



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Secure PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		22122.41
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	56654.98									
(c) Total Receipts (from Line 19) .....	55598.10	100149.09								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	112253.08	122271.50								
7. Total Disbursements (from Line 31) .....	14949.99	24968.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	97303.09	97303.09								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

Write or Type Committee Name  
Secure PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	5500.00	10500.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	5500.00	10500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	50000.00	88500.00
(c) Other Political Committees (such as PACs) .....	55500.00	99000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	1000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	98.10	149.09
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)) .....	55598.10	100149.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	55598.10	100149.09

**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.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1749.99	1768.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1749.99	1768.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-500.00	4500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	5000.00
29. Other Disbursements.....	13700.00	13700.00
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))..	14949.99	24968.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14949.99	24968.41

**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 .....	55500.00	99000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	55500.00	94000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1749.99	1768.41
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	1000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1749.99	768.41

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 26
	<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)  
Secure PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Air Line Pilots Association PAC	Date of Receipt MM / DD / YYYY 07 / 06 / 2007
	Mailing Address 1625 Massachusetts Ave., N.W.	<b>Transaction ID:</b> 70712.C69
	City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	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>B.</b>	Full Name (Last, First, Middle Initial) Aircraft Owners and Pilots Assoc. PAC	Date of Receipt MM / DD / YYYY 12 / 17 / 2007
	Mailing Address 421 Aviation Way	<b>Transaction ID:</b> 80124.C92
	City State Zip Code Frederick MD 21701	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	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

<b>C.</b>	Full Name (Last, First, Middle Initial) Aircraft Owners and Pilots Assoc. PAC	Date of Receipt MM / DD / YYYY 12 / 17 / 2007
	Mailing Address 421 Aviation Way	<b>Transaction ID:</b> 80124.C93
	City State Zip Code Frederick MD 21701	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	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) .....	▶	10000.00
<b>TOTAL</b> 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 / 26

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Secure PAC

**A.**

Full Name (Last, First, Middle Initial)  
Amalgamated Transit Union COPE Account

Mailing Address Voluntary Fund  
5025 Wisconsin Ave. NW

City Washington State DC Zip Code 20016

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
09 / 12 / 2007

**Transaction ID:** 71018.C81

Amount of Each Receipt this Period  
5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
American Federation of State, County &

Mailing Address Municipal Employees AFL-CIO  
1625 L Street N.W.

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
10 / 05 / 2007

**Transaction ID:** 80124.C87

Amount of Each Receipt this Period  
2500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Amo Voluntary Political Action Fund

Mailing Address 2 W Dixie Hwy

City Dania State FL Zip Code 33004

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
09 / 12 / 2007

**Transaction ID:** 71018.C80

Amount of Each Receipt this Period  
2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 10000.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 26  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Secure PAC

**A.** Full Name (Last, First, Middle Initial)  
Dairy Farmers of America DEPAC

Mailing Address 10220 N Ambassador Drive

City State Zip Code  
Kansas City MO 64153

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

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

**Transaction ID:** 80124.C96

Amount of Each Receipt this Period  
3000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
I.B.E.W. - C.O.P.E.

Mailing Address 900 Seventh Street, NW

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

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

**Transaction ID:** 70712.C68

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
International Association of Firefighter

Mailing Address AFL-CIO  
1750 New York Avenue, NW

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

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

**Transaction ID:** 71018.C77

Amount of Each Receipt this Period  
2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 26  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Secure PAC

**A.** Full Name (Last, First, Middle Initial)  
Machinists Non-Partisan Political League

Mailing Address 9000 Machinist Pl.

City State Zip Code  
Upper Marlboro MD 20772

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

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

**Transaction ID:** 71018.C70

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Microsoft Corporation PAC

Mailing Address 16011 NE 36th Way  
Box 97017

City State Zip Code  
Redmond WA 98073

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

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
1	1	/	3	0	/	2	0	0	7

**Transaction ID:** 80125.C97

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
NATCA PAC

Mailing Address 1325 Massachusettes Avenue, N.W.

