

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

ADDRESS (number and street) 228 S WASHINGTON ST STE 115  
 Check if different than previously reported. (ACC)  
ALEXANDRIA VA 22314

2. **FEC IDENTIFICATION NUMBER** C00413070  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 06 01 2008 through 06 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Lisa Lisker

Signature of Treasurer Electronically Filed by Lisa Lisker Date 07 18 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		18130.50
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	48196.01									
(c) Total Receipts (from Line 19) .....	106700.00	185210.48								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	154896.01	203340.98								
7. Total Disbursements (from Line 31) .....	31001.26	79446.23								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	123894.75	123894.75								
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) .....	643.54									

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

TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	98400.00	152900.00
(i) Itemized (use Schedule A) .....	1300.00	1675.00
(ii) Unitemized .....	99700.00	154575.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	7000.00	30635.48
(c) Other Political Committees (such as PACs) .....	106700.00	185210.48
(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	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)) .....	106700.00	185210.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	106700.00	185210.48

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<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.....	1001.26	18446.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1001.26	18446.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	30000.00	61000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	31001.26	79446.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31001.26	79446.23

**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) .....	106700.00	185210.48
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	106700.00	185210.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1001.26	18446.23
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1001.26	18446.23

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 38  
(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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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)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

**A.**

Full Name (Last, First, Middle Initial) Philip Adamson		Date of Receipt MM / DD / YYYY 06 / 11 / 2008
Mailing Address 5324 Rockport Way		<b>Transaction ID:</b> SA11AI.5678
City Edmond	State OK	Zip Code 73013
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Oklahoma Cardiovascular Assoc	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Stephen A. Andrade		Date of Receipt MM / DD / YYYY 06 / 11 / 2008
Mailing Address 14101 Parkway Commons		<b>Transaction ID:</b> SA11AI.5674
City Oklahoma City	State OK	Zip Code 73134
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) R. Eugene Arthur		Date of Receipt MM / DD / YYYY 06 / 11 / 2008
Mailing Address 809 Rock Hollow Road		<b>Transaction ID:</b> SA11AI.5658
City Edmond	State OK	Zip Code 73034
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<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: (check only one)	PAGE 7 / 38
	<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)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Zaheer U. Baber, MD		Date of Receipt
	Mailing Address 8121 National Avenue Suite 300		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 11 / 2008
	City	State	Zip Code
	Midwest City	OK	73110
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5686
Name of Employer Heart Consultants		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Devin L. Blaylock		Date of Receipt
	Mailing Address 4120 West Memorial Road #300		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 11 / 2008
	City	State	Zip Code
	Oklahoma City	OK	73120
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5748
Name of Employer Oklahoma Spine Hospital		Occupation CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) R. Mark Bodenhamer		Date of Receipt
	Mailing Address 1317 NW 156th Terrace		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 11 / 2008
	City	State	Zip Code
	Edmond	OK	73013
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5741
Name of Employer Oklahoma Cardiovascular Assoc		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 / 38
	<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)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert R. Bruce	Date of Receipt MM / DD / YYYY 06 / 11 / 2008
	Mailing Address 3202 East 65th Street	<b>Transaction ID:</b> SA11AI.5794
	City State Zip Code Tulsa OK 74136	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Urologic Specialits of OK Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan L. Chambers	Date of Receipt MM / DD / YYYY 06 / 11 / 2008
	Mailing Address 729 NW 38th Street	<b>Transaction ID:</b> SA11AI.5676
	City State Zip Code Oklahoma City OK 73118	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Susan Chambers, MD, PC Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Suresh Chandrasekaran	Date of Receipt MM / DD / YYYY 06 / 11 / 2008
	Mailing Address 3301 Crosstimber Drive	<b>Transaction ID:</b> SA11AI.5688
	City State Zip Code Edmond OK 73034	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Oklahoma Medical Speciali- sts Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2250.00
<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 / 38

(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)  
**TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)**

**A.** Full Name (Last, First, Middle Initial)  
Asim Chohan

Mailing Address 13816 Lost Creek Drive

City State Zip Code  
**Edmond OK 73013**

FEC ID number of contributing federal political committee. C

Name of Employer: Cardiology Consultants      Occupation: Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY  
06 / 11 / 2008

