

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

Office Use Only

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

Freedom First PAC

ADDRESS (number and street)

PO BOX 9190

☐Check if different
than previously
reported. (ACC)

ST PAUL

MN

55109

2. **FEC IDENTIFICATION NUMBER**

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 (12S)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 3

2 0 1 0

through

1 2

3 1

2 0 1 0

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

0 1

2 8

2 0 1 1

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

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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 73

Write or Type Committee Name
Freedom First PAC

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 3 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 | 2010 | 884075.19 |
| (b) Cash on Hand at Beginning of Reporting Period | 354736.89 | |
| (c) Total Receipts (from Line 19) | 58587.84 | 2096639.01 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 413324.73 | 2980714.20 |
| 7. Total Disbursements (from Line 31) | 258335.11 | 2825724.58 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 154989.62 | 154989.62 |
| 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)

3 / 73

Write or Type Committee Name

Freedom First PAC

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 3 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) | 17829.38 | 1604814.32 |
| (ii) Unitemized | 30259.85 | 417050.22 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 48089.23 | 2021864.54 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 39265.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 48089.23 | 2061129.54 |
| 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) | 10399.84 | 34575.31 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 98.77 | 934.16 |
| 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)) | 58587.84 | 2096639.01 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 58587.84 | 2096639.01 |

DETAILED SUMMARY PAGE

of Disbursements

4 / 73

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-----------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| (i) Federal Share..... | 0.00 | 0.00 | |
| (ii) Non-Federal Share..... | 0.00 | 0.00 | |
| (b) Other Federal Operating Expenditures..... | 255335.11 | 2560840.83 | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤ | 255335.11 | 2560840.83 | |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 1000.00 | 198310.57 | |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 | |
| 26. Loan Repayments Made..... | 0.00 | 0.00 | |
| 27. Loans Made..... | 0.00 | 0.00 | |
| 28. Refunds of Contributions To: | | | |
| (a) Individuals/Persons Other Than Political Committees | 2000.00 | 8225.00 | |
| (b) Political Party Committees | 0.00 | 0.00 | |
| (c) Other Political Committees (such as PACs) | 0.00 | 5000.00 | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 2000.00 | 13225.00 | |
| 29. Other Disbursements..... | 0.00 | 53348.18 | |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | | |
| (i) Federal Share | 0.00 | 0.00 | |
| (ii) "Levin" Share | 0.00 | 0.00 | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 258335.11 | 2825724.58 | |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 258335.11 | 2825724.58 | |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 73

| 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) | 48089.23 | 2061129.54 |
| 34. Total Contribution Refunds (from Line 28(d)) | 2000.00 | 13225.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 46089.23 | 2047904.54 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 255335.11 | 2560840.83 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 10399.84 | 34575.31 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 244935.27 | 2526265.52 |

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

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

FOR LINE NUMBER: PAGE 6 / 73

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MRS. MARY BARTON

Mailing Address 5915 CHRISTMAS LAKE ROAD

City

SHOREWOOD

State

MN

Zip Code

55331-3306

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
1 2 / 0 5 / 2 0 1 0

Transaction ID: SA11.16952

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

[MEMO ITEM]

REATTRIBUTION FROM SPOUSE

B.

Full Name (Last, First, Middle Initial)

MR. RAYMOND BARTON

Mailing Address 5915 CHRISTMAS LAKE ROAD

City

SHOREWOOD

State

MN

Zip Code

55331-3306

FEC ID number of contributing
federal political committee.

C

Name of Employer
GREAT CLIPS INC.

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
1 2 / 0 5 / 2 0 1 0

Transaction ID: SA11.16953

Amount of Each Receipt this Period

-5000.00

CONTRIBUTION

[MEMO ITEM]

REATTRIBUTION TO SPOUSE

C.

Full Name (Last, First, Middle Initial)

MRS. GLORIA J. BAUN

Mailing Address 163 BOSA DR

City

SAINT ROBERT

State

MO

Zip Code

65584-4643

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 ▼

230.00

Date of Receipt

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

Transaction ID: SA11.17245

Amount of Each Receipt this Period

80.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 73

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MRS. TANYA BOSER

Mailing Address 142 75TH STREET NE

City

RICE

State

MN

Zip Code

56367-9676

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 ▼

250.00

Date of Receipt

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

Transaction ID: SA11.16845

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DOUGLAS BOWMAN

Mailing Address 1003 MAIN STREET

City

WINDERMERE

State

FL

Zip Code

34786-8730

FEC ID number of contributing
federal political committee.

C

Name of Employer
WYNDHAM WORLDWIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RESORT MANAGEMENT

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.17404

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GEORGE BRIDGMAN

Mailing Address 1092 87TH AVENUE W.

City

DULUTH

State

MN

Zip Code

55808-1419

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: SA11.17011

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 73

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM T. COLEMAN, JR.

Mailing Address 1625 EYE STREET NW

City

WASHINGTON

State

DC

Zip Code

20006-4061

FEC ID number of contributing
federal political committee.

C

Name of Employer
O'MELVENY & MYERS LLP

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.17008

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. HELEN S. CORYN

Mailing Address 830 N SHORE DR NE APT 1518

City

SAINT PETERSBURG

State

FL

Zip Code

33701-2028

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 ▼

300.00

Date of Receipt

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

Transaction ID: SA11.17172

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. GERALDINE A. CROWLEY

Mailing Address 65 OAKLAWN AVE

City

CRANSTON

State

RI

Zip Code

02920-9386

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 ▼

235.00

Date of Receipt

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

Transaction ID: SA11.17214

Amount of Each Receipt this Period

125.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

475.00

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 / 73

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. JOHN EDSON

Mailing Address 4835 FORESTVIEW LANE N.

City

PLYMOUTH

State

MN

Zip Code

55442-2183

FEC ID number of contributing
federal political committee.

C

Name of Employer

BLANKSI PETER KRONLAGE ZO-
CH, PA

Occupation

CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11.17407

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DAN D. FLOECK

Mailing Address 25914 PEREGRINE RDG

City

SAN ANTONIO

State

TX

Zip Code

78260-3582

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 ▼

250.00

Date of Receipt

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

Transaction ID: SA11.17200

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RICHARD S. GRIFFITH

Mailing Address P.O. BOX 91610

City

LAFAYETTE

State

LA

Zip Code

70509-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11.17570

Amount of Each Receipt this Period

120.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

370.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 73

(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. STEVEN B. HANTLER

Mailing Address 6740 COMMERCE ROAD

City

WEST BLOOMFIELD

State

MI

Zip Code

48324-2718

FEC ID number of contributing
federal political committee.

C

Name of Employer
MARCUS FAMILY OFFICE

Occupation

PERSONAL ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.16702

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. HELENE M. HOOVER

Mailing Address 2645 E SOUTHERN AVE

City

TEMPE

State

AZ

Zip Code

85282-7649

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 ▼

230.00

Date of Receipt

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

Transaction ID: SA11.17173

Amount of Each Receipt this Period

80.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JAMES R. HUFFINES

Mailing Address 1602 LEIGH STREET

City

AUSTIN

State

TX

Zip Code

78703-2452

FEC ID number of contributing
federal political committee.

C

Name of Employer
PLAINS CAPITAL CORPORATION

Occupation

BANKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11.16897

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

7080.00

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 / 73

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MS. BARBARA B. HURLBUT

Mailing Address 16018 BALLICA DR

City

TAMPA

State

FL

Zip Code

33618-1418

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 ▼

250.00

Date of Receipt

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

Transaction ID: SA11.17218

Amount of Each Receipt this Period

125.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. JENIVIE L. JACK

Mailing Address 8544 SOUTHPORT DRIVE

City

EVANSVILLE

State

IN

Zip Code

47711-6344

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 ▼

230.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 1 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11.16819

Amount of Each Receipt this Period

35.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RUSSELL S. KING

Mailing Address 3 RED FOREST HEIGHTS

City

NORTH OAKS

State

MN

Zip Code

55127-6353

FEC ID number of contributing
federal political committee.