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

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

**Transaction ID:** 80124.C83

Amount of Each Receipt this Period  
2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 26

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Secure PAC

**A.** Full Name (Last, First, Middle Initial)  
S I International, INC PAC

Mailing Address 2099 Gaither Rd 3rd Floor

City State Zip Code  
Rockville MD 20850

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 17 / 2007

**Transaction ID:** 80124.C94

Amount of Each Receipt this Period  
2500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Seafarers Political Activity Donation

Mailing Address Seafarers Intl Union of N.A.-AGLI  
5201 Auth Way

City State Zip Code  
Suitland MD 20746

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2007

**Transaction ID:** 71018.C82

Amount of Each Receipt this Period  
2500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Transportation Trade Department

Mailing Address AFL-CIO PAC  
888 16th St NW Suite 650

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2007

**Transaction ID:** 71018.C76

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 6000.00

**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 / 26  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Secure PAC

**A.** Full Name (Last, First, Middle Initial)  
UAW V CAP

Mailing Address 8000 East Jefferson Ave

City State Zip Code  
Detroit MI 48214

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 1 2 / 2 0 0 7

**Transaction ID:** 71018.C79

Amount of Each Receipt this Period  
2500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
United Food & Commerical Workers

Mailing Address International Union Active Ballot  
1775 K Street, NW

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 1 2 / 2 0 0 7

**Transaction ID:** 71018.C78

Amount of Each Receipt this Period  
2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5000.00**

**TOTAL** This Period (last page this line number only) ..... ► **50000.00**

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

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

FOR LINE NUMBER: PAGE 12 / 26  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Secure PAC

**A.** Full Name (Last, First, Middle Initial)  
Sela Collins

Mailing Address 3911 Lorcom LN

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2007

**Transaction ID:** 80124.C91

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
London Thompson

Mailing Address 103 L C Turner Circle

City State Zip Code  
Bolton MS 39041

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2007

**Transaction ID:** 80129.C98

Amount of Each Receipt this Period  
500.00

In-Kind

Administrative Expenses

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5500.00**

**TOTAL** This Period (last page this line number only) ..... ► **5500.00**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 26  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Secure PAC

**A.**

Full Name (Last, First, Middle Initial)  
Trustmark National

Mailing Address P.O. Box 291

City State Zip Code  
Jackson MS 39205-

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 65.04

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 31 2007

**Transaction ID:** 71018.C72

Amount of Each Receipt this Period  
14.05

Other Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Trustmark National

Mailing Address P.O. Box 291

City State Zip Code  
Jackson MS 39205-

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 79.54

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 31 2007

**Transaction ID:** 71018.C73

Amount of Each Receipt this Period  
14.50

Other Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Trustmark National

Mailing Address P.O. Box 291

City State Zip Code  
Jackson MS 39205-

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 95.25

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 30 2007

**Transaction ID:** 80124.C86

Amount of Each Receipt this Period  
15.71

Other Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **44.26**

**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: (check only one)	PAGE 14 / 26
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Secure PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Trustmark National	Date of Receipt MM / DD / YYYY 10 / 31 / 2007
	Mailing Address P.O. Box 291	<b>Transaction ID:</b> 80124.C89
	City State Zip Code Jackson MS 39205-	Amount of Each Receipt this Period 18.32
	FEC ID number of contributing federal political committee. <b>C</b>	Other Receipt
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 113.57	

<b>B.</b>	Full Name (Last, First, Middle Initial) Trustmark National	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address P.O. Box 291	<b>Transaction ID:</b> 80124.C90
	City State Zip Code Jackson MS 39205-	Amount of Each Receipt this Period 16.79
	FEC ID number of contributing federal political committee. <b>C</b>	Other Receipt
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 130.36	

<b>C.</b>	Full Name (Last, First, Middle Initial) Trustmark National	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address P.O. Box 291	<b>Transaction ID:</b> 80124.C95
	City State Zip Code Jackson MS 39205-	Amount of Each Receipt this Period 18.73
	FEC ID number of contributing federal political committee. <b>C</b>	Other Receipt
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 149.09	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>53.84</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>98.10</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Secure PAC

