



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
FREEDOM PROJECT; THE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	1

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 <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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		313898.42
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	313898.42									
(c) Total Receipts (from Line 19) .....	45250.00	45250.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	359148.42	359148.42								
7. Total Disbursements (from Line 31) .....	63088.73	63088.73								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	296059.69	296059.69								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
FREEDOM PROJECT; THE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	1

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) .....	20250.00	20250.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	20250.00	20250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	25000.00	25000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	45250.00	45250.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	45250.00	45250.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	45250.00	45250.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	47938.73	47938.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	47938.73	47938.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	15000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	150.00	150.00
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))..	63088.73	63088.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	63088.73	63088.73

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	45250.00	45250.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	45250.00	45250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	47938.73	47938.73
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	47938.73	47938.73

**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 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 PROJECT; THE

<b>A.</b>	Full Name (Last, First, Middle Initial) Bob Brooks, Jr.	Date of Receipt MM / DD / YYYY 01 / 29 / 2010
	Mailing Address 1107 North Pitt Street Unit C	<b>Transaction ID:</b> SA11AI-10097-21692-c
	City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Alpine Group Government Relations	
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) Patrick Gentile	Date of Receipt MM / DD / YYYY 01 / 29 / 2010
	Mailing Address 15 Upland Drive	<b>Transaction ID:</b> SA11AI-10738-21693-c
	City State Zip Code Chappaqua NY 10514-2803	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Odyssey America Reinsurance Head of U.S. Casualty Treaty Operation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Julie Goon	Date of Receipt MM / DD / YYYY 01 / 29 / 2010
	Mailing Address 4521 4th Road N	<b>Transaction ID:</b> SA11AI-6575-21691-c
	City State Zip Code Arlington VA 22203-2342	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation General Electric Director, healthymagination	
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) .....	▶	10250.00
<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: <span style="float: right;">PAGE 7 / 26</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

**A.**

Full Name (Last, First, Middle Initial) Andrew Maloney		Date of Receipt MM / DD / YYYY 01 / 08 / 2010
Mailing Address 1111 19th Street NW Suite 1100		<b>Transaction ID:</b> SA11AI-3961-21689-c
City Washington	State DC	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Ogilvy Govern. Relations	Occupation Lobbyist	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) Michael Oxley		Date of Receipt MM / DD / YYYY 01 / 28 / 2010
Mailing Address 7629 Huntmaster Lane		<b>Transaction ID:</b> SA11AI-10611-21690-c
City McLean	State VA	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Baker & Hostetler LLP	Occupation Attorney	Contribution
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) .....	<b>10000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>20250.00</b>

**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 8 / 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

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

<b>A.</b>	Full Name (Last, First, Middle Initial) Anheuser - Busch Political Action Committee (ABPAC)	Date of Receipt MM / DD / YYYY 01 / 29 / 2010
	Mailing Address 1776 I Street NW Suite 200	<b>Transaction ID:</b> SA11C-303-21696-c
	City Washington State DC Zip Code 20006-3700	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00034488	Contribution
	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) EMD Serono, Inc. Political Action Committee	Date of Receipt MM / DD / YYYY 01 / 29 / 2010
	Mailing Address 1 Technology Place	<b>Transaction ID:</b> SA11C-11114-21698-c
	City Rockland State MA Zip Code 02370-1071	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00258236	Contribution
	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>C.</b>	Full Name (Last, First, Middle Initial) MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE	Date of Receipt MM / DD / YYYY 01 / 29 / 2010
	Mailing Address 16011 NE 36th Way # 97017	<b>Transaction ID:</b> SA11C-3833-21695-c
	City Redmond State WA Zip Code 98052-6301	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00227546	Contribution
	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) .....	15000.00
<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 9 / 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)  
FREEDOM PROJECT; THE

**A.**

Full Name (Last, First, Middle Initial)  
R.J. REYNOLDS POLITICAL ACTION COMMITTEE; REYNOLDS AMERICAN INC.