C

Name of Employer
KING CAPITAL CORPORATION

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

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

Transaction ID: SA11.17697

Amount of Each Receipt this Period

700.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

860.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 73

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. RICHARD LEURIG

Mailing Address 2336 ROUND MOUNTAIN CIR

City

LEWISVILLE

State

TX

Zip Code

75056-5634

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORELOGIC

Occupation
CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.17241

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. MARY J. LOEPPKY

Mailing Address 315 DES PLAINES AVE
UNIT 202

City

FOREST PARK

State

IL

Zip Code

60130-1445

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 ▼

202.00

Date of Receipt

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

Transaction ID: SA11.17273

Amount of Each Receipt this Period

120.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. MURIEL E. LUND-MICHEL

Mailing Address 1621 S. VINE AVENUE

City

PARK RIDGE

State

IL

Zip Code

60068-5472

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 ▼

625.00

Date of Receipt

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

Transaction ID: SA11.17755

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

470.00

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 / 73

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. ALLAN LUNDERVOLD

Mailing Address 575 EDEN CIRCLE

City

EAGAN

State

MN

Zip Code

55123-3904

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.17428

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES W. MOORE

Mailing Address 3006 RIVER OAKS DRIVE

City

MONROE

State

LA

Zip Code

71201-2030

FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.17463

Amount of Each Receipt this Period

5000.00

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-EMPLOYEDOccupation
LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.16694

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

6100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 73

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MRS. KAY POITRAS

Mailing Address 949 HAMILTON CIRCLE

City

HAINES CITY

State

FL

Zip Code

33844-2431

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 ▼

330.00

Date of Receipt

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

Transaction ID: SA11.16977

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. MONTE RICHARDSON

Mailing Address 29 HIGHBRIDGE CROSSING
APARTMENT 3301

City

ASHEVILLE

State

NC

Zip Code

28803-4169

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 ▼

450.00

Date of Receipt

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

Transaction ID: SA11.17006

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT W. ROBSON

Mailing Address 12685 BUCHANAN HOLLOW RD

City

LE GRAND

State

CA

Zip Code

95333-9772

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11.17163

Amount of Each Receipt this Period

80.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

280.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 73

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. JOHN C. ROSLING

Mailing Address 48785 VIA LINDA

City

LA QUINTA

State

CA

Zip Code

92253-2574

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 ▼

300.00

Date of Receipt

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

Transaction ID: SA11.17089

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RANDY SEYKORA

Mailing Address 1601 GRIZZLY LANE

City

SARTELL

State

MN

Zip Code

56377-1672

FEC ID number of contributing
federal political committee.

C

Name of Employer
SYNTHES

Occupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: SA11.17134

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. ELEANOR SHOWERS

Mailing Address 1486 NESBITT ROAD

City

CALEDONIA

State

OH

Zip Code

43314-9475

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 ▼

517.00

Date of Receipt

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

Transaction ID: SA11.17574

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

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 / 73

(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. ALEXANDER R. SLUSKY

Mailing Address ONE MARKET STREET
STEURART TOWER 23RD FLOOR

City State Zip Code
SAN FRANCISCO CA 94105-1107

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 ▼

3684.38

Date of Receipt

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

Transaction ID: SA11.18336

Amount of Each Receipt this Period

684.38

IN-KIND CONTRIBUTION

IN-KIND CONTRIBUTION - FO-
OD & BEVERAGE

B.

Full Name (Last, First, Middle Initial)
MR. JONI H. H. STUTZMAN

Mailing Address PO BOX 107

City State Zip Code
HOYT LAKES MN 55750-0107

FEC ID number of contributing
federal political committee.

C

Name of Employer
STUTZMAN GROCERY

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.16966

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. BRAD S. WEBSTER

Mailing Address N2323 PINE HOLLOW RD

City State Zip Code
POYNETTE WI 53955-9273

FEC ID number of contributing
federal political committee.

C

Name of Employer
STATE OF WISCONSIN

Occupation
PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11.17195

Amount of Each Receipt this Period

220.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1004.38

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 / 73

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. DAVID WHEELER

Mailing Address P.O. BOX 611

City

COTTAGE GROVE

State

OR

Zip Code

97424-0026

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 ▼

255.00

Date of Receipt

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

Transaction ID: SA11.17671

Amount of Each Receipt this Period

80.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DAVID WILLIAMS

Mailing Address 2027 MERRILL ROAD

City

PARADISE

State

CA

Zip Code

95969-2948

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 ▼

205.00

Date of Receipt

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

Transaction ID: SA11.17143

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

17829.38

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

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

FOR LINE NUMBER: PAGE 18 / 73

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
FREEDOM FIRST PAC IOWA

Mailing Address PO BOX 9190

City State Zip Code
SAINT PAUL MN 55109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12272.74

Date of Receipt

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

Transaction ID: SA15.1

Amount of Each Receipt this Period

8938.98

REIMBURSEMENT- TRAVEL

B.

Full Name (Last, First, Middle Initial)
FREEDOM FIRST PAC IOWA

Mailing Address PO BOX 9190

City State Zip Code
SAINT PAUL MN 55109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12272.74

Date of Receipt

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

Transaction ID: SA15.3

Amount of Each Receipt this Period

1356.10

REIMBURSEMENT- TRAVEL

SUBTOTAL of Receipts This Page (optional)

10295.08

TOTAL This Period (last page this line number only)

10295.08

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

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

FOR LINE NUMBER: PAGE 19 / 73

(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)
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 ▼

278.28

Date of Receipt

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

Transaction ID: SA17.3

Amount of Each Receipt this Period

57.53

INTEREST EARNINGS

B.

Full Name (Last, First, Middle Initial)
WELLS FARGO

Mailing Address PO BOX 63750

City State Zip Code
SAN FRANCISCO CA 94163

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.88

Date of Receipt

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

Transaction ID: SA17.6

Amount of Each Receipt this Period

41.24

INTEREST EARNINGS

SUBTOTAL of Receipts This Page (optional)

98.77

TOTAL This Period (last page this line number only)

98.77

SCHEDULE 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 20 / 73

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

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

Mailing Address PO BOX 9190

City ST PAUL State MN Zip Code 55109

Purpose of Disbursement
PAYROLL

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SB21.31

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5072.16

B.

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

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SB21.38

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5072.16

C.

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

Mailing Address PO BOX 9190

City ST PAUL State MN Zip Code 55109

Purpose of Disbursement
PAYROLL

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SB21.32

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2258.90

SUBTOTAL of Disbursements This Page (optional)

12403.22

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 73

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

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

Mailing Address PO BOX 9190

City ST PAUL State MN Zip Code 55109

Purpose of Disbursement
PAYROLL

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SB21.39

Date of Disbursement

12 / 31 / 2010

Amount of Each Disbursement this Period

2258.90

B.

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

Mailing Address 8201 COLLINGDALE WAY

City MONTGOMERY VILLAGE State MD Zip Code 20886

Purpose of Disbursement
TRAVEL

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SB21.71

Date of Disbursement

12 / 31 / 2010

Amount of Each Disbursement this Period

30.00

C.

Full Name (Last, First, Middle Initial)
BEN FOSTER

Mailing Address 6905 JACK LONDON DR

City JOHNSTON State IA Zip Code 50131

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SB21.55

Date of Disbursement

12 / 10 / 2010

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

5288.90

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)

PAGE 22 / 73

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) BEN FOSTER | Transaction ID: SB21.63 Date of Disbursement |
| Mailing Address 6905 JACK LONDON DR | <div> <div>12</div> <div>31</div> <div>2010</div> </div> |
| City JOHNSTON State IA Zip Code 50131 | Amount of Each Disbursement this Period |
| Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL | <div>3072.00</div> |
| Candidate Name | <div>000</div> Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | 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: SB21.33 Date of Disbursement |
| Mailing Address PO BOX 9190 | <div> <div>11</div> <div>29</div> <div>2010</div> </div> |
| City ST PAUL State MN Zip Code 55109 | Amount of Each Disbursement this Period |
| Purpose of Disbursement PAYROLL | <div>6662.86</div> |
| Candidate Name | <div>000</div> Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | 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: SB21.40 Date of Disbursement |
| Mailing Address PO BOX 9190 | <div> <div>12</div> <div>31</div> <div>2010</div> </div> |
| City ST PAUL State MN Zip Code 55109 | Amount of Each Disbursement this Period |
| Purpose of Disbursement PAYROLL | <div>7084.46</div> |
| Candidate Name | <div>000</div> Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional)

16819.32

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 23 / 73

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

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

Mailing Address 1868 COLUMBIA RD NW APT 511

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
TRAVEL

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SB21.66

Date of Disbursement

12 / 07 / 2010

Amount of Each Disbursement this Period

475.19

B.

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

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SB21.69

Date of Disbursement

12 / 26 / 2010

Amount of Each Disbursement this Period

40.00

C.

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

Mailing Address PO BOX 9190

City ST PAUL State MN Zip Code 55109

Purpose of Disbursement
PAYROLL

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SB21.34

Date of Disbursement

11 / 29 / 2010

Amount of Each Disbursement this Period

4904.30

SUBTOTAL of Disbursements This Page (optional)

5419.49

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 24 / 73

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

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

Mailing Address PO BOX 9190

City ST PAUL State MN Zip Code 55109

Purpose of Disbursement
PAYROLL

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SB21.41

Date of Disbursement

12 / 31 / 2010

Amount of Each Disbursement this Period

4904.29

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

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SB21.68

Date of Disbursement

12 / 22 / 2010

Amount of Each Disbursement this Period

333.50

C.

