

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

State: District:

Transaction ID: SB21.56

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7278.26

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)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
UPS STORE

Mailing Address 55 GLENLAKE PKWY NE

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.46

Date of Disbursement

/ /

Amount of Each Disbursement this Period

41.61

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

State: District:

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

Transaction ID: SB21.131

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5.98

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

State: District:

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

Transaction ID: SB21.132

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5.65

SUBTOTAL of Disbursements This Page (optional)

53.24

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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) USPS	Transaction ID: SB21.133 Date of Disbursement
Mailing Address 408 SAINT PETER ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 1 1</div> </div>
City SAINT PAUL State MN Zip Code 55102	Amount of Each Disbursement this Period
Purpose of Disbursement POSTAGE	<div>5.65</div>
Candidate Name	<div>Category/Type</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) ▼
B. Full Name (Last, First, Middle Initial) USPS	Transaction ID: SB21.134 Date of Disbursement
Mailing Address 408 SAINT PETER ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 7 / 2 0 1 1</div> </div>
City SAINT PAUL State MN Zip Code 55102	Amount of Each Disbursement this Period
Purpose of Disbursement POSTAGE	<div>5.65</div>
Candidate Name	<div>Category/Type</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) ▼
C. Full Name (Last, First, Middle Initial) USPS	Transaction ID: SB21.135 Date of Disbursement
Mailing Address 408 SAINT PETER ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 8 / 2 0 1 1</div> </div>
City SAINT PAUL State MN Zip Code 55102	Amount of Each Disbursement this Period
Purpose of Disbursement POSTAGE	<div>9.15</div>
Candidate Name	<div>Category/Type</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) ▼

SUBTOTAL of Disbursements This Page (optional)

20.45

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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) USPS	Transaction ID: SB21.136 Date of Disbursement
Mailing Address 408 SAINT PETER ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 8 / 2 0 1 1</div> </div>
City SAINT PAUL State MN Zip Code 55102	Amount of Each Disbursement this Period
Purpose of Disbursement POSTAGE	<div>15.80</div>
Candidate Name	<div>Category/Type</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) ▼
B. Full Name (Last, First, Middle Initial) USPS	Transaction ID: SB21.137 Date of Disbursement
Mailing Address 408 SAINT PETER ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 0 / 2 0 1 1</div> </div>
City SAINT PAUL State MN Zip Code 55102	Amount of Each Disbursement this Period
Purpose of Disbursement POSTAGE	<div>11.67</div>
Candidate Name	<div>Category/Type</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) ▼
C. Full Name (Last, First, Middle Initial) USPS	Transaction ID: SB21.138 Date of Disbursement
Mailing Address 408 SAINT PETER ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 1 1</div> </div>
City SAINT PAUL State MN Zip Code 55102	Amount of Each Disbursement this Period
Purpose of Disbursement POSTAGE	<div>5.65</div>
Candidate Name	<div>Category/Type</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) ▼

SUBTOTAL of Disbursements This Page (optional)

33.12

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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) USPS	Transaction ID: SB21.139 Date of Disbursement
Mailing Address 408 SAINT PETER ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 5 / 2 0 1 1</div> </div>
City SAINT PAUL State MN Zip Code 55102	Amount of Each Disbursement this Period
Purpose of Disbursement POSTAGE	<div> <div></div> <div>5.65</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </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) ▼
B. Full Name (Last, First, Middle Initial) USPS	Transaction ID: SB21.140 Date of Disbursement
Mailing Address 408 SAINT PETER ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 4 / 2 0 1 1</div> </div>
City SAINT PAUL State MN Zip Code 55102	Amount of Each Disbursement this Period
Purpose of Disbursement POSTAGE	<div> <div></div> <div>11.65</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </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) ▼
C. Full Name (Last, First, Middle Initial) USPS	Transaction ID: SB21.141 Date of Disbursement
Mailing Address 408 SAINT PETER ST	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 1</div> </div>
City SAINT PAUL State MN Zip Code 55102	Amount of Each Disbursement this Period
Purpose of Disbursement POSTAGE	<div> <div></div> <div>18.30</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </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) ▼

SUBTOTAL of Disbursements This Page (optional)

35.60

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)
Freedom First PAC

A.