Mailing Address PO Box 718

City State Zip Code  
Winston Salem NC 27102-0718

FEC ID number of contributing federal political committee. **C** C00042002

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2010

**Transaction ID:** SA11C-3633-21694-c

Amount of Each Receipt this Period  
5000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
United Parcel Service PAC (UPS PAC)

Mailing Address 55 Glenlake Parkway NE

City State Zip Code  
Atlanta GA 30328-3474

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2010

**Transaction ID:** SA11C-5294-21697-c

Amount of Each Receipt this Period  
5000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10000.00
<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)

<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 PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Chain Bridge Bank	Transaction ID: SB21B-10391-21658-e
	Mailing Address 1445 Laughlin Avenue Suite A	Date of Disbursement 01 / 29 / 2010
	City Mclean State VA Zip Code 22101-5737	Amount of Each Disbursement this Period 1525.29
	Purpose of Disbursement Payroll taxes Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Chain Bridge Bank	Transaction ID: SB21B-10391-21657-e
	Mailing Address 1445 Laughlin Avenue Suite A	Date of Disbursement 01 / 31 / 2010
	City Mclean State VA Zip Code 22101-5737	Amount of Each Disbursement this Period 66.80
	Purpose of Disbursement Bank fees Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Commonwealth of Virginia	Transaction ID: SB21B-8564-21661-e
	Mailing Address PO Box 27264	Date of Disbursement 01 / 29 / 2010
	City Richmond State VA Zip Code 23261-7264	Amount of Each Disbursement this Period 348.58
	Purpose of Disbursement Payroll taxes Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1940.67
<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)

PAGE 12 / 26

<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 PROJECT; THE

A.	Full Name (Last, First, Middle Initial) City Oyster	Transaction ID: SB21B-11459-10845-V
	Mailing Address 213 E Atlantic Avenue	Date of Disbursement 01 / 31 / 2010
	City Delray Beach State FL Zip Code 33444-3726	Amount of Each Disbursement this Period 296.02
	Purpose of Disbursement Gen. fund. travel, food & bev. Candidate Name	002 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]**  
Subitemization of Mastercard

B.	Full Name (Last, First, Middle Initial) The Breakers Hotel	Transaction ID: SB21B-10960-10846-V
	Mailing Address 1 S County Road	Date of Disbursement 01 / 31 / 2010
	City Palm Beach State FL Zip Code 33480-4023	Amount of Each Disbursement this Period 1002.52
	Purpose of Disbursement Gen. fund. travel lodging Candidate Name	002 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]**  
Subitemization of Mastercard

C.	Full Name (Last, First, Middle Initial) Landini Brothers	Transaction ID: SB21B-10481-10855-V
	Mailing Address 115 King Street	Date of Disbursement 01 / 31 / 2010
	City Alexandria State VA Zip Code 22314-3207	Amount of Each Disbursement this Period 270.39
	Purpose of Disbursement Mtg. exp. food & bev. Candidate Name	001 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]**  
Subitemization of Mastercard

**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 13 / 26

<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 PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Congressional Liquors	Transaction ID: SB21B-6678-10857-V
	Mailing Address 404 1st Street SE	Date of Disbursement 01 / 31 / 2010
	City Washington State DC Zip Code 20003-1826	Amount of Each Disbursement this Period 407.42
	Purpose of Disbursement Gen. fund. food & bev. Candidate Name	001 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]**  
Subitemization of Mastercard

B.	Full Name (Last, First, Middle Initial) Randy's Fish Market	Transaction ID: SB21B-11462-10862-V
	Mailing Address 10395 Tamiami Trail N	Date of Disbursement 01 / 31 / 2010
	City Naples State FL Zip Code 34108-1902	Amount of Each Disbursement this Period 305.35
	Purpose of Disbursement Gen. fund. travel, meals Candidate Name	002 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]**  
Subitemization of Mastercard

C.	Full Name (Last, First, Middle Initial) Guapos	Transaction ID: SB21B-10172-10865-V
	Mailing Address 4036 28th Street S	Date of Disbursement 01 / 31 / 2010
	City Arlington State VA Zip Code 22206-2202	Amount of Each Disbursement this Period 268.50
	Purpose of Disbursement Mtg. exp. food & bev. Candidate Name	001 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]**  
Subitemization of Mastercard