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

Mailing Address 930 M ST NW APT 133

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
TRAVEL

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SB21.10

Date of Disbursement

12 / 22 / 2010

Amount of Each Disbursement this Period

49.00

SUBTOTAL of Disbursements This Page (optional)

5286.79

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 25 / 73

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) ANN KELLY Mailing Address PO BOX 9190 | Transaction ID: SB21.35 Date of Disbursement <div> <div>11</div> <div>29</div> <div>2010</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: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period <div>3135.52</div> |
| B. 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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21.42 Date of Disbursement <div> <div>12</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>3135.51</div> |
| 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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21.60 Date of Disbursement <div> <div>12</div> <div>08</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>3607.65</div> |

SUBTOTAL of Disbursements This Page (optional)

9878.68

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)

PAGE 26 / 73

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
ROBERT D NOEL, JR

Mailing Address PO BOX 9190

City ST PAUL State MN Zip Code 55109

Purpose of Disbursement
INTERN STIPEND

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SB21.25

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

B.

Full Name (Last, First, Middle Initial)
ROBERT D NOEL, JR

Mailing Address PO BOX 9190

City ST PAUL State MN Zip Code 55109

Purpose of Disbursement
INTERN STIPEND

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SB21.26

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

C.

Full Name (Last, First, Middle Initial)
ROBERT D NOEL, JR

Mailing Address PO BOX 9190

City ST PAUL State MN Zip Code 55109

Purpose of Disbursement
INTERN STIPEND

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SB21.27

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 73

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) ROBERT D NOEL, JR | Transaction ID: SB21.28 Date of Disbursement |
| Mailing Address PO BOX 9190 | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 7 / 2 0 1 0</div> </div> |
| City ST PAUL State MN Zip Code 55109 | Amount of Each Disbursement this Period |
| Purpose of Disbursement INTERN STIPEND Candidate Name | <div> <div>200.00</div> <div>000</div> <div>Category/Type</div> </div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| B. Full Name (Last, First, Middle Initial) ROBERT D NOEL, JR | Transaction ID: SB21.29 Date of Disbursement |
| Mailing Address PO BOX 9190 | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 2 / 2 0 1 0</div> </div> |
| City ST PAUL State MN Zip Code 55109 | Amount of Each Disbursement this Period |
| Purpose of Disbursement INTERN STIPEND Candidate Name | <div> <div>120.00</div> <div>000</div> <div>Category/Type</div> </div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| C. Full Name (Last, First, Middle Initial) MR. ALEXANDER R. SLUSKY | Transaction ID: SB21.18336 Date of Disbursement |
| Mailing Address ONE MARKET STREET STEURART TOWER 23RD FLOOR | <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 2 4 / 2 0 1 0</div> </div> |
| City SAN FRANCISCO State CA Zip Code 94105-1107 | Amount of Each Disbursement this Period |
| Purpose of Disbursement IN-KIND CONTRIBUTION Candidate Name | <div> <div>684.38</div> <div>000</div> <div>Category/Type</div> </div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | IN-KIND CONTRIBUTION: FOOD & BEVERAGE |

SUBTOTAL of Disbursements This Page (optional)

1004.38

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 28 / 73

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) ELISE STEFANIK | Transaction ID: SB21.36 Date of Disbursement |
| Mailing Address PO BOX 9190 | <div> <div><small>M</small>1</div> <div><small>M</small></div> <div>/</div> <div><small>D</small>2</div> <div><small>D</small>9</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>1</div> <div><small>Y</small>0</div> </div> |
| City ST PAUL State MN Zip Code 55109 | Amount of Each Disbursement this Period |
| Purpose of Disbursement PAYROLL Candidate Name | <div>3380.71</div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | 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: SB21.43 Date of Disbursement |
| Mailing Address PO BOX 9190 | <div> <div><small>M</small>1</div> <div><small>M</small>2</div> <div>/</div> <div><small>D</small>3</div> <div><small>D</small>1</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>1</div> <div><small>Y</small>0</div> </div> |
| City ST PAUL State MN Zip Code 55109 | Amount of Each Disbursement this Period |
| Purpose of Disbursement PAYROLL Candidate Name | <div>3380.71</div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | 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: SB21.37 Date of Disbursement |
| Mailing Address PO BOX 9190 | <div> <div><small>M</small>1</div> <div><small>M</small></div> <div>/</div> <div><small>D</small>2</div> <div><small>D</small>9</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>1</div> <div><small>Y</small>0</div> </div> |
| City ST PAUL State MN Zip Code 55109 | Amount of Each Disbursement this Period |
| Purpose of Disbursement PAYROLL Candidate Name | <div>3255.02</div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional)

10016.44

TOTAL This Period (last page this line number only)

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

PAGE 29 / 73

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) DON STILES | Transaction ID: SB21.44 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 1 0 |
| | Mailing Address PO BOX 9190 | |
| | City ST PAUL State MN Zip Code 55109 | Amount of Each Disbursement this Period 3255.02 |
| | Purpose of Disbursement PAYROLL | 000 Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. | Full Name (Last, First, Middle Initial) BILL STRONG | Transaction ID: SB21.70 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 1 0 |
| | Mailing Address 904 NORTH GREEN BAY RD | |
| | City LAKE FOREST State IL Zip Code 60045 | Amount of Each Disbursement this Period 1122.40 |
| | Purpose of Disbursement TRAVEL | 000 Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. | Full Name (Last, First, Middle Initial) BILL STRONG | Transaction ID: SB21.72 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 1 0 |
| | Mailing Address 904 NORTH GREEN BAY RD | |
| | City LAKE FOREST State IL Zip Code 60045 | Amount of Each Disbursement this Period 4508.19 |
| | Purpose of Disbursement TRAVEL/FOOD/BEVERAGES | 000 Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional)

8885.61

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 31 / 73

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) BB&T | Transaction ID: SB21.3 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>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City ALEXANDRIA State VA Zip Code 22314 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement BANK FEE Candidate Name | <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: 00 | 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: SB21.4 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>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City ALEXANDRIA State VA Zip Code 22314 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement BANK FEE Candidate Name | <table border="1"> <tr> <td colspan="10">3.00</td> </tr> </table> | 3.00 | | | | | | | | | | | | | | | | | | | |
| 3.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | 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: SB21.5 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>1</td><td>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 2 | 1 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 2 | 1 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City ALEXANDRIA State VA Zip Code 22314 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement BANK FEE Candidate Name | <table border="1"> <tr> <td colspan="10">263.00</td> </tr> </table> | 263.00 | | | | | | | | | | | | | | | | | | | |
| 263.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

276.00

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 32 / 73

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) BB&T VISA BUSINESS CARD | Transaction ID: SBCCP.1 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>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City TAMPA State FL Zip Code 33623 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement CREDIT CARD PAYMENT | <table border="1"> <tr> <td>39766.85</td> </tr> </table> | 39766.85 | | | | | | | | | | | | | | | | | | | |
| 39766.85 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>000</td> </tr> </table> Category/ Type | 000 | | | | | | | | | | | | | | | | | | | |
| 000 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) ACE PARKING MANAGEMENT INC | Transaction ID: SBCCD.1 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 645 ASH 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>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City SAN DIEGO State CA Zip Code 92101 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement PARKING SERVICE | <table border="1"> <tr> <td>15.00</td> </tr> </table> | 15.00 | | | | | | | | | | | | | | | | | | | |
| 15.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>000</td> </tr> </table> Category/ Type | 000 | | | | | | | | | | | | | | | | | | | |
| 000 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) AIRCELL GOGO INFLIGHT | Transaction ID: SBCCD.2 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City ITASCA State IL Zip Code 60143 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement TELEPHONE SERVICE | <table border="1"> <tr> <td>24.85</td> </tr> </table> | 24.85 | | | | | | | | | | | | | | | | | | | |
| 24.85 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>000</td> </tr> </table> Category/ Type | 000 | | | | | | | | | | | | | | | | | | | |
| 000 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

39766.85

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)