A.	Full Name (Last, First, Middle Initial) Stephanie Booker	Transaction ID: 71018.E52 Date of Disbursement 07 / 19 / 2007
	Mailing Address P.O. Box 444	Amount of Each Disbursement this Period 948.70
	City Bolton State MS Zip Code 39041-	
	Purpose of Disbursement See Below; FEC Training Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SEE BELOW; FEC TRAINING

B.	Full Name (Last, First, Middle Initial) Stephanie Booker	Transaction ID: 71018.E54 Date of Disbursement 07 / 19 / 2007
	Mailing Address P.O. Box 444	Amount of Each Disbursement this Period 278.14
	City Bolton State MS Zip Code 39041-	
	Purpose of Disbursement Gas Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: GAS EXPENSE

C.	Full Name (Last, First, Middle Initial) Stephanie Booker	Transaction ID: 71018.E53 Date of Disbursement 07 / 19 / 2007
	Mailing Address P.O. Box 444	Amount of Each Disbursement this Period 53.01
	City Bolton State MS Zip Code 39041-	
	Purpose of Disbursement Food Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: FOOD EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	948.70
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Secure PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Omni Hotel at CNN Center</p> <p>Mailing Address 100 CNN Center</p> <p>City Atlanta State GA Zip Code 30303-</p> <p>Purpose of Disbursement Hotel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80130.E84</p> <p>Date of Disbursement 07 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 617.55</p> <p><b>[MEMO ITEM]</b> MEMO: HOTEL EXPENSE</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Deluxe Business Checks &amp; Solutions</p> <p>Mailing Address P.O. Box 742572</p> <p>City Cincinnati State OH Zip Code 45274-2572</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:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80124.E78</p> <p>Date of Disbursement 11 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 69.25</p> <p>OFFICE SUPPLIES</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Lyles &amp; Sinclair</p> <p>Mailing Address P.O. Box 11625</p> <p>City Jackson State MS Zip Code 39283-</p> <p>Purpose of Disbursement Tax Preparation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71018.E66</p> <p>Date of Disbursement 08 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 113.75</p> <p>TAX PREPARATION</p>

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

183.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Secure PAC

A.	Full Name (Last, First, Middle Initial) London Thompson	Transaction ID: 80129.C98IK Date of Disbursement 12 / 31 / 2007
	Mailing Address 103 L C Turner Circle	Amount of Each Disbursement this Period 500.00
	City Bolton State MS Zip Code 39041-	
	Purpose of Disbursement Administrative Expenses Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		IN KIND: ADMINISTRATIVE EXPENSES

B.	Full Name (Last, First, Middle Initial) Trustmark National	Transaction ID: 71018.E61 Date of Disbursement 07 / 31 / 2007
	Mailing Address P.O. Box 291	Amount of Each Disbursement this Period 0.95
	City Jackson State MS Zip Code 39205-	
	Purpose of Disbursement Service Charge Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SERVICE CHARGE

C.	Full Name (Last, First, Middle Initial) Trustmark National	Transaction ID: 71018.E68 Date of Disbursement 08 / 31 / 2007
	Mailing Address P.O. Box 291	Amount of Each Disbursement this Period 2.50
	City Jackson State MS Zip Code 39205-	
	Purpose of Disbursement Service Charge Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SERVICE CHARGE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	503.45
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Secure PAC

A.	Full Name (Last, First, Middle Initial) Trustmark National	Transaction ID: 80125.E83 Date of Disbursement 09 / 04 / 2007
	Mailing Address P.O. Box 291	Amount of Each Disbursement this Period 32.00
	City Jackson State MS Zip Code 39205-	
	Purpose of Disbursement Stop Payment Fee	Category/Type
	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) ▼
		STOP PAYMENT FEE

B.	Full Name (Last, First, Middle Initial) Trustmark National	Transaction ID: 80124.E73 Date of Disbursement 09 / 30 / 2007
	Mailing Address P.O. Box 291	Amount of Each Disbursement this Period 1.95
	City Jackson State MS Zip Code 39205-	
	Purpose of Disbursement Service Charge	Category/Type
	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) ▼
		SERVICE CHARGE