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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 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 PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Facebook Advertising	Transaction ID: SB21B-11148-10839-V
	Mailing Address 1601 S California Avenue	Date of Disbursement 01 / 31 / 2010
	City Palo Alto State CA Zip Code 94304-1111	Amount of Each Disbursement this Period 6326.56
	Purpose of Disbursement TFP website advertising Candidate Name	001 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]**  
Subitemization of Mastercard

B.	Full Name (Last, First, Middle Initial) Extra Virgin	Transaction ID: SB21B-10222-10842-V
	Mailing Address 4053 28th Street S	Date of Disbursement 01 / 31 / 2010
	City Arlington State VA Zip Code 22206-2201	Amount of Each Disbursement this Period 305.49
	Purpose of Disbursement Mtg. exp. food & bev. Candidate Name	001 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]**  
Subitemization of Mastercard

C.	Full Name (Last, First, Middle Initial) BLT Steak	Transaction ID: SB21B-10009-10843-V
	Mailing Address 1625 I Street, NW	Date of Disbursement 01 / 31 / 2010
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period 3046.88
	Purpose of Disbursement Gen. fund. food & bev. Candidate Name	003 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]**  
Subitemization of Mastercard

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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)

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

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) The Boat House	Transaction ID: SB21B-4340-10848-V
	Mailing Address 925 Riverside Drive	Date of Disbursement MM / DD / YYYY 01 / 31 / 2010
	City Cincinnati State OH Zip Code 45202-1684	Amount of Each Disbursement this Period 237.02
	Purpose of Disbursement Mtg. exp. food & bev. Candidate Name	001 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]**  
Subitemization of Mastercard

B.	Full Name (Last, First, Middle Initial) Mastercard	Transaction ID: SB21B-3605-21653-e
	Mailing Address PO Box 42070	Date of Disbursement MM / DD / YYYY 01 / 31 / 2010
	City Middletown State OH Zip Code 45042-0070	Amount of Each Disbursement this Period 20370.63
	Purpose of Disbursement Credit card (see memo entries) Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Detroit Athletic Club	Transaction ID: SB21B-11463-10863-V
	Mailing Address 241 Madison Street	Date of Disbursement MM / DD / YYYY 01 / 31 / 2010
	City Detroit State MI Zip Code 48226-2126	Amount of Each Disbursement this Period 670.16
	Purpose of Disbursement Gen. fund. food & bev. Candidate Name	003 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]**  
Subitemization of Mastercard

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	20370.63
<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)  
FREEDOM PROJECT; THE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Google Inc., Advertising Programs</p> <p>Mailing Address 1600 Amphitheatre Parkway</p> <p>City Mountain View State CA Zip Code 94043-1351</p> <p>Purpose of Disbursement TFP website advertising</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> SB21B-11085-10849-V</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <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="2107.32"/></p> <p><b>[MEMO ITEM]</b> Subitemization of Mastercard</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) 123 Together.com</p> <p>Mailing Address 111 S Bedford Street Suite 200</p> <p>City Burlington State MA Zip Code 01803-5145</p> <p>Purpose of Disbursement Internet</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> SB21B-10075-10850-V</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <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="390.36"/></p> <p><b>[MEMO ITEM]</b> Subitemization of Mastercard</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Szechuan House Fusion Grill</p> <p>Mailing Address 515 8th Street SE</p> <p>City Washington State DC Zip Code 20003-2835</p> <p>Purpose of Disbursement Mtg. exp. food &amp; bev.</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> SB21B-10221-10851-V</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <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="403.45"/></p> <p><b>[MEMO ITEM]</b> Subitemization of Mastercard</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></p>

# 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 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 PROJECT; THE

<b>A.</b> Full Name (Last, First, Middle Initial) Mastercard Mailing Address PO Box 42070 City Middletown State OH Zip Code 45042-0070 Purpose of Disbursement Finance charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-3605-10867-V Date of Disbursement 01 / 31 / 2010
	Category/Type: 001	Amount of Each Disbursement this Period 163.88

<b>B.</b> Full Name (Last, First, Middle Initial) Mastercard Mailing Address PO Box 42070 City Middletown State OH Zip Code 45042-0070 Purpose of Disbursement Advance pmt, see itemization on 3/20/10 filing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-3605-10872-V Date of Disbursement 01 / 31 / 2010
	Category/Type: 001	Amount of Each Disbursement this Period 2800.00