**Transaction ID:** SA11AI.5666

Amount of Each Receipt this Period 2000.00

**B.** Full Name (Last, First, Middle Initial)  
Jim Conway

Mailing Address 6205 North Santa Fe

City State Zip Code  
**Oklahoma City OK 73118**

FEC ID number of contributing federal political committee. C

Name of Employer: Self Employed      Occupation: Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
06 / 11 / 2008

**Transaction ID:** SA11AI.5706

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Jennifer Cook

Mailing Address 2609 South Owasso Avenue

City State Zip Code  
**Tulsa OK 74114**

FEC ID number of contributing federal political committee. C

Name of Employer: Information Requested      Occupation: Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
06 / 11 / 2008

**Transaction ID:** SA11AI.5792

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 3500.00

**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 / 38

(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)  
**TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)**

**A.** Full Name (Last, First, Middle Initial)  
Carolyn Ruth Corn, MD

Mailing Address 425 NW 40th

City State Zip Code  
**Oklahoma City OK 73118**

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

Name of Employer: Oklahoma Cardiovascular Assoc  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt: **06 / 11 / 2008**

**Transaction ID: SA11AI.5700**

Amount of Each Receipt this Period: **1000.00**

**B.** Full Name (Last, First, Middle Initial)  
Karl N. Detwiler, MD

Mailing Address 6767 AS Yale Avenue

City State Zip Code  
**Tulsa OK 74136**

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

Name of Employer: Self Employed  
Occupation: Physicians

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **06 / 11 / 2008**

**Transaction ID: SA11AI.5808**

Amount of Each Receipt this Period: **500.00**

**C.** Full Name (Last, First, Middle Initial)  
William Bentley Edmonds

Mailing Address 400 NW 16th Street

City State Zip Code  
**Oklahoma City OK 73103**

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

Name of Employer: McBride Clinic  
Occupation: Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt: **06 / 11 / 2008**

**Transaction ID: SA11AI.5639**

Amount of Each Receipt this Period: **1000.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **2500.00**

**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: (check only one)	PAGE 11 / 38
	<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)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Christopher D. Emerson		Date of Receipt
	Mailing Address 2303 West 113th Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 11 / 2008
	City	State	Zip Code
	Jenks	OK	74037
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.5766
Name of Employer Associated Anesthesiologists		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) mark S. Fixley, MD		Date of Receipt
	Mailing Address 6708 NW 111th Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 11 / 2008
	City	State	Zip Code
	Oklahoma City	OK	73162
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.5680
Name of Employer Oklahoma Cardiology Assoc		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles H. Funderburk		Date of Receipt
	Mailing Address 1713 Crossbow		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 11 / 2008
	City	State	Zip Code
	Edmond	OK	73034
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.5638
Name of Employer McBride Clinic		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 38  
(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)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

**A.**

Full Name (Last, First, Middle Initial)  
Robert A. German

Mailing Address 326 NW 19th Street

City State Zip Code  
Oklahoma City OK 73103

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

Name of Employer Occupation  
McBride Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.5641

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mohammad K.J. Ghani

Mailing Address 14209 Rouen Court

City State Zip Code  
Oklahoma City OK 73142

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

Name of Employer Occupation  
Oklahoma Cardiovascular Assoc Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.5733

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Edward M. Gray

Mailing Address 3232 Heritage Green Circle

City State Zip Code  
Edmond OK 73003

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

Name of Employer Occupation  
HPI, LLC CEO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.5717

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 38  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

**A.** Full Name (Last, First, Middle Initial)  
Pamela Craven Hamilton

Mailing Address 3125 Via Esperanza

City State Zip Code  
Edmond OK 73013

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

Name of Employer  
Oklahoma Cardiovascular Assoc

Occupation  
Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	0	8

**Transaction ID:** SA11AI.5684

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
David L. Harper, MD

Mailing Address 2222 East 25th Place

City State Zip Code  
Tulsa OK 74114

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

Name of Employer  
Urological Associates of OK

Occupation  
Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	0	8

**Transaction ID:** SA11AI.5788

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Diane M. Harvey

Mailing Address 13401 High Sierra Boulevard

City State Zip Code  
Edmond OK 73013

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

Name of Employer  
Oklahoma Cardiovascular Assoc

Occupation  
Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	0	8

**Transaction ID:** SA11AI.5692

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 38

(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)

TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

**A.**

Full Name (Last, First, Middle Initial)

John R. Harvey

Mailing Address 6805 Avondale Drive

City State Zip Code  
Oklahoma City OK 73116

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

Name of Employer Occupation  
Oklahoma Cardiovascular Physician  
Assoc

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.5698

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Hauser

Mailing Address 1720 Kingsbury Lane

City State Zip Code  
Oklahoma City OK 73116

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.5670

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Bryan J. Hawkins

Mailing Address 2722 east 26th Place

City State Zip Code  
Tulsa OK 74114

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

Name of Employer Occupation  
Central State Orthopaedics Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.5784

Amount of Each Receipt this Period

500.00

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

2000.00

**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: (check only one)	PAGE 15 / 38
	<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)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) William A. Herndon		Date of Receipt MM / DD / YYYY 06 / 11 / 2008		
	Mailing Address 2109 Worthington Lane		Transaction ID: SA11AI.5710		
	City Edmond	State OK	Zip Code 73013	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) David R. Hicks		Date of Receipt MM / DD / YYYY 06 / 11 / 2008		
	Mailing Address 2910 East 44th Place		Transaction ID: SA11AI.5780		
	City Tulsa	State OK	Zip Code 74105	Amount of Each Receipt this Period 2000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CSOS, Inc.		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Lisa Dianne Holbrook		Date of Receipt MM / DD / YYYY 06 / 11 / 2008		
	Mailing Address 4200 Heavenfield Court		Transaction ID: SA11AI.5708		
	City Edmond	State OK	Zip Code 73034	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer HPI, LLC		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<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 16 / 38  
(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)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

**A.** Full Name (Last, First, Middle Initial)  
Ronald R. Hope

Mailing Address 12500 North Eastern Avenue

City State Zip Code  
Oklahoma City OK 73131

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

Name of Employer: Oklahoma Cardiovascular Assoc  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 06 / 11 / 2008  
Transaction ID: SA11AI.5702  
Amount of Each Receipt this Period: 1500.00

**B.** Full Name (Last, First, Middle Initial)  
Thomas C. Howard, III

Mailing Address 3705 South Harris Road

City State Zip Code  
Edmond OK 73013

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

Name of Employer: McBride Clinic  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 11 / 2008  
Transaction ID: SA11AI.5643  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Debbie Hugg

Mailing Address 13200 North Council Road

City State Zip Code  
Oklahoma City OK 73142

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

Name of Employer: Self Employed  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 11 / 2008  
Transaction ID: SA11AI.5723  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**

**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 17 / 38  
(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)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

**A.**

Full Name (Last, First, Middle Initial)  
Robert F. Hynd

Mailing Address 13101 Waterrock Lane

City State Zip Code  
Arcadia OK 73007

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

Name of Employer Occupation  
McBride Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2008

**Transaction ID:** SA11AI.5660

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Ronald E. Jackson, MD

Mailing Address 6465 South Yale Avenue Suite 900

City State Zip Code  
Tulsa OK 74136

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

Name of Employer Occupation  
CM Trailers Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2008

**Transaction ID:** SA11AI.5772

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Thomas P. Janssen, MD

Mailing Address 6915 NW 67th Court

City State Zip Code  
Oklahoma City OK 73132

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

Name of Employer Occupation  
McBride Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2008

**Transaction ID:** SA11AI.5645

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 38  
(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)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

**A.** Full Name (Last, First, Middle Initial)  
Craig S. Johnson

Mailing Address 11416 South Granite Avenue

City State Zip Code  
Tulsa OK 74137

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

Name of Employer Self Employed Occupation  
Self Employed Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 11 / 2008  
Transaction ID: SA11AI.5774  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
J. Calvin Johnson