C.	Full Name (Last, First, Middle Initial) Trustmark National	Transaction ID: 80124.E75 Date of Disbursement 10 / 31 / 2007
	Mailing Address P.O. Box 291	Amount of Each Disbursement this Period 0.40
	City Jackson State MS Zip Code 39205-	
	Purpose of Disbursement Service Charge	Category/Type
	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) ▼
		SERVICE CHARGE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	34.35
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Secure PAC

A.	Full Name (Last, First, Middle Initial) Trustmark National	Transaction ID: 80124.E79 Date of Disbursement 11 / 30 / 2007
	Mailing Address P.O. Box 291	Amount of Each Disbursement this Period 0.90
	City Jackson State MS Zip Code 39205-	
	Purpose of Disbursement Service charge Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SERVICE CHARGE

B.	Full Name (Last, First, Middle Initial) Trustmark National	Transaction ID: 80124.E81 Date of Disbursement 12 / 31 / 2007
	Mailing Address P.O. Box 291	Amount of Each Disbursement this Period 1.00
	City Jackson State MS Zip Code 39205-	
	Purpose of Disbursement Service Charge Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SERVICE CHARGE

C.	Full Name (Last, First, Middle Initial) United States Postal Service	Transaction ID: 71018.E62 Date of Disbursement 08 / 01 / 2007
	Mailing Address Madison Street	Amount of Each Disbursement this Period 5.21
	City Bolton State MS Zip Code 39041-	
	Purpose of Disbursement Certified Mail Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CERTIFIED MAIL

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7.11
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Secure PAC

A.

Full Name (Last, First, Middle Initial)  
United States Postal Service

Transaction ID: 71018.E65

Date of Disbursement

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

Mailing Address Madison Street

Amount of Each Disbursement this Period

5.21
------

City Bolton State MS Zip Code 39041-

Purpose of Disbursement  
Certified Mail

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

CERTIFIED MAIL

State: District:

B.

Full Name (Last, First, Middle Initial)  
United States Postal Service

Transaction ID: 80124.E72

Date of Disbursement

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

Mailing Address Madison Street

Amount of Each Disbursement this Period

32.17
-------

City Bolton State MS Zip Code 39041-

Purpose of Disbursement  
Certified Mail

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

CERTIFIED MAIL

State: District:

C.

Full Name (Last, First, Middle Initial)  
United States Postal Service

Transaction ID: 80124.E80

Date of Disbursement

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

Mailing Address Madison Street

Amount of Each Disbursement this Period

36.00
-------

City Bolton State MS Zip Code 39041-

Purpose of Disbursement  
Box renewal

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

BOX RENEWAL

State: District:

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

73.38
-------

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

1749.99
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Secure PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends to ReElect Robert Moore Committee</p> <p>Mailing Address P.O. Box 343</p> <p>City Greenwood State MS Zip Code 38935-</p> <p>Purpose of Disbursement LOST CHECK</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80125.E82 <b>Date of Disbursement</b> 08 / 31 / 2007</p> <p>Amount of Each Disbursement this Period -500.00</p> <p>LOST CHECK</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Committee to Elect Kilpatrick</p> <p>Mailing Address P. O. Box 32175</p> <p>City Detroit State MI Zip Code 48232-</p> <p>Purpose of Disbursement (AS DISCLOSED IN 2007 JULY QUARTERL</p> <p>Candidate Name CAROLYN MS. KILPATRICK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80221.E87 <b>Date of Disbursement</b> 09 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><b>[MEMO ITEM]</b> MEMO: (AS DISCLOSED IN 20-07 JULY QUARTERL</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Committee to Elect Kilpatrick</p> <p>Mailing Address P. O. Box 32175</p> <p>City Detroit State MI Zip Code 48232-</p> <p>Purpose of Disbursement (REDESIGNATION OF ABOVE CONTRIBUTIO</p> <p>Candidate Name CAROLYN MS. KILPATRICK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80221.E88 <b>Date of Disbursement</b> 09 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p><b>[MEMO ITEM]</b> MEMO: (REDESIGNATION OF ABOVE CONTRIBUTIO</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	-500.00
<b>TOTAL</b> This Period (last page this line number only) .....	-500.00