<b>C.</b> Full Name (Last, First, Middle Initial) MDC & Associates, Inc. Mailing Address 1701 Esquire Lane City Mclean State VA Zip Code 22101-4755 Purpose of Disbursement Bookkeeping & compliance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-9144-21668-e Date of Disbursement 01 / 22 / 2010
	Category/Type: 001	Amount of Each Disbursement this Period 2539.12

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2539.12
<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 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 PROJECT; THE

<b>A.</b> Full Name (Last, First, Middle Initial) National Republican Congressional Committee <hr/> Mailing Address 320 1st Street SE <hr/> City Washington State DC Zip Code 20003-1838 Purpose of Disbursement Gen. fund. travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-7991-21675-e Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 551.08
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) NJI New Media, LLC <hr/> Mailing Address 201 King Street <hr/> City Alexandria State VA Zip Code 22314-6600 Purpose of Disbursement Website maintenance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-11448-21673-e Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) NJI New Media, LLC <hr/> Mailing Address 201 King Street <hr/> City Alexandria State VA Zip Code 22314-6600 Purpose of Disbursement Website contribution processing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-11448-21674-e Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2301.08

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

<b>A.</b>	Full Name (Last, First, Middle Initial) Reflections Properties  Mailing Address 631 Pennsylvania Avenue SE  City Washington State DC Zip Code 20003-4303  Purpose of Disbursement Office rent and parking Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-11115-21678-e Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 1 0  Amount of Each Disbursement this Period 2235.00  Category/Type 001
<b>B.</b>	Full Name (Last, First, Middle Initial) Susan Gage Caterers  Mailing Address 7411 Livingston Road  City Oxon Hill State MD Zip Code 20745-1747  Purpose of Disbursement Gen. fund. food & bev. Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-11455-21684-e Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 0  Amount of Each Disbursement this Period 334.40  Category/Type 001
<b>C.</b>	Full Name (Last, First, Middle Initial) United States Treasury  Mailing Address PO Box 6796  City Chicago State IL Zip Code 60680-6796  Purpose of Disbursement Payroll taxes Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-7461-21685-e Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 1 0  Amount of Each Disbursement this Period 384.00  Category/Type 001

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

2953.40

**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 20 / 26

<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 PROJECT; THE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address PO Box 17577</p> <p>City Baltimore State MD Zip Code 21297-0513</p> <p>Purpose of Disbursement Telephone _____</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> SB21B-8324-21686-e</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>0</td><td>1</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> <table border="1"> <tr> <td style="text-align: center;">834.67</td> </tr> </table> <p>001 Category/ Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	1	0	834.67
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	2		2	0	1	0													
834.67																						
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Wiley Rein LLP</p> <p>Mailing Address 1776 K Street NW</p> <p>City Washington State DC Zip Code 20006-2304</p> <p>Purpose of Disbursement Legal services</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> SB21B-3634-21688-e</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>0</td><td>1</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> <table border="1"> <tr> <td style="text-align: center;">3143.05</td> </tr> </table> <p>001 Category/ Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	1	0	3143.05
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	2		2	0	1	0													
3143.05																						
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Whitaker Askew</p> <p>Mailing Address 3044 R Street NW</p> <p>City Washington State DC Zip Code 20007-2962</p> <p>Purpose of Disbursement Salary</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> SB21B-3802-21651-e</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>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">1372.28</td> </tr> </table> <p>001 Category/ Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	1	0	1372.28
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	5		2	0	1	0													
1372.28																						

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

<b>5350.00</b>
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**TOTAL** This Period (last page this line number only) ..... ▶

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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)

PAGE 21 / 26

<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 PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Whitaker Askew  Mailing Address 3044 R Street NW  City Washington State DC Zip Code 20007-2962  Purpose of Disbursement Salary Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-3802-21652-e Date of Disbursement 01 / 29 / 2010  Amount of Each Disbursement this Period 1372.28  001 Category/ Type
B.	Full Name (Last, First, Middle Initial) John Criscuolo  Mailing Address 1845 A Street SE  City Washington State DC Zip Code 20003-1706  Purpose of Disbursement Salary Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-10858-21662-e Date of Disbursement 01 / 15 / 2010  Amount of Each Disbursement this Period 191.06  001 Category/ Type
C.	Full Name (Last, First, Middle Initial) John Criscuolo  Mailing Address 1845 A Street SE  City Washington State DC Zip Code 20003-1706  Purpose of Disbursement Salary Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-10858-21663-e Date of Disbursement 01 / 15 / 2010  Amount of Each Disbursement this Period 190.73  001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1754.07
<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)