PAGE 33 / 73

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) AIRTRAN | Transaction ID: SBCCD.3 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 9955 AIRTRAN BLVD | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City ORLANDO State FL Zip Code 32827 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement TRAVEL | <table border="1"> <tr> <td>208.60</td> </tr> </table> | 208.60 | | | | | | | | | | | | | | | | | | | |
| 208.60 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>000</td> </tr> </table> Category/ Type | 000 | | | | | | | | | | | | | | | | | | | |
| 000 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| [MEMO ITEM] | | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) AMTRAK | Transaction ID: SBCCD.4 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>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement TRAVEL | <table border="1"> <tr> <td>216.00</td> </tr> </table> | 216.00 | | | | | | | | | | | | | | | | | | | |
| 216.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>000</td> </tr> </table> Category/ Type | 000 | | | | | | | | | | | | | | | | | | | |
| 000 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| [MEMO ITEM] | | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) AT&T | Transaction ID: SBCCD.5 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>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City DALLAS State TX Zip Code 75202 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement TELEPHONE SERVICE | <table border="1"> <tr> <td>653.54</td> </tr> </table> | 653.54 | | | | | | | | | | | | | | | | | | | |
| 653.54 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>000</td> </tr> </table> Category/ Type | 000 | | | | | | | | | | | | | | | | | | | |
| 000 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| [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 34 / 73

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) BOBBY VANS | Transaction ID: SBCCD.6 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 809 15TH ST 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>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City WASHINGTON State DC Zip Code 20005 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement FOOD/BEVERAGES | <table border="1"> <tr> <td colspan="10">111.00</td> </tr> </table> | 111.00 | | | | | | | | | | | | | | | | | | | |
| 111.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>000</td> </tr> </table> Category/ Type | 000 | | | | | | | | | | | | | | | | | | | |
| 000 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM] | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) BOSTON'S | Transaction ID: SBCCD.7 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 12401 UNIVERSITY 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>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City CLIVE State IA Zip Code 50325 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement FOOD/BEVERAGES | <table border="1"> <tr> <td colspan="10">12.32</td> </tr> </table> | 12.32 | | | | | | | | | | | | | | | | | | | |
| 12.32 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>000</td> </tr> </table> Category/ Type | 000 | | | | | | | | | | | | | | | | | | | |
| 000 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM] | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) CAREY INTERNATIONAL INC | Transaction ID: SBCCD.8 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 4530 WISCONSIN 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>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City WASHINGTON State DC Zip Code 20016 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement TRANSPORTATION SERVICE | <table border="1"> <tr> <td colspan="10">245.97</td> </tr> </table> | 245.97 | | | | | | | | | | | | | | | | | | | |
| 245.97 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>000</td> </tr> </table> Category/ Type | 000 | | | | | | | | | | | | | | | | | | | |
| 000 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [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 35 / 73

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
CENTRAL PARKING SYSTEM

Mailing Address 1050 17TH ST NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
TRAVEL

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SBCCD.9

Date of Disbursement

12 / 08 / 2010

Amount of Each Disbursement this Period

6.00

[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

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SBCCD.10

Date of Disbursement

12 / 08 / 2010

Amount of Each Disbursement this Period

153.90

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
COURTYARD BY MARRIOTT

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement
TRAVEL

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SBCCD.11

Date of Disbursement

12 / 08 / 2010

Amount of Each Disbursement this Period

336.57

[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 36 / 73

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) DALLAS LOVE AIRPORT | Transaction ID: SBCCD.12 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 8008 CEDAR SPRINGS RD | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City DALLAS State TX Zip Code 75235 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement FOOD/BEVERAGES Candidate Name | <table border="1"> <tr> <td colspan="10">4.70</td> </tr> </table> | 4.70 | | | | | | | | | | | | | | | | | | | |
| 4.70 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) DAYS INN | Transaction ID: SBCCD.13 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 100210 INTERSTATE 10 SERVICE RD | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City NEW ORLEANS State LA Zip Code 70127 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement TRAVEL Candidate Name | <table border="1"> <tr> <td colspan="10">105.78</td> </tr> </table> | 105.78 | | | | | | | | | | | | | | | | | | | |
| 105.78 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) DEL FRISCO'S | Transaction ID: SBCCD.14 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 224 EAST DOUGLAS STE 700 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City WICHITA State KS Zip Code 67202 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement FOOD/BEVERAGES Candidate Name | <table border="1"> <tr> <td colspan="10">129.15</td> </tr> </table> | 129.15 | | | | | | | | | | | | | | | | | | | |
| 129.15 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | 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 37 / 73

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) DELTA AIRLINES Mailing Address PO BOX 20706 | Transaction ID: SBCCD.15 Date of Disbursement <div> <div>12</div> <div>08</div> <div>2010</div> </div> |
| City ATLANTA State GA Zip Code 30320 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period <div>3235.30</div> [MEMO ITEM] |
| B. Full Name (Last, First, Middle Initial) DIRECT INTERNATIONAL Mailing Address 1536 1ST ST City NEWTON FALLS State OH Zip Code 44444 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SBCCD.16 Date of Disbursement <div> <div>12</div> <div>08</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>482.70</div> [MEMO ITEM] |
| C. Full Name (Last, First, Middle Initial) DOLLAR RENT A CAR Mailing Address PO BOX 33167 City TULSA State OK Zip Code 74153 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SBCCD.17 Date of Disbursement <div> <div>12</div> <div>08</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>190.92</div> [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 38 / 73

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) DOUBLETREE HOTELS | Transaction ID: SBCCD.18 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>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City MCLEAN State VA Zip Code 22102 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement TRAVEL | <table border="1"> <tr> <td>786.42</td> </tr> </table> | 786.42 | | | | | | | | | | | | | | | | | | | |
| 786.42 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>000</td> </tr> </table> Category/ Type | 000 | | | | | | | | | | | | | | | | | | | |
| 000 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| [MEMO ITEM] | | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) DUNKIN DONUTS | Transaction ID: SBCCD.19 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 130 ROYALL 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>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City CANTON State MA Zip Code 02021 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement FOOD/BEVERAGES | <table border="1"> <tr> <td>32.02</td> </tr> </table> | 32.02 | | | | | | | | | | | | | | | | | | | |
| 32.02 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>000</td> </tr> </table> Category/ Type | 000 | | | | | | | | | | | | | | | | | | | |
| 000 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| [MEMO ITEM] | | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) ELEVEN WIRELESS | Transaction ID: SBCCD.20 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 315 SW 11TH AVE THIRD 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>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City PORTLAND State OR Zip Code 97205 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement TELEPHONE SERVICE | <table border="1"> <tr> <td>106.44</td> </tr> </table> | 106.44 | | | | | | | | | | | | | | | | | | | |
| 106.44 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>000</td> </tr> </table> Category/ Type | 000 | | | | | | | | | | | | | | | | | | | |
| 000 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| [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)

PAGE 39 / 73

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) EMBASSY SUITES | Transaction ID: SBCCD.21 Date of Disbursement 12 / 08 / 2010 |
| | Mailing Address 7930 JONES BRANCH DR STE 1100 | |
| | City MCLEAN State VA Zip Code 22102 | Amount of Each Disbursement this Period 1236.99 |
| | Purpose of Disbursement TRAVEL Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | [MEMO ITEM] |
| B. | Full Name (Last, First, Middle Initial) EXXON | Transaction ID: SBCCD.22 Date of Disbursement 12 / 08 / 2010 |
| | Mailing Address 5959 LAS COLINAS BLVD | |
| | City IRVING State TX Zip Code 75039 | Amount of Each Disbursement this Period 40.00 |
| | Purpose of Disbursement TRAVEL Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | [MEMO ITEM] |
| C. | Full Name (Last, First, Middle Initial) FACEBOOK | Transaction ID: SBCCD.23 Date of Disbursement 12 / 08 / 2010 |
| | Mailing Address 1601 S CALIFORNIA AVE | |
| | City PALO ALTO State CA Zip Code 94304 | Amount of Each Disbursement this Period 7045.07 |
| | Purpose of Disbursement WEB SERVICE Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | [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)

PAGE 40 / 73

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) FADO IRISH PUB | Transaction ID: SBCCD.24 Date of Disbursement 12 / 08 / 2010 |
| | Mailing Address 808 7TH ST NW | |
| | City WASHINGTON State DC Zip Code 20001 | Amount of Each Disbursement this Period 40.00 |
| | Purpose of Disbursement FOOD/BEVERAGES Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | [MEMO ITEM] |
| B. | Full Name (Last, First, Middle Initial) FEDEX | Transaction ID: SBCCD.25 Date of Disbursement 12 / 08 / 2010 |
| | Mailing Address 942 SOUTH SHADY GROVE RD | |
| | City MEMPHIS State TN Zip Code 38120 | Amount of Each Disbursement this Period 655.26 |
| | Purpose of Disbursement DELIVERY Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | [MEMO ITEM] |
| C. | Full Name (Last, First, Middle Initial) FLETCHER'S WHARF | Transaction ID: SBCCD.26 Date of Disbursement 12 / 08 / 2010 |
| | Mailing Address 4300 GLUMACK DR | |
| | City ST PAUL State MN Zip Code 55111 | Amount of Each Disbursement this Period 11.63 |
| | Purpose of Disbursement FOOD/BEVERAGES Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | [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)