Mailing Address 205 NW 623rd Suite 300

City State Zip Code  
Oklahoma City OK 73116

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

Name of Employer Self Employed Occupation  
Self Employed Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 11 / 2008  
Transaction ID: SA11AI.5714  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Paul Kammerlocher

Mailing Address 3101 Batler Drive

City State Zip Code  
Tuttle OK 73089

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

Name of Employer McBride Clinic Occupation  
McBride Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 11 / 2008  
Transaction ID: SA11AI.5647  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

**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 19 / 38  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

**A.** Full Name (Last, First, Middle Initial)  
Teresa Folger Kastens  
 Mailing Address 808 NW 40th Street  
 City Oklahoma City State OK Zip Code 73118  
 Date of Receipt 06 / 11 / 2008  
**Transaction ID:** SA11AI.5731  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OKC GYN & OB Inc. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 500.00

**B.** Full Name (Last, First, Middle Initial)  
Steve Katsis, MD  
 Mailing Address 9846 East 85th Street  
 City Tulsa State OK Zip Code 74133  
 Date of Receipt 06 / 11 / 2008  
**Transaction ID:** SA11AI.5802  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Surgical Associates Inc. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Gail D. Kerns  
 Mailing Address 4100 Cattle Circle  
 City Oklahoma City State OK Zip Code 73120  
 Date of Receipt 06 / 11 / 2008  
**Transaction ID:** SA11AI.5696  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 38  
(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)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

**A.**

Full Name (Last, First, Middle Initial)  
Nick Knutson, MD

Mailing Address 8100 South Walker Street  
Suite 230

City State Zip Code  
Oklahoma City OK 73139

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

Name of Employer Self Employed Occupation  
Self Employed Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2008

Transaction ID: SA11AI.5754

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Steven G. Kraemer

Mailing Address 9 Crows Nest Road

City State Zip Code  
Bronxville NY 10708

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

Name of Employer Self Employed Occupation  
Self Employed Trader

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2008

Transaction ID: SA11AI.5815

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Ronald S. Labutti, DO

Mailing Address 1203 East 19th Street

City State Zip Code  
Tulsa OK 74120

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

Name of Employer Self Employed Occupation  
Self Employed Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2008

Transaction ID: SA11AI.5810

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**

**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 21 / 38  
(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)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

**A.**

Full Name (Last, First, Middle Initial)  
Scott E. Litwiller

Mailing Address 5005 East 106th Street

City State Zip Code  
Tulsa OK 74137

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

Name of Employer Urologic Specialists of OK  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2008

Transaction ID: SA11AI.5782

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Jami M. Longacre

Mailing Address P.O. Box 460

City State Zip Code  
Kellyville OK 74039

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

Name of Employer Self Employed  
Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2008

Transaction ID: SA11AI.5806

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Warren G. Low

Mailing Address 508 North Cimarron Road

City State Zip Code  
Yukon OK 73099

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

Name of Employer McBride Clinic  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2008

Transaction ID: SA11AI.5649

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

**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: (check only one)	PAGE 22 / 38
	<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)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Larua L. Mackie		Date of Receipt
	Mailing Address 501 NW 39th Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 11 / 2008
	City	State	Zip Code
	Oklahoma City	OK	73118
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5735
Name of Employer OKC GYN & OB		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas F. McGarry, Jr. MD		Date of Receipt
	Mailing Address 820 Fox Lake Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 11 / 2008
	City	State	Zip Code
	Edmond	OK	73034
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5721
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Stacy D. McGinnis		Date of Receipt
	Mailing Address 609 NW 149th Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 11 / 2008
	City	State	Zip Code
	Edmond	OK	73013
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5651
Name of Employer Homemaker		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 38  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

**A.**

Full Name (Last, First, Middle Initial)  
Memorial Property Holdings, LLC

Mailing Address 4120 West Memorial Road  
Suite 300

City State Zip Code  
Oklahoma City OK 73120

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 Y  
0 6 / 1 1 / 2 0 0 8

**Transaction ID:** SA11AI.5725

Amount of Each Receipt this Period  
5000.00

Partner Attribution Requested

**B.**

Full Name (Last, First, Middle Initial)  
J. Steve Miller, MD

Mailing Address 10901 East 48th Street

City State Zip Code  
Tulsa OK 74146

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

Name of Employer Occupation  
Self Employed Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