**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)

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<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Secure PAC

A.	Full Name (Last, First, Middle Initial) Andrew Thompson Campaign	Transaction ID: 71018.E56 Date of Disbursement 07 / 31 / 2007
	Mailing Address P.O. Box 876	Amount of Each Disbursement this Period 500.00
	City Clarksdale State MS Zip Code 38614-	
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Other	

B.	Full Name (Last, First, Middle Initial) Bennie C. Buckner Campaign Fund	Transaction ID: 71018.E58 Date of Disbursement 07 / 31 / 2007
	Mailing Address P.O. Box 720207	Amount of Each Disbursement this Period 200.00
	City Byram State MS Zip Code 39272-	
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Other	

C.	Full Name (Last, First, Middle Initial) Committee to Elect Sandra Jaribu Hill	Transaction ID: 80124.E74 Date of Disbursement 10 / 12 / 2007
	Mailing Address P.O. Box 1852	Amount of Each Disbursement this Period 1000.00
	City Greenville State MS Zip Code 38702-	
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Other	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1700.00
<b>TOTAL</b> 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)

<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Secure PAC

A.	Full Name (Last, First, Middle Initial) Committee to ReElect Walter Robinson	Transaction ID: 71018.E59
	Mailing Address	Date of Disbursement MM / DD / YYYY 07 / 31 / 2007
	City: Bolton State: MS Zip Code: 39041-	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement: CAMPAIGN CONTRIBUTION Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Other	

B.	Full Name (Last, First, Middle Initial) Larry Dennis Campaign	Transaction ID: 71018.E67
	Mailing Address	Date of Disbursement MM / DD / YYYY 08 / 27 / 2007
	City: Pickens State: MS Zip Code: 39146-	Amount of Each Disbursement this Period 550.00
	Purpose of Disbursement: CAMPAIGN CONTRIBUTION Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Other	

C.	Full Name (Last, First, Middle Initial) Federal Election Committee	Transaction ID: 71018.E70
	Mailing Address 999 E Street NW	Date of Disbursement MM / DD / YYYY 09 / 04 / 2007
	City: Washington State: DC Zip Code: 20463-	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement: FINE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3850.00
<b>TOTAL</b> 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)

<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Secure PAC

A.	Full Name (Last, First, Middle Initial) Friends to ReElect Robert Moore Committe	Transaction ID: 71018.E69 Date of Disbursement
	Mailing Address P.O. Box 343	<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
	City Greenwood State MS Zip Code 38935-	Amount of Each Disbursement this Period
	Purpose of Disbursement CAMPAIGN CONTRIBUTION: REISSUED CHE	<input type="text" value="500.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends to ReElect Robert Moore Committe	Transaction ID: 71018.E57 Date of Disbursement
	Mailing Address P.O. Box 343	<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City Greenwood State MS Zip Code 38935-	Amount of Each Disbursement this Period
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends to ReElect Robert Moore Committe	Transaction ID: 80124.E71 Date of Disbursement
	Mailing Address P.O. Box 343	<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City Greenwood State MS Zip Code 38935-	Amount of Each Disbursement this Period
	Purpose of Disbursement CAMPAIGN CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 26

<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Secure PAC

A.

Full Name (Last, First, Middle Initial)  
Gary Anderson Campaign Fund

Transaction ID: 80124.E76

Date of Disbursement

Mailing Address P. O. Box 9141

<sup>M</sup> 1	<sup>M</sup> /	<sup>D</sup> 0	<sup>D</sup> 2	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 7
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City Jackson State MS Zip Code 39286-

Amount of Each Disbursement this Period

5000.00
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Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

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Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Other

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

5000.00
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TOTAL This Period (last page this line number only) ..... ▶

13700.00
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