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

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.47

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.30

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

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.48

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.30

C.

Full Name (Last, First, Middle Initial)
VERIZON

Mailing Address PO BOX 660720

City DALLAS State TX Zip Code 75266

Purpose of Disbursement
TELEPHONE SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.153

Date of Disbursement

/ /

Amount of Each Disbursement this Period

182.68

SUBTOTAL of Disbursements This Page (optional)

219.28

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 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)
Freedom First PAC**A.**Full Name (Last, First, Middle Initial)
VERIZON- DC

Mailing Address PO BOX 660720

City DALLAS State TX Zip Code 75266

Purpose of Disbursement
TELEPHONE SERVICE

Candidate Name

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

State: District:

Transaction ID: SB21.154

Date of Disbursement

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

Amount of Each Disbursement this Period

549.55

B.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
FINANCE CONSULTING

Candidate Name

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

State: District:

Transaction ID: SB21.57

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

C.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 FEE

Candidate Name

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

State: District:

Transaction ID: SB21.12

Date of Disbursement

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

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)

3059.55

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)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB21.13 Date of Disbursement
Mailing Address PO BOX 63750	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 4 / 2 0 1 1</div> </div>
City SAN FRANCISCO State CA Zip Code 94163	Amount of Each Disbursement this Period
Purpose of Disbursement BANK FEE	<div> <div></div> <div>10.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </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) ▼
B. Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB21.15 Date of Disbursement
Mailing Address PO BOX 63750	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 4 / 2 0 1 1</div> </div>
City SAN FRANCISCO State CA Zip Code 94163	Amount of Each Disbursement this Period
Purpose of Disbursement BANK FEE	<div> <div></div> <div>10.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </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) ▼
C. Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB21.3 Date of Disbursement
Mailing Address PO BOX 63750	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 4 / 2 0 1 1</div> </div>
City SAN FRANCISCO State CA Zip Code 94163	Amount of Each Disbursement this Period
Purpose of Disbursement BANK FEE	<div> <div></div> <div>10.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </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) ▼

SUBTOTAL of Disbursements This Page (optional)

30.00

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 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)
Freedom First PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) WELLS FARGO</p> <hr/> <p>Mailing Address PO BOX 63750</p> <hr/> <p>City SAN FRANCISCO State CA Zip Code 94163</p> <hr/> <p>Purpose of Disbursement BANK FEE</p> <hr/> <p>Candidate Name</p> <hr/> <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>Transaction ID: SB21.4</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 0 / 2 0 1 1</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period <div> <div></div> <div>3.00</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) WELLS FARGO</p> <hr/> <p>Mailing Address PO BOX 63750</p> <hr/> <p>City SAN FRANCISCO State CA Zip Code 94163</p> <hr/> <p>Purpose of Disbursement BANK FEE</p> <hr/> <p>Candidate Name</p> <hr/> <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>Transaction ID: SB21.5</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 1 1</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period <div> <div></div> <div>10.00</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) WELLS FARGO</p> <hr/> <p>Mailing Address PO BOX 63750</p> <hr/> <p>City SAN FRANCISCO State CA Zip Code 94163</p> <hr/> <p>Purpose of Disbursement BANK FEE</p> <hr/> <p>Candidate Name</p> <hr/> <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>Transaction ID: SB21.6</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 1 1</div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period <div> <div></div> <div>10.00</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

23.00

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 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)
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

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.7

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.00

B.

Full Name (Last, First, Middle Initial)
WERPOLITICS

Mailing Address 733 15TH ST NW STE 220

City State Zip Code
WASHINGTON DC 20005

Purpose of Disbursement
MEDIA/TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.90

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7030.80

C.

Full Name (Last, First, Middle Initial)
WERPOLITICS

Mailing Address 733 15TH ST NW STE 220

City State Zip Code
WASHINGTON DC 20005

Purpose of Disbursement
MEDIA/TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.91

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8340.67

SUBTOTAL of Disbursements This Page (optional)

15386.47

TOTAL This Period (last page this line number only)

509399.95