**Transaction ID:** SA11AI.5796

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Barry L. Northcutt, MD

Mailing Address 1905 Mission Hills Circle

City State Zip Code  
Edmond OK 73003

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

Name of Employer Occupation  
Barry L. Northcutt, MD, PC Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

**Transaction ID:** SA11AI.5719

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6500.00**

**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 24 / 38  
(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)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

**A.**

Full Name (Last, First, Middle Initial)  
Olympia Medical Development

Mailing Address 6901 South Olympia Avenue

City State Zip Code  
Tulsa OK 74132

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2008

**Transaction ID:** SA11AI.5762

Amount of Each Receipt this Period  
2300.00

No Partners Require Itemization

**B.**

Full Name (Last, First, Middle Initial)  
OSH Holdings, LLC

Mailing Address 236 NW 62nd Street

City State Zip Code  
Oklahoma City OK 73118

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  
MM / DD / YYYY  
06 / 11 / 2008

**Transaction ID:** SA11AI.5745

Amount of Each Receipt this Period  
5000.00

No Partners Require Itemization

**C.**

Full Name (Last, First, Middle Initial)  
Mark S. Pascale

Mailing Address 429 NW 16th Street

City State Zip Code  
Oklahoma City OK 73103

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

Name of Employer Occupation  
McBride Clinic Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2008

**Transaction ID:** SA11AI.5653

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8300.00**

**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 25 / 38  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

**A.** Full Name (Last, First, Middle Initial)  
Rod L. Plaster, MD  
 Mailing Address 4306 East 118th Street, South  
 City State Zip Code  
Tulsa OK 74137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 8  
**Transaction ID:** SA11AI.5800  
 Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Robert L. Remondino  
 Mailing Address 14801 Dalea Drive  
 City State Zip Code  
Oklahoma City OK 73142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Neuroscience Specialists Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 8  
**Transaction ID:** SA11AI.5750  
 Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas Rice  
 Mailing Address 3019 NW 160th Street  
 City State Zip Code  
Edmond OK 73013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Community Hospital Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 8  
**Transaction ID:** SA11AI.5712  
 Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00  
**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 26 / 38  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

**A.**

Full Name (Last, First, Middle Initial)  
Carl J. Rubenstein, MD

Mailing Address 2627 West Wilshire Boulevard

City State Zip Code  
Oklahoma City OK 73116

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

Name of Employer  
Oklahoma Cardiovascular Assoc

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2008

**Transaction ID:** SA11AI.5690

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael A. Scherlag, MD

Mailing Address 14717 Dalea Drive

City State Zip Code  
Oklahoma City OK 73142

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

Name of Employer  
Oklahoma Cardiovascular Assoc

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2008

**Transaction ID:** SA11AI.5739

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Gary Don Schick

Mailing Address 1417 Little Horn Road

City State Zip Code  
Edmond OK 73034

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

Name of Employer  
McBride Clinic

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2008

**Transaction ID:** SA11AI.5662

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

**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 27 / 38  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

**A.** Full Name (Last, First, Middle Initial)  
Branislav Schifferdecker

Mailing Address 3105 Brush Creek Road

City State Zip Code  
Oklahoma City OK 73120

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

Name of Employer  
Oklahoma Cardiovascular Assoc

Occupation  
Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	0	8

**Transaction ID:** SA11AI.5682

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Lee E. Schoeffler, MD

Mailing Address P.O. Box 915

City State Zip Code  
Broken Arrow OK 74013

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

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	0	8

**Transaction ID:** SA11AI.5812

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Lisa Schoeffler

Mailing Address 12016 Old Mill Road

City State Zip Code  
Oklahoma City OK 73131

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

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	0	8

**Transaction ID:** SA11AI.5694

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

**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 28 / 38  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

**A.** Full Name (Last, First, Middle Initial)  
Shadow, LLC

Mailing Address 6901 South Olympia Avenue

City State Zip Code  
Tulsa OK 74132

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

**Transaction ID:** SA11AI.5760

Amount of Each Receipt this Period  
2300.00

No Partners Require Itemization

**B.** Full Name (Last, First, Middle Initial)  
C. Robert Steves, MD

Mailing Address 3100 Cumberland Drive

City State Zip Code  
Edmonds OK 73034

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

Name of Employer Occupation  
Self Employed Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