PAGE 22 / 26

<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 PROJECT; THE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Johnny DeStefano</p> <p>Mailing Address 1000 New Jersey Ave., SE #1011</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-10021-21665-e <b>Date of Disbursement</b> 01 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 597.38</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Johnny DeStefano</p> <p>Mailing Address 1000 New Jersey Ave., SE #1011</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-10021-21666-e <b>Date of Disbursement</b> 01 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 597.06</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Curtis Isakson</p> <p>Mailing Address 1201 N Garfield Street Apt. 618</p> <p>City Arlington State VA Zip Code 22201-6812</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-11116-21669-e <b>Date of Disbursement</b> 01 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 438.84</p> <p>001 Category/ Type</p>

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

1633.28

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Curtis Isakson</p> <p>Mailing Address 1201 N Garfield Street Apt. 618</p> <p>City Arlington State VA Zip Code 22201-6812</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-11116-21670-e <b>Date of Disbursement</b> 01 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 438.84</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kevin Mcgrann</p> <p>Mailing Address 150 N Carolina Avenue SE</p> <p>City Washington State DC Zip Code 20003-1841</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-4052-21671-e <b>Date of Disbursement</b> 01 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 824.80</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kevin Mcgrann</p> <p>Mailing Address 150 N Carolina Avenue SE</p> <p>City Washington State DC Zip Code 20003-1841</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-4052-21672-e <b>Date of Disbursement</b> 01 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 824.64</p> <p>001 Category/ Type</p>

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

2088.28

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

<b>A.</b> Full Name (Last, First, Middle Initial) Donald Seymour <hr/> Mailing Address 401 Holland Lane #609 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-10022-21682-e Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1253.39
<b>B.</b> Full Name (Last, First, Middle Initial) Donald Seymour <hr/> Mailing Address 401 Holland Lane #609 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-10022-21683-e Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1253.38

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

2506.77

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

47360.96

# 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 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 PROJECT; THE

A.	Full Name (Last, First, Middle Initial) David Vitter For US Senate	Transaction ID: SB23-11454-21681-e
	Mailing Address PO Box 8175	Date of Disbursement 01 / 12 / 2010
	City Metairie State LA Zip Code 70011-8175	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name David Vitter	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Georgians For Isakson	Transaction ID: SB23-11452-21680-e
	Mailing Address PO Box 250116	Date of Disbursement 01 / 12 / 2010
	City Atlanta State GA Zip Code 30325-1116	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name John Hardy Isakson	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Scott Brown For US Senate Committee	Transaction ID: SB23-11450-21679-e
	Mailing Address PO Box 395	Date of Disbursement 01 / 12 / 2010
	City Wrentham State MA Zip Code 02093-0395	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution, Special general Candidate Name Scott P Brown	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special

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

15000.00

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

15000.00

# 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)  
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) PreventCancer.org  Mailing Address 1600 Duke Street Suite 500  City Alexandria State VA Zip Code 22314-3421  Purpose of Disbursement Charitable contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29-11466-10870-V Date of Disbursement 01 / 31 / 2010  Amount of Each Disbursement this Period 100.00  [MEMO ITEM] Subitemization of Mastercard
B.	Full Name (Last, First, Middle Initial) Ministry of Caring, Inc.  Mailing Address 506 N Church Street  City Wilmington State DE Zip Code 19801-4812  Purpose of Disbursement Charitable contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29-11467-10873-V Date of Disbursement 01 / 31 / 2010  Amount of Each Disbursement this Period 50.00  [MEMO ITEM] Subitemization of Mastercard
C.	Full Name (Last, First, Middle Initial) Mastercard  Mailing Address PO Box 42070  City Middletown State OH Zip Code 45042-0070  Purpose of Disbursement Credit card (see memo entries) Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29-3605-21699-e Date of Disbursement 01 / 31 / 2010  Amount of Each Disbursement this Period 150.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	150.00