



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Freedom Fund

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		211242.04
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	237736.49									
(c) Total Receipts (from Line 19) .....	39750.00	81346.08								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	277486.49	292588.12								
7. Total Disbursements (from Line 31) .....	21936.73	37038.36								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	255549.76	255549.76								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	.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**

Write or Type Committee Name  
Freedom Fund

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	6

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	13850.00	21350.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	900.00	1100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	14750.00	22450.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs) .....	25000.00	57500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	39750.00	79950.00
12. Transfers From Affiliated/Other Party Committees .....	.00	.00
13. All Loans Received .....	.00	.00
14. Loan Repayments Received .....	.00	.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	.00	1396.08
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	.00	.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	.00	.00
(b) Levin Funds (from Schedule H5) .....	.00	.00
(c) Total Transfer (add 18(a) and 18(b)).	.00	.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	39750.00	81346.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	39750.00	81346.08

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	.00	.00
(ii) Non-Federal Share.....	.00	.00
(b) Other Federal Operating Expenditures.....	6936.73	22038.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	6936.73	22038.36
22. Transfers to Affiliated/Other Party Committees.....	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	15000.00
24. Independent Expenditure (use Schedule E) .....	.00	.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	.00	.00
26. Loan Repayments Made.....	.00	.00
27. Loans Made.....	.00	.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	.00	.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	.00	.00
29. Other Disbursements.....	.00	.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	21936.73	37038.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	21936.73	37038.36

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	39750.00	79950.00
34. Total Contribution Refunds (from Line 28(d)) .....	.00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	39750.00	79950.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6936.73	22038.36
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	.00	1396.08
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6936.73	20642.28

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Freedom Fund

**A.** Full Name (Last, First, Middle Initial)  
William H. Beeson

Mailing Address 13590 N Meridian Street

City State Zip Code  
Carmel IN 46032

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

Name of Employer N/A Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 24 / 2006

Transaction ID: 1140790917520

Amount of Each Receipt this Period  
500.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth B. Bozzuto

Mailing Address 11 Mountain Park Avenue

City State Zip Code  
Waterbury CT 06708

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

Name of Employer N/A Occupation Health Care Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 24 / 2006

Transaction ID: 1140733068188

Amount of Each Receipt this Period  
500.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Kathy Jo Bryant

Mailing Address 6426 Osprey Court

City State Zip Code  
Woodbridge VA 22193

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

Name of Employer FASA Occupation Associate Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2006

Transaction ID: 1140102102987

Amount of Each Receipt this Period  
1000.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Freedom Fund

**A.** Full Name (Last, First, Middle Initial)  
Jack Egnatinsky

Mailing Address PO Box 25943

City State Zip Code  
C'Sted St. Croix VI 00824

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

Name of Employer Retired  
Occupation Retired Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 0 6

Transaction ID: 1140803940581

Amount of Each Receipt this Period  
1000.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Alsie L. Fitzgerald

Mailing Address 3231 284th Lane

City State Zip Code  
Waukee IA 50263

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

Name of Employer N/A  
Occupation Health Care Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 0 6

Transaction ID: 1140789725170

Amount of Each Receipt this Period  
1000.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Beall D. Gary, Jr.

Mailing Address 3911 10th Avenue S

City State Zip Code  
Birmingham AL 35222-4207

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

Name of Employer N/A  
Occupation Health Care Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 0 6

Transaction ID: 1140732921675

Amount of Each Receipt this Period  
250.00

Check

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Freedom Fund

**A.** Full Name (Last, First, Middle Initial)  
Steven A. Gunderson

Mailing Address 1623 Red Oak Lane

City State Zip Code  
Rockford IL 61107

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

Name of Employer  
Rockford Anest. Association

Occupation  
Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 5 / 2 0 0 6

Transaction ID: 1140103601682

Amount of Each Receipt this Period  
1000.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Richard G. Hanley

Mailing Address 305 Sleeping Owl Point

City State Zip Code  
Lafayette CO 80026

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

Name of Employer  
N/A

Occupation  
Health Care Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 0 6

Transaction ID: 1140789829358

Amount of Each Receipt this Period  
1000.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Allen D. Hecht

Mailing Address 43 Wild Wood Drive

City State Zip Code  
Avon CT 06001

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

Name of Employer  
N/A

Occupation  
Health Care Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 0 6

Transaction ID: 1140790091420

Amount of Each Receipt this Period  
2000.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Freedom Fund

**A.** Full Name (Last, First, Middle Initial)  
Brent W. Lambert

Mailing Address 500 Wyndemere Way #105

City Naples State FL Zip Code 34105

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

Name of Employer ASCOA Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 24 / 2006

Transaction ID: 1140789874280

Amount of Each Receipt this Period  
1000.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mark A. Mashburn

Mailing Address 101 Chattolane Hill Road

City Owings Mills State MD Zip Code 21117

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

Name of Employer Weiss, Mashburn & London Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2006

Transaction ID: 1140101915877

Amount of Each Receipt this Period  
300.00

Check

**C.** Full Name (Last, First, Middle Initial)  
John McManus

Mailing Address 105 N. Galveston St.