**Transaction ID:** SA11AI.5704

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Surgical Hospital of Oklahoma, LLC

Mailing Address 100 SE 59th Street

City State Zip Code  
Oklahoma City OK 73129

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 Y  
0 6 / 1 1 / 2 0 0 8

**Transaction ID:** SA11AI.5756

Amount of Each Receipt this Period  
5000.00

Partner Attribution Requested

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8300.00**

**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: (check only one)	PAGE 29 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Naeem Tahirkheli, MD		Date of Receipt
	Mailing Address 11101 Old River Trail		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Edmond	OK	73013
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.5818
Name of Employer Oklahoma Cardiovascular Associ		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert E. Tibbs		Date of Receipt
	Mailing Address 3201 NW 206th		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Edmond	OK	73003
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.5752
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Tulsa Spine & Specialty Hospital		Date of Receipt
	Mailing Address 6901 South Olympia Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Tulsa	OK	74132
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.5758
Name of Employer		Occupation	No Partners Require Itemization
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 8300.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 30 / 38</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)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Nicholas Twindale</p> <p>Mailing Address 1701 West Avenue A</p> <p>City State Zip Code Elk City OK 73644</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self Employed      Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 11 / 2008</span></p> <p><b>Transaction ID:</b> SA11AI.5668</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Louise Valuck</p> <p>Mailing Address 15300 Fairview Farm Road</p> <p>City State Zip Code Edmond OK 73013</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Homemaker      Occupation Homemaker</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 11 / 2008</span></p> <p><b>Transaction ID:</b> SA11AI.5672</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
--	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) Benjamin T. White</p> <p>Mailing Address 700 NW 15th Street</p> <p>City State Zip Code Oklahoma City OK 73103</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Science Specialists      Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 11 / 2008</span></p> <p><b>Transaction ID:</b> SA11AI.5737</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**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 31 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Ronald H. White	Date of Receipt MM / DD / YYYY 06 / 11 / 2008
	Mailing Address 1508 West Wilshire Boulevard	<b>Transaction ID:</b> SA11AI.5727
	City State Zip Code Nichols Hill OK 73116	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer OK Cardiovascular Associates Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert J. Wienecke	Date of Receipt MM / DD / YYYY 06 / 11 / 2008
	Mailing Address 1821 Devonshire Street	<b>Transaction ID:</b> SA11AI.5743
	City State Zip Code Oklahoma City OK 73116	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Oklahoma Cardiovascular Assoc Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Juanita Grant Willis	Date of Receipt MM / DD / YYYY 06 / 11 / 2008
	Mailing Address 628 NW 16th Street	<b>Transaction ID:</b> SA11AI.5664
	City State Zip Code Oklahoma City OK 73103	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<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 32 / 38  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

**A.** Full Name (Last, First, Middle Initial)  
Kent Woolard

Mailing Address 8919 South Gary Avenue

City State Zip Code  
Tulsa OK 74137

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

Name of Employer Self Employed      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

**Transaction ID:** SA11AI.5804

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Carlan Yates

Mailing Address 6301 North Oak Heritage Trail

City State Zip Code  
Edmond OK 73025

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

Name of Employer McBride Clinic      Occupation Orthopaedic Surgeon

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

**Transaction ID:** SA11AI.5656

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**TOTAL** This Period (last page this line number only) ..... ► **98400.00**