PAGE 41 / 73

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) FRONTIER AIRLINES | Transaction ID: SBCCD.27 Date of Disbursement MM / DD / YYYY 12 / 08 / 2010 |
| | Mailing Address 7001 TOWER RD | |
| | City DENVER State CO Zip Code 80249 | Amount of Each Disbursement this Period 1764.80 |
| | Purpose of Disbursement TRAVEL Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | [MEMO ITEM] | |
| B. | Full Name (Last, First, Middle Initial) FUNG LUM | Transaction ID: SBCCD.28 Date of Disbursement MM / DD / YYYY 12 / 08 / 2010 |
| | Mailing Address F 2 TERMINAL 3 | |
| | City SAN FRANCISCO State CA Zip Code 94128 | Amount of Each Disbursement this Period 14.20 |
| | Purpose of Disbursement FOOD/BEVERAGES Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | [MEMO ITEM] | |
| C. | Full Name (Last, First, Middle Initial) GASPORT BP | Transaction ID: SBCCD.29 Date of Disbursement MM / DD / YYYY 12 / 08 / 2010 |
| | Mailing Address 7801 PORTLAND AVE | |
| | City MINNEAPOLIS State MN Zip Code 55420 | Amount of Each Disbursement this Period 30.11 |
| | Purpose of Disbursement TRAVEL Candidate Name | 000 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | [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 42 / 73

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
GASPORT BP

Mailing Address 7801 PORTLAND AVE

City MINNEAPOLIS State MN Zip Code 55420

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SBCCD.66

Date of Disbursement

12 / 08 / 2010

Amount of Each Disbursement this Period

14.23

[MEMO ITEM]

B.

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

Mailing Address 7801 PORTLAND AVE

City MINNEAPOLIS State MN Zip Code 55420

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SBCCD.68

Date of Disbursement

12 / 08 / 2010

Amount of Each Disbursement this Period

12.44

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
GODFATHER'S PIZZA

Mailing Address 1009 JOHN WAY DR

City WINTERSET State IA Zip Code 50273

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SBCCD.30

Date of Disbursement

12 / 08 / 2010

Amount of Each Disbursement this Period

14.97

[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 43 / 73

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) GOOGLE INC | Transaction ID: SBCCD.31 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1600 AMPHITHEATRE PARKWAY | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City MOUNTAIN VIEW State CA Zip Code 94043 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement WEB SERVICE | <table border="1"> <tr> <td colspan="10">11792.39</td> </tr> </table> | 11792.39 | | | | | | | | | | | | | | | | | | | |
| 11792.39 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>000</td> </tr> </table> Category/ Type | 000 | | | | | | | | | | | | | | | | | | | |
| 000 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM] | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) HERTZ RENT A CAR | Transaction ID: SBCCD.32 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 225 BRAE BLVD | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City PARK RIDGE State NJ Zip Code 07656 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement TRAVEL | <table border="1"> <tr> <td colspan="10">800.64</td> </tr> </table> | 800.64 | | | | | | | | | | | | | | | | | | | |
| 800.64 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>000</td> </tr> </table> Category/ Type | 000 | | | | | | | | | | | | | | | | | | | |
| 000 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM] | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) HILTON HOTELS | Transaction ID: SBCCD.33 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>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City MCLEAN State VA Zip Code 22102 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement TRAVEL | <table border="1"> <tr> <td colspan="10">2570.22</td> </tr> </table> | 2570.22 | | | | | | | | | | | | | | | | | | | |
| 2570.22 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>000</td> </tr> </table> Category/ Type | 000 | | | | | | | | | | | | | | | | | | | |
| 000 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [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 44 / 73

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) J2 EFAX PLUS SERVICE | Transaction ID: SBCCD.34 Date of Disbursement |
| Mailing Address 6922 HOLLYWOOD BLVD 5TH FL | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 8 / 2 0 1 0</div> </div> |
| City LOS ANGELES State CA Zip Code 90028 | Amount of Each Disbursement this Period |
| Purpose of Disbursement FAX SERVICE Candidate Name | <div> <div>16.95</div> <div>000</div> <div>Category/Type</div> </div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) KINKOS | Transaction ID: SBCCD.35 Date of Disbursement |
| Mailing Address 13155 NOEL RD STE 1600 | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 8 / 2 0 1 0</div> </div> |
| City DALLAS State TX Zip Code 75240 | Amount of Each Disbursement this Period |
| Purpose of Disbursement PRINTING Candidate Name | <div> <div>50.06</div> <div>000</div> <div>Category/Type</div> </div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) KUM & GO | Transaction ID: SBCCD.36 Date of Disbursement |
| Mailing Address 6400 WESTOWN PKWY | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 8 / 2 0 1 0</div> </div> |
| City WEST DES MOINES State IA Zip Code 50266 | Amount of Each Disbursement this Period |
| Purpose of Disbursement TRAVEL Candidate Name | <div> <div>80.55</div> <div>000</div> <div>Category/Type</div> </div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | 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 45 / 73

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) LINDBERG PARKING INC | Transaction ID: SBCCD.37 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 3705 N HARBOR 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>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City SAN DIEGO State CA Zip Code 92101 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement PARKING SERVICE Candidate Name | <table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table> | 20.00 | | | | | | | | | | | | | | | | | | | |
| 20.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | [MEMO ITEM] | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) MAMMA LLARDOS | Transaction ID: SBCCD.38 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1201 WINTERSON RD | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City LINTHICUM HEIGHTS State MD Zip Code 21090 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement FOOD/BEVERAGES Candidate Name | <table border="1"> <tr> <td colspan="10">6.55</td> </tr> </table> | 6.55 | | | | | | | | | | | | | | | | | | | |
| 6.55 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | [MEMO ITEM] | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) MARCELLO'S CHOPHOUSE | Transaction ID: SBCCD.39 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 2201 Q ST STE B | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City ALBUQUERQUE State NM Zip Code 87110 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement FOOD/BEVERAGES Candidate Name | <table border="1"> <tr> <td colspan="10">33.89</td> </tr> </table> | 33.89 | | | | | | | | | | | | | | | | | | | |
| 33.89 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | [MEMO ITEM] | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 46 / 73

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

| | |
|---|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) METRO CARS</p> <p>Mailing Address 24957 BREST RD</p> <p>City TAYLOR State MI Zip Code 48180</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: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SBCCD.40</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 8 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>4.00</div> </div> </p> <p>[MEMO ITEM]</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) NETWORK SOLUTIONS</p> <p>Mailing Address 13861 SUNRISE VALLEY DR STE 300</p> <p>City HERNDON State VA Zip Code 20171</p> <p>Purpose of Disbursement PRINTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SBCCD.41</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 8 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>61.99</div> </div> </p> <p>[MEMO ITEM]</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) OFFICE MAX</p> <p>Mailing Address 263 SHUMAN BLVD</p> <p>City NAPERVILLE State IL Zip Code 60563</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SBCCD.42</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 8 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>169.37</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 47 / 73

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) PANDA EXPRESS | Transaction ID: SBCCD.43 Date of Disbursement |
| Mailing Address PO BOX 1159 | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 8 / 2 0 1 0</div> </div> |
| City ROSEMEAD State CA Zip Code 91770 | Amount of Each Disbursement this Period |
| Purpose of Disbursement FOOD/BEVERAGES | <div> <div></div> <div>8.57</div> </div> |
| Candidate Name | <div> <div>000</div> <div>Category/Type</div> </div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | [MEMO ITEM] |
| B. Full Name (Last, First, Middle Initial) PANERA BREAD | Transaction ID: SBCCD.44 Date of Disbursement |
| Mailing Address 4150 WESTOWN PKWY | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 8 / 2 0 1 0</div> </div> |
| City WEST DES MOINES State IA Zip Code 50266 | Amount of Each Disbursement this Period |
| Purpose of Disbursement FOOD/BEVERAGES | <div> <div></div> <div>13.76</div> </div> |
| Candidate Name | <div> <div>000</div> <div>Category/Type</div> </div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | [MEMO ITEM] |
| C. Full Name (Last, First, Middle Initial) QWEST | Transaction ID: SBCCD.45 Date of Disbursement |
| Mailing Address 1801 CALIFORNIA ST | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 8 / 2 0 1 0</div> </div> |
| City DENVER State CO Zip Code 80202 | Amount of Each Disbursement this Period |
| Purpose of Disbursement TELEPHONE SERVICE | <div> <div></div> <div>48.70</div> </div> |
| Candidate Name | <div> <div>000</div> <div>Category/Type</div> </div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | [MEMO ITEM] |

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 48 / 73

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
RAMADA WORLDWIDE INC

Mailing Address 1 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement
TRAVEL

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SBCCD.46

Date of Disbursement

12 / 08 / 2010

Amount of Each Disbursement this Period

103.80

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
SOFIA LIMO & SEDAN

Mailing Address 456 STUDIO CIR

City SAN MATEO State CA Zip Code 94401

Purpose of Disbursement
TRANSPORTATION SERVICE

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SBCCD.47

Date of Disbursement

12 / 08 / 2010

Amount of Each Disbursement this Period

130.00

[MEMO ITEM]

C.