City Arlington State VA Zip Code 22203-1205

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

Name of Employer The McManus Group Occupation Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 24 / 2006

Transaction ID: 1140790026998

Amount of Each Receipt this Period  
2000.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 3300.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Freedom Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Patricia A. Paulson		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address 6782 Salmon Beach Road		Transaction ID: 1140732992096
City State Zip Code Anacortes WA 98221-8618	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer N/A Occupation Attorney	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Charles Shipp		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address 2602 N. Bradywine Street		Transaction ID: 1140787570230
City State Zip Code Arlington VA 22207	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Charles Shipp & Associates Occupation President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Debra L. Stinchcomb		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 11641 Charles Court		Transaction ID: 1140101802797
City State Zip Code Farmington AR 72730	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Check	
Name of Employer Progressive Surgical Solutions Occupation Consultant	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	13850.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 17		
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Freedom Fund

Full Name (Last, First, Middle Initial) <b>A. AMGEN, Inc. Political Action Committee</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address 1840 De Havilland Drive		<b>Transaction ID: 1140104088532</b>	
City State Zip Code Thousand Oaks CA 91320-1789	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C C00251876</b>		Check	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>B. Air Products and Chemicals, Inc. Political Alliance</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address PO Box 441		<b>Transaction ID: 1140104061876</b>	
City State Zip Code Trexlertown PA 18087	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C C00127258</b>		Check	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. American Hospital Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address 325 Seventh Street NW Suite 700		<b>Transaction ID: 1140103416420</b>	
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C C00106146</b>		Check	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

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

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NAME OF COMMITTEE (In Full)  
Freedom Fund

**A.** Full Name (Last, First, Middle Initial)  
American Surgical Hospital Assoc. Inc. PAC  
Mailing Address PO Box 23220  
City San Diego State CA Zip Code 92193  
FEC ID number of contributing federal political committee. **C** C00394163  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 5 / 2 0 0 6  
Transaction ID: 1140039655917  
Amount of Each Receipt this Period  
1000.00  
Check

**B.** Full Name (Last, First, Middle Initial)  
Blue Cross Blue Shield Association PAC  
Mailing Address 1310 G Street NW  
City Washington State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C** C00194746  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 3 / 2 0 0 6  
Transaction ID: 1138982089495  
Amount of Each Receipt this Period  
5000.00  
Check

**C.** Full Name (Last, First, Middle Initial)  
Federal National Mortgage Association PAC  
Mailing Address 3900 Wisconsin Avenue NW  
City Washington State DC Zip Code 20016  
FEC ID number of contributing federal political committee. **C** C00393520  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 5 / 2 0 0 6  
Transaction ID: 1140103705758  
Amount of Each Receipt this Period  
2500.00  
Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► 8500.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 17
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Freedom Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Outpatient Ophthalmic Surgery Society Political Action Committee		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1201 Pennsylvania Avenue, NW Suite 500		Transaction ID: 1140101413652
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00217323	Check	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Sanofi Pasteur Inc. PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address Discovery Drive		Transaction ID: 1140103756757
City Swiftwater State PA Zip Code 18370	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00215236	Check	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Securities Industry Assoc. PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 1425 K Street NW 7th Floor		Transaction ID: 1138811552764
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00067504	Check	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 17
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Freedom Fund

**A.** Full Name (Last, First, Middle Initial)  
The Political Action Comm. of the American Assoc. of Ambulatory Surgery Centers

Mailing Address 1201 Pennsylvania Avenue, NW  
Suite 500

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00387514

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 5 / 2 0 0 6

Transaction ID: 1140101688011

Amount of Each Receipt this Period  
500.00

Check

**B.** Full Name (Last, First, Middle Initial)  
United Surgical PartnersInternational Inc PAC

Mailing Address 15305 Dallas Pkwy  
Ste 160LB-28

City State Zip Code  
Addison TX 75001

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 5 / 2 0 0 6

Transaction ID: 1140103465419

Amount of Each Receipt this Period  
2000.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	25000.00

**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 15 / 17

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

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NAME OF COMMITTEE (In Full)  
Freedom Fund

Full Name (Last, First, Middle Initial) <b>A. Linda E. Daniel &amp; Associates</b>		<b>Transaction ID:</b> 1141394278933 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 128 North Columbus St.		Amount of Each Disbursement this Period 6126.73
City Alexandria State VA Zip Code 22314	Purpose of Disbursement PAC Fundraising Retainer/commission Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement legal/admin fees-phone/fax/courier/copie Candidate Name		

Full Name (Last, First, Middle Initial) <b>B. Williams &amp; Jensen, PLLC</b>		<b>Transaction ID:</b> 1139607427488 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 1155 21st Street NW Suite 300		Amount of Each Disbursement this Period 750.00
City Washington State DC Zip Code 20036	Purpose of Disbursement legal/admin fees-phone/fax/courier/copie Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement legal/admin fees-phone/fax/courier/copie Candidate Name		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6876.73
<b>TOTAL</b> This Period (last page this line number only) .....	6876.73

**SCHEDULE 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 16 / 17

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

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NAME OF COMMITTEE (In Full)  
Freedom Fund

Full Name (Last, First, Middle Initial) <b>A. National Republican Senatorial Committee</b>		Transaction ID: 1139607532206
Mailing Address 425 2nd Street SE		Date of Disbursement MM / DD / YYYY 02 / 02 / 2006
City Washington	State DC	Zip Code 20002
Purpose of Disbursement PAC contribution		Amount of Each Disbursement this Period 15000.00
Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 006" <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	15000.00

Form/Schedule: **F3XA**

Transaction ID:

Amendment changes contribution to National Republican Senatorial Committee on 2/2/06 from line 21b to line 23. The Committee includes a clear and conspicuous statement requesting the required donor information in every solicitation it does. It also includes language informing donors that federal law requires the Committee to request such information from anyone who contributes more than \$200 annually. If a contribution is received without it, a written request for the information is mailed within 30 days informing donors that federal law requires the Committee to follow-up and request this donor information from them. We also include in the follow-up request a pre-addressed return envelope. Also, no solicitation for additional funds is made in any best efforts letters that the Committee sends out. Any contributor information received as a result of the Committee's best efforts is reported to the Commission either in an amended report or on the next report it files.