**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 33 / 38</span>
	(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)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) FEDERAL EXPRESS POLITICAL ACTION COMMITTEE		Date of Receipt
	Mailing Address 942 South Shady Grove Road		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Memphis	TN	38120
	FEC ID number of contributing federal political committee.		<input type="text" value="C00068692"/>
Name of Employer		Occupation	Transaction ID: SA11C.5816
Receipt For:		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="2000.00"/>	
		Aggregate Year-to-Date ▼	
		<input type="text" value="2000.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) ORTHOPEDIC HOSPITAL OF OKLAHOMA, LLC FEDERAL PAC		Date of Receipt
	Mailing Address 2408 East 81st Street		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Tulsa	OK	74137
	FEC ID number of contributing federal political committee.		<input type="text" value="C00393975"/>
Name of Employer		Occupation	Transaction ID: SA11C.5770
Receipt For:		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="5000.00"/>	
		Aggregate Year-to-Date ▼	
		<input type="text" value="5000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="7000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="7000.00"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 38

<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)

TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Senator Thomas Coburn <hr/> Mailing Address 5408 Rolling Oaks Dr. <hr/> City Muskogee State OK Zip Code 74401 <hr/> Purpose of Disbursement PAC Airfare 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) ▼	<b>Transaction ID:</b> SB21B.5843 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 8
	Amount of Each Disbursement this Period 736.00
<b>B.</b> Full Name (Last, First, Middle Initial) Janie Kim <hr/> Mailing Address 721 Rolling Fiedls Way <hr/> City Rockville State MD Zip Code 20850 <hr/> Purpose of Disbursement PAC Mileage 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) ▼	<b>Transaction ID:</b> SB21B.5841 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 8
	Amount of Each Disbursement this Period 195.60

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

931.60

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

931.60

**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)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

A.	Full Name (Last, First, Middle Initial) ANDY HARRIS FOR CONGRESS	Transaction ID: SB23.5837 Date of Disbursement
	Mailing Address PO BOX 1527	<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City ANNAPOLIS State MD Zip Code 21404	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name ANDREW P HARRIS	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ANDY HARRIS FOR CONGRESS	Transaction ID: SB23.5820 Date of Disbursement
	Mailing Address PO BOX 1527	<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City ANNAPOLIS State MD Zip Code 21404	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution - Primary Debt	<input type="text" value="5000.00"/>
	Candidate Name ANDREW P HARRIS	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CHRIS HACKETT FOR CONGRESS	Transaction ID: SB23.5838 Date of Disbursement
	Mailing Address 23 Dallas Shopping Center	<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City Dallas State PA Zip Code 18612	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name PAUL LEWIS III HACKETT	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input 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)

<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)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JIM INHOFE COMMITTEE	Transaction ID: SB23.5825 Date of Disbursement
	Mailing Address PO BOX 13300	<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City OKLAHOMA CITY State OK Zip Code 73113	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="5000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) LEE ZELDIN FOR CONGRESS	Transaction ID: SB23.5828 Date of Disbursement
	Mailing Address PO BOX 133	<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City SHIRLEY State NY Zip Code 11967	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name LEE M ZELDIN	<input type="text" value="5000.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	<input type="text" value="011"/> Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) PAUL BROUN COMMITTEE	Transaction ID: SB23.5847 Date of Disbursement
	Mailing Address PO Box 7165	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Athens State GA Zip Code 30604	Amount of Each Disbursement this Period
	Purpose of Disbursement Void check issued 5/14/08 Candidate Name PAUL COLLINS BROUN	<input type="text" value="-5000.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	<input type="text" value="011"/> Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 38

<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)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) PEARCE FOR SENATE <hr/> Mailing Address PO BOX 2696 <hr/> City HOBBS State NM Zip Code 88241 <hr/> Purpose of Disbursement Contribution - Primary Debt Candidate Name STEVAN E PEARCE <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 00 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5834 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00 Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) PEARCE FOR SENATE <hr/> Mailing Address PO BOX 2696 <hr/> City HOBBS State NM Zip Code 88241 <hr/> Purpose of Disbursement Contribution Candidate Name STEVAN E PEARCE <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 00 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5836 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00 Category/Type 011

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

10000.00

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

30000.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 38 / 38	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Huckaby Davis Lisker Inc.			Nature of Debt (Purpose): Accounting/Compliance Ser- vices
Mailing Address 228 S. Washington St., Ste. 115			
City Alexandria	State VA	ZIP Code 22314	

Outstanding Balance Beginning This Period		Transaction ID: SD10.5848	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
643.54	0.00	643.54	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	643.54
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	643.54
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	643.54