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

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SBCCD.48

Date of Disbursement

12 / 08 / 2010

Amount of Each Disbursement this Period

915.30

[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 49 / 73

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
SPEEDWAY SUPERAMERICA

Mailing Address 500 SPEEDWAY DR

City ENON State OH Zip Code 45323

Purpose of Disbursement
TRAVEL

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SBCCD.49

Date of Disbursement

12 / 08 / 2010

Amount of Each Disbursement this Period

33.42

[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

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SBCCD.50

Date of Disbursement

12 / 08 / 2010

Amount of Each Disbursement this Period

22.38

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
STAYBRIDGE SUITES

Mailing Address 6905 LAKE DR

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement
TRAVEL

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SBCCD.51

Date of Disbursement

12 / 08 / 2010

Amount of Each Disbursement this Period

85.22

[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 50 / 73

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) SUBWAY | Transaction ID: SBCCD.52 Date of Disbursement |
| Mailing Address 325 BIC DR | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 8 / 2 0 1 0</div> </div> |
| City MILFORD State CT Zip Code 06461 | Amount of Each Disbursement this Period |
| Purpose of Disbursement FOOD/BEVERAGES | <div> <div></div> <div>6.39</div> </div> |
| Candidate Name | <div> <div>000</div> <div>Category/Type</div> </div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | [MEMO ITEM] |
| B. Full Name (Last, First, Middle Initial) TARGET | Transaction ID: SBCCD.53 Date of Disbursement |
| Mailing Address 1000 NICOLLET MALL | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 8 / 2 0 1 0</div> </div> |
| City MINNEAPOLIS State MN Zip Code 55440 | Amount of Each Disbursement this Period |
| Purpose of Disbursement OFFICE SUPPLIES | <div> <div></div> <div>19.23</div> </div> |
| Candidate Name | <div> <div>000</div> <div>Category/Type</div> </div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | [MEMO ITEM] |
| C. Full Name (Last, First, Middle Initial) THE GRAND DEL MAR | Transaction ID: SBCCD.54 Date of Disbursement |
| Mailing Address 5300 GRAND DEL MAR CT | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 8 / 2 0 1 0</div> </div> |
| City SAN DIEGO State CA Zip Code 92130 | Amount of Each Disbursement this Period |
| Purpose of Disbursement TRAVEL | <div> <div></div> <div>123.37</div> </div> |
| Candidate Name | <div> <div>000</div> <div>Category/Type</div> </div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | [MEMO ITEM] |

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 51 / 73

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

| | |
|--|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) THE SAINT PAUL HOTEL</p> <p>Mailing Address 350 MARKET ST</p> <p>City ST PAUL State MN Zip Code 55102</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: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SBCCD.55</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 8 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div>52.00</div> </p> <p>[MEMO ITEM]</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) THE SODA SHOPPE</p> <p>Mailing Address 901 CENTRAL ST</p> <p>City FRANKLIN State NH Zip Code 03235</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: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SBCCD.56</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 8 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div>17.15</div> </p> <p>[MEMO ITEM]</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) THE SPORTS PAGE GRILL</p> <p>Mailing Address 224 E HIGHWAY 92</p> <p>City WINTERSET State IA Zip Code 50273</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: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SBCCD.57</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 8 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div>28.69</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 52 / 73

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
THRIFTY CAR RENTAL

Mailing Address PO BOX 32250

City TULSA State OK Zip Code 74153

Purpose of Disbursement
TRAVEL

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SBCCD.58

Date of Disbursement

12 / 08 / 2010

Amount of Each Disbursement this Period

335.14

[MEMO ITEM]

B.

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

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement
TRAVEL

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SBCCD.59

Date of Disbursement

12 / 08 / 2010

Amount of Each Disbursement this Period

1600.80

[MEMO ITEM]

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
DELIVERY

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SBCCD.60

Date of Disbursement

12 / 08 / 2010

Amount of Each Disbursement this Period

11.08

[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 53 / 73

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
VERIZON

Mailing Address PO BOX 660720

City DALLAS State TX Zip Code 75266

Purpose of Disbursement
TELEPHONE SERVICE

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SBCCD.61

Date of Disbursement

12 / 08 / 2010

Amount of Each Disbursement this Period

983.84

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
VERTICAL RESPONSE INC

Mailing Address 501 2ND ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
COMPUTER SERVICE/SUPPORT

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SBCCD.62

Date of Disbursement

12 / 08 / 2010

Amount of Each Disbursement this Period

1191.17

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
VIEW RESTAURANT & LOUNGE

Mailing Address 2730 WEST LAKE ST

City MINNEAPOLIS State MN Zip Code 55416

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SBCCD.63

Date of Disbursement

12 / 08 / 2010

Amount of Each Disbursement this Period

74.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 54 / 73

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) VIRGIN AMERICA | Transaction ID: SBCCD.64 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 555 AIRPORT BLVD | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City BURLINGAME State CA Zip Code 94010 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement TRAVEL | <table border="1"> <tr> <td>3</td><td>2</td><td>9</td><td>.</td><td>4</td><td>0</td> </tr> </table> | 3 | 2 | 9 | . | 4 | 0 | | | | | | | | | | | | | | |
| 3 | 2 | 9 | . | 4 | 0 | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>000</td> </tr> </table> Category/ Type | 000 | | | | | | | | | | | | | | | | | | | |
| 000 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| [MEMO ITEM] | | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) YELLOW CAB | Transaction ID: SBCCD.65 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>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City NEW YORK State NY Zip Code 10001 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement TRAVEL | <table border="1"> <tr> <td>4</td><td>9</td><td>.</td><td>9</td><td>5</td> </tr> </table> | 4 | 9 | . | 9 | 5 | | | | | | | | | | | | | | | |
| 4 | 9 | . | 9 | 5 | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>000</td> </tr> </table> Category/ Type | 000 | | | | | | | | | | | | | | | | | | | |
| 000 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| [MEMO ITEM] | | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) YELLOW CAB | Transaction ID: SBCCD.67 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>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City NEW YORK State NY Zip Code 10001 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement TRAVEL | <table border="1"> <tr> <td>4</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table> | 4 | 0 | . | 0 | 0 | | | | | | | | | | | | | | | |
| 4 | 0 | . | 0 | 0 | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>000</td> </tr> </table> Category/ Type | 000 | | | | | | | | | | | | | | | | | | | |
| 000 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| [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 55 / 73

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) BLUE CROSS BLUE SHIELD OF MINNESOTA | Transaction ID: SB21.23 Date of Disbursement |
| Mailing Address 3535 BLUE CROSS RD PO BOX 64676 | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 0 / 2 0 1 0</div> </div> |
| City ST PAUL State MN Zip Code 55164 | Amount of Each Disbursement this Period |
| Purpose of Disbursement INSURANCE | <div>2777.00</div> |
| Candidate Name | <div>000</div> <div>Category/Type</div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| B. Full Name (Last, First, Middle Initial) BLUEFRONT STRATEGIES LLC | Transaction ID: SB21.54 Date of Disbursement |
| Mailing Address 44 CANAL CENTER PLAZA STE G1 | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 7 / 2 0 1 0</div> </div> |
| City ALEXANDRIA State VA Zip Code 22314 | Amount of Each Disbursement this Period |
| Purpose of Disbursement POLITICAL STRATEGY CONSULTING | <div>5000.00</div> |
| Candidate Name | <div>000</div> <div>Category/Type</div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| C. Full Name (Last, First, Middle Initial) BLUEFRONT STRATEGIES LLC | Transaction ID: SB21.58 Date of Disbursement |
| Mailing Address 44 CANAL CENTER PLAZA STE G1 | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 0 / 2 0 1 0</div> </div> |
| City ALEXANDRIA State VA Zip Code 22314 | Amount of Each Disbursement this Period |
| Purpose of Disbursement POLITICAL STRATEGY CONSULTING | <div>2500.00</div> |
| Candidate Name | <div>000</div> <div>Category/Type</div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

SUBTOTAL of Disbursements This Page (optional)

10277.00

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 56 / 73

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) BRYAN CAVE LLP | Transaction ID: SB21.30 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO BOX 503089 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 1 | 0 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 1 | 0 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City ST LOUIS State MO Zip Code 63150 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement LEGAL CONSULTING Candidate Name | <table border="1"> <tr> <td colspan="10">5048.80</td> </tr> </table> | 5048.80 | | | | | | | | | | | | | | | | | | | |
| 5048.80 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) CAPITOL DIRECT | Transaction ID: SB21.64 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 2915 COMMERS DR STE 1000 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 7 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 7 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City EAGAN State MN Zip Code 55121 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement PRINTING Candidate Name | <table border="1"> <tr> <td colspan="10">218.65</td> </tr> </table> | 218.65 | | | | | | | | | | | | | | | | | | | |
| 218.65 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) CAPITOL DIRECT | Transaction ID: SB21.65 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 2915 COMMERS DR STE 1000 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 2 | 2 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 2 | 2 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City EAGAN State MN Zip Code 55121 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement PRINTING/POSTAGE Candidate Name | <table border="1"> <tr> <td colspan="10">4914.24</td> </tr> </table> | 4914.24 | | | | | | | | | | | | | | | | | | | |
| 4914.24 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

10181.69

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 57 / 73

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
DATABASE MANAGEMENT SERVICE

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SB21.16

Date of Disbursement

12 / 07 / 2010

Amount of Each Disbursement this Period

3679.50

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 SERVICE

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SB21.17

Date of Disbursement

12 / 31 / 2010

Amount of Each Disbursement this Period

5125.54

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

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SB21.11

Date of Disbursement

12 / 10 / 2010

Amount of Each Disbursement this Period

4500.00

SUBTOTAL of Disbursements This Page (optional)

13305.04

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 58 / 73

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) COMPLIANCE CONSULTING COMPANY OF VA LLC | Transaction ID: SB21.18 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>1</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 2 | 2 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 2 | 2 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City MCLEAN State VA Zip Code 22101 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement DELIVERY/ACCOUNTING SERVICE FEE Candidate Name | <table border="1"> <tr> <td colspan="10">1111.70</td> </tr> </table> | 1111.70 | | | | | | | | | | | | | | | | | | | |
| 1111.70 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) DALE STUDIOS | Transaction ID: SB21.53 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 8973 AZTEC 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>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 3 | 1 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 3 | 1 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City EDEN PRAIRIE State MN Zip Code 55347 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement PHOTOGRAPHY SERVICE Candidate Name | <table border="1"> <tr> <td colspan="10">2574.60</td> </tr> </table> | 2574.60 | | | | | | | | | | | | | | | | | | | |
| 2574.60 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) DC TREASURER | Transaction ID: SB21.48 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO BOX 96385 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | | 3 | 0 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 1 | | 3 | 0 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City WASHINGTON State DC Zip Code 20090 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement PAYROLL TAXES Candidate Name | <table border="1"> <tr> <td colspan="10">1819.63</td> </tr> </table> | 1819.63 | | | | | | | | | | | | | | | | | | | |
| 1819.63 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

5505.93

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 59 / 73

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) DC TREASURER Mailing Address PO BOX 96385 | Transaction ID: SB21.50 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 6 / 2 0 1 0</div> </div> |
| City WASHINGTON State DC Zip Code 20090 Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period <div>1819.63</div> <div>000</div> Category/ Type |
| 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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21.14 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>75.00</div> <div>000</div> Category/ Type |
| C. Full Name (Last, First, Middle Initial) ELAVON Mailing Address 7300 CHAPMAN HWY City KNOXVILLE State TN Zip Code 37920 Purpose of Disbursement BANK FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21.2 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>206.98</div> <div>000</div> Category/ Type |

SUBTOTAL of Disbursements This Page (optional)

2101.61

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 60 / 73

☒ 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) ENGAGE LLC | Transaction ID: SB21.75 Date of Disbursement |
| Mailing Address 707 8TH ST SE STE 200 | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 0 / 2 0 1 0</div> </div> |
| City WASHINGTON State DC Zip Code 20003 | Amount of Each Disbursement this Period |
| Purpose of Disbursement WEB SERVICE Candidate Name | <div> <div>2500.00</div> <div>000</div> <div>Category/Type</div> </div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | 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: SB21.21 Date of Disbursement |
| Mailing Address 7300 HUDSON BLVD STE 270 | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 2 / 2 0 1 0</div> </div> |
| City SAINT PAUL State MN Zip Code 55128 | Amount of Each Disbursement this Period |
| Purpose of Disbursement FUNDRAISING PHONE CALLS Candidate Name | <div> <div>3741.00</div> <div>000</div> <div>Category/Type</div> </div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) GREENCASTLE CONSULTING LLC | Transaction ID: SB21.59 Date of Disbursement |
| Mailing Address PO BOX 16504 | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 7 / 2 0 1 0</div> </div> |
| City ALEXANDRIA State VA Zip Code 22302 | Amount of Each Disbursement this Period |
| Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL Candidate Name | <div> <div>8545.00</div> <div>000</div> <div>Category/Type</div> </div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional)

14786.00

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 61 / 73

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

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

Mailing Address PO BOX 16504

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING/TRAVEL

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SB21.61

Date of Disbursement

12 / 20 / 2010

Amount of Each Disbursement this Period

4346.98

B.

Full Name (Last, First, Middle Initial)
HYNES COMMUNICATIONS LLC

Mailing Address 121 BOW ST STE 6

City PORTSMOUTH State NH Zip Code 03801

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SB21.57

Date of Disbursement

12 / 20 / 2010

Amount of Each Disbursement this Period

2500.00

C.

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
PAYROLL TAXES

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SB21.49

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

11314.00

SUBTOTAL of Disbursements This Page (optional)

18160.98

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 PageFOR LINE NUMBER:
(check only one)

PAGE 62 / 73

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC**A.** Full Name (Last, First, Middle Initial)
INTERNAL REVENUE SERVICE

Mailing Address 1111 CONSTITUTION AVE NW

City WASHINGTON State DC Zip Code 20224

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

000
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Transaction ID: SB21.52

Date of Disbursement

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

Amount of Each Disbursement this Period

10470.84

B. Full Name (Last, First, Middle Initial)
INTUIT PAYCYCLE

Mailing Address 2800 E COMMERCE CENTER PL

City TUCSON State AZ Zip Code 85706

Purpose of Disbursement
PAYROLL SERVICE

Candidate Name

000
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Transaction ID: SB21.45

Date of Disbursement

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

Amount of Each Disbursement this Period

59.49

C. Full Name (Last, First, Middle Initial)
INTUIT PAYCYCLE

Mailing Address 2800 E COMMERCE CENTER PL

City TUCSON State AZ Zip Code 85706

Purpose of Disbursement
PAYROLL SERVICE

Candidate Name

000
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Transaction ID: SB21.46

Date of Disbursement

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

Amount of Each Disbursement this Period

59.49

SUBTOTAL of Disbursements This Page (optional) ▶

10589.82

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 63 / 73

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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: SB21.62 Date of Disbursement |
| Mailing Address 3105 WHITE DAISY PL | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 6 / 2 0 1 0</div> </div> |
| City FAIRFAX State VA Zip Code 22031 | Amount of Each Disbursement this Period |
| Purpose of Disbursement POLITICAL STRATEGY CONSULTING/TRAVEL | <div>6025.87</div> |
| Candidate Name | <div>000</div> <div>Category/Type</div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) LSN INC | Transaction ID: SB21.73 Date of Disbursement |
| Mailing Address DEPT. AT 953016 | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 7 / 2 0 1 0</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>000</div> <div>Category/Type</div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | 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: SB21.74 Date of Disbursement |
| Mailing Address DEPT. AT 953016 | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 8 / 2 0 1 0</div> </div> |
| City ATLANTA State GA Zip Code 31192 | Amount of Each Disbursement this Period |
| Purpose of Disbursement WEB SERVICE | <div>7100.00</div> |
| Candidate Name | <div>000</div> <div>Category/Type</div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional)

13324.87

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 64 / 73

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
MAGELLAN DATA AND MAPPING STRATEGIES

Mailing Address 1685 BOXELDER ST STE 300

City LOUISVILLE State CO Zip Code 80027

Purpose of Disbursement
WEB SERVICE

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SB21.77

Date of Disbursement

12 / 22 / 2010

Amount of Each Disbursement this Period

13136.00

B.

Full Name (Last, First, Middle Initial)
MAGELLAN DATA AND MAPPING STRATEGIES

Mailing Address 1685 BOXELDER ST STE 300

City LOUISVILLE State CO Zip Code 80027

Purpose of Disbursement
WEB SERVICE

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SB21.78

Date of Disbursement

12 / 31 / 2010

Amount of Each Disbursement this Period

2450.00

C.

Full Name (Last, First, Middle Initial)
MINNEAPOLIS CLUB

Mailing Address 729-2ND AVE SOUTH

City MINNEAPOLIS State MN Zip Code 55402

Purpose of Disbursement
CATERING/FACILITY RENTAL

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SB21.8

Date of Disbursement

12 / 22 / 2010

Amount of Each Disbursement this Period

1782.52

SUBTOTAL of Disbursements This Page (optional)

17368.52

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 65 / 73

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

| | |
|--|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) MINNESOTA DEPARTMENT OF REVENUE</p> <p>Mailing Address 600 NORTH ROBERT ST</p> <p>City ST PAUL State MN Zip Code 55101</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21.47</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 430.52</p> <p>000 Category/ Type</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) MINNESOTA DEPARTMENT OF REVENUE</p> <p>Mailing Address 600 NORTH ROBERT ST</p> <p>City ST PAUL State MN Zip Code 55101</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21.51</p> <p>Date of Disbursement 12 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 430.52</p> <p>000 Category/ Type</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) NEW FRONTIER STRATEGY</p> <p>Mailing Address 315 KENTUCKY AVE</p> <p>City ALEXANDRIA State VA Zip Code 22305</p> <p>Purpose of Disbursement POLITICAL STRATEGY CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21.56</p> <p>Date of Disbursement 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 4500.00</p> <p>000 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional)

5361.04

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 66 / 73

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
RACKSPACE US INC

Mailing Address PO BOX 730759

City DALLAS State TX Zip Code 75373

Purpose of Disbursement
COMPUTER/EQUIP SUPPORT

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SB21.12

Date of Disbursement

12 / 31 / 2010

Amount of Each Disbursement this Period

204.70

B.

Full Name (Last, First, Middle Initial)
SHANNA WOODBURY CONSULTING LLC

Mailing Address PO BOX 120697

City ST PAUL State MN Zip Code 55112

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SB21.20

Date of Disbursement

12 / 07 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
SODEXO

Mailing Address 15615 MCGINTY RD WEST

City WAYZATA State MN Zip Code 55391

Purpose of Disbursement
CATERING

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

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

Transaction ID: SB21.7

Date of Disbursement

12 / 26 / 2010

Amount of Each Disbursement this Period

646.19

SUBTOTAL of Disbursements This Page (optional)

5850.89

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)

PAGE 67 / 73

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) SODEXO</p> <p>Mailing Address 15615 MCGINTY RD WEST</p> <p>City WAYZATA State MN Zip Code 55391</p> <p>Purpose of Disbursement VOID CHECK</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21.79</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <p>-823.31</p> <p>000 Category/ Type</p> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | / | 2 | 6 | / | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | / | 2 | 6 | / | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) STATE FARM</p> <p>Mailing Address 1001 CONNECTICUT AVE NW STE 201</p> <p>City WASHINGTON State DC Zip Code 20036</p> <p>Purpose of Disbursement INSURANCE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21.24</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <p>107.04</p> <p>000 Category/ Type</p> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | / | 2 | 2 | / | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | / | 2 | 2 | / | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) STATE OF MINNESOTA</p> <p>Mailing Address 130 STATE CAPITOL 75 REV DR MARTIN</p> <p>City ST PAUL State MN Zip Code 55155</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: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21.67</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <p>150.17</p> <p>000 Category/ Type</p> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | / | 2 | 2 | / | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | / | 2 | 2 | / | 2 | 0 | 1 | 0 | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

-566.10

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 / 73

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING</p> <p>Mailing Address 7591 9TH ST NORTH</p> <p>City ST PAUL State MN Zip Code 55128</p> <p>Purpose of Disbursement FUNDRAISING PHONE CALLS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21.22</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8894.85"/></p> <p>000 Category/ Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) TERRA ECLIPSE</p> <p>Mailing Address 9043 SOQUEL DR</p> <p>City APTOS State CA Zip Code 95003</p> <p>Purpose of Disbursement WEB SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21.76</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p> <p>000 Category/ Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) THE MINIKAHDA CLUB</p> <p>Mailing Address 3205 EXCELSIOR BLVD</p> <p>City MINNEAPOLIS State MN Zip Code 55416</p> <p>Purpose of Disbursement CATERING/FACILITY RENTAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21.9</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2839.01"/></p> <p>000 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional)

13233.86

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 69 / 73

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
WELLS FARGO

Mailing Address PO BOX 63750

City State Zip Code
SAN FRANCISCO CA 94163

Purpose of Disbursement
BANK FEE

Candidate Name

000
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00

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

Transaction ID: SB21.6

Date of Disbursement

12 / 31 / 2010

Amount of Each Disbursement this Period

15.00

B.

Full Name (Last, First, Middle Initial)
REPUBLICAN PARTY OF MINNESOTA

Mailing Address 525 PARK ST STE 250

City State Zip Code
ST PAUL MN 55103

Purpose of Disbursement
FACILITY RENTAL

Candidate Name

000
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00

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

Transaction ID: SB21.19

Date of Disbursement

12 / 22 / 2010

Amount of Each Disbursement this Period

10.72

SUBTOTAL of Disbursements This Page (optional) ►

25.72

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

255335.11

SCHEDULE 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 / 73

☐ 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) JENNIFER HORN FOR CONGRESS

Mailing Address 379 AMHERST ST PMB 109

City NASHUA State NH Zip Code 03063

Purpose of Disbursement
CONTRIBUTION- DEBT RETIREMENT

Candidate Name
Jennifer Horn

000
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.1

Date of Disbursement

12 / 06 / 2010

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial) SUSANA MARTINEZ FOR GOVERNOR

Mailing Address PO BOX 14025

City LAS CRUCES State NM Zip Code 88013

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name
SUSANA MARTINEZ

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NM District:

Transaction ID: SB23.B002

Date of Disbursement

12 / 21 / 2010

Amount of Each Disbursement this Period

731.63

[MEMO ITEM]

IN-KIND CONTRIBUTION TO
SUSANA MARTINEZ FOR GOVERNOR - TRAVEL EXPENSES

C. Full Name (Last, First, Middle Initial) TEXANS FOR RICK PERRY

Mailing Address P.O. BOX 2013

City AUSTIN State TX Zip Code 78768

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name
TEXANS FOR RICK PERRY

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.B001

Date of Disbursement

12 / 21 / 2010

Amount of Each Disbursement this Period

493.02

[MEMO ITEM]

IN-KIND CONTRIBUTION TO
TEXANS FOR RICK PERRY - TRAVEL EXPENSES

SUBTOTAL of Disbursements This Page (optional)

1000.00

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 71 / 73

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

GEORGIA REPUBLICAN SENATORIAL TRUST

Mailing Address 1300 HAMPTON ROAD

City
DOUGLAS

State
GA

Zip Code
31533

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name
GEORGIA REPUBLICAN SENATORIAL TRUST

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Category/
Type

Transaction ID: SB23.B003

Date of Disbursement

/ /

Amount of Each Disbursement this Period

516.50

[MEMO ITEM]

IN-KIND CONTRIBUTION TO
GEORGIA REPUBLICAN SENATO-
RIAL TRUST - TRAVEL EXPEN-
SES

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 72 / 73

| | | | | | |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input checked="" 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)
DAVID R FRAUENSHUH

Mailing Address 7101 WEST 78TH ST

City BLOOMINGTON State MN Zip Code 55439

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

000
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00

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

Transaction ID: SB28A.1

Date of Disbursement

12 / 07 / 2010

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)
LOWELL R ZITZLOFF

Mailing Address 5790 HARDSCRABBLE CIRCLE

City MINNETRISTA State MN Zip Code 55364

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

000
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District: 00

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

Transaction ID: SB28A.2

Date of Disbursement

12 / 07 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 73 / 73

FOR LINE NUMBER:
(check only one)

| | |
|-------------------------------------|----|
| <input checked="" type="checkbox"/> | 9 |
| <input type="checkbox"/> | 10 |

NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
FREEDOM FIRST PAC- IOWA

Nature of Debt (Purpose):
TRAVEL

Mailing Address PO BOX 9190

| | | |
|---------|-------|----------|
| City | State | ZIP Code |
| ST PAUL | MN | 55109 |

Outstanding Balance Beginning This Period

8938.98

Transaction ID: SD9.2

Amount Incurred This Period

1356.10

Payment This Period

10295.08

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional).....

0.00

2) TOTALS This Period (last page this line number only).....

0.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

0.00