

**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

TO ORGANIZE A MAJORITY PAC (TOMPAC)

ADDRESS (number and street)

PO BOX 752

☐Check if different  
than previously  
reported. (ACC)

DES MOINES

IA

50303

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00385732

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

04

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

Theresa Kehoe

Signature of Treasurer

Electronically Filed by Theresa Kehoe

Date

07

10

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  
TO ORGANIZE A MAJORITY PAC (TOMPAC)

Report Covering the Period: From: 

M	M
0	4

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		34882.94
(b) Cash on Hand at Beginning of Reporting Period .....	35997.40	
(c) Total Receipts (from Line 19) .....	29050.00	70139.22
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	65047.40	105022.16
7. Total Disbursements (from Line 31) .....	43348.26	83323.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	21699.14	21699.14
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

TO ORGANIZE A MAJORITY PAC (TOMPAC)

Report Covering the Period:

From:

M M  
0 4D D  
0 1Y Y Y Y  
2 0 0 8

To:

M M  
0 6D D  
3 0Y 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	13500.00	37500.00
(i) Itemized (use Schedule A) .....	50.00	139.22
(ii) Unitemized .....	13550.00	37639.22
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	15500.00	32500.00
(c) Other Political Committees (such as PACs) .....	29050.00	70139.22
(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)) .....	29050.00	70139.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	29050.00	70139.22

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	9848.26	39823.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	9848.26	39823.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33500.00	43500.00
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))..	43348.26	83323.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43348.26	83323.02

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	29050.00	70139.22
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29050.00	70139.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9848.26	39823.02
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	9848.26	39823.02

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

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

FOR LINE NUMBER: PAGE 6 / 18

(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)  
 TO ORGANIZE A MAJORITY PAC (TOMPAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael Johnson

Mailing Address 24840 Pacific Coast Hwy

City State Zip Code  
 Malibu CA 90265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Herbalife

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.12237

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Domenic Ruscio

Mailing Address 6100 Westchester Drive #1012

City State Zip Code  
 College Park MD 20740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CRD Associates

Occupation  
partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.12236

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Sac & Fox Tribe

Mailing Address 349 Meskwaki Rd  
 349 Meskwaki Road

City State Zip Code  
 Tama IA 52339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Native Am Tribe

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 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.12241

Amount of Each Receipt this Period

5000.00

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

10000.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 18

(check only one)

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

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NAME OF COMMITTEE (In Full)  
 TO ORGANIZE A MAJORITY PAC (TOMPAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael Tutura

Mailing Address 7611 State Line Rd Ste 250

City

Kansas City

State

MO

Zip Code

64114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
real estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.12240

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Urban

Mailing Address 5320 Grand Ave

City

Des Moines

State

IA

Zip Code

50312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.12235

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) .....

13500.00

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

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

FOR LINE NUMBER: PAGE 8 / 18

(check only one)

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

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NAME OF COMMITTEE (In Full)  
 TO ORGANIZE A MAJORITY PAC (TOMPAC)

**A.**

Full Name (Last, First, Middle Initial)  
 AMERICAN DIETETIC ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1120 Connecticut Ave. NW Suite 48

City State Zip Code  
 Washington DC 20036

FEC ID number of contributing  
federal political committee. **C** C00143560

Name of Employer Occupation

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

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 9 / 2 0 0 8

Transaction ID: SA11C.12245

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
 BNSF RAILPAC

Mailing Address PO Box 961039

City State Zip Code  
 Fort Worth TX 76161

FEC ID number of contributing  
federal political committee. **C** C00235739

Name of Employer Occupation

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

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11C.12249

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)  
 INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

Mailing Address 1750 NEW YORK NW

City State Zip Code  
 WASHINGTON DC 20006

FEC ID number of contributing  
federal political committee. **C** C70003108

Name of Employer Occupation

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

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 9 / 2 0 0 8

Transaction ID: SA11C.12247

Amount of Each Receipt this Period

5000.00

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

10500.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 18

(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)  
TO ORGANIZE A MAJORITY PAC (TOMPAC)**A.**

Full Name (Last, First, Middle Initial)

Realtors PAC

Mailing Address 430 N Michigan Ave

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.**C** C00030718

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11C.12243

Amount of Each Receipt this Period

5000.00

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

5000.00

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

15500.00

# **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 10 / 18

<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)  
TO ORGANIZE A MAJORITY PAC (TOMPAC)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bankers Trust</p> <p>Mailing Address 7th &amp; Grand</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement Bank charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.12206</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 5 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>50.97</div> </div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Bankers Trust</p> <p>Mailing Address 7th &amp; Grand</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement Bank charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.12210</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 0 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>46.29</div> </div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bankers Trust</p> <p>Mailing Address 7th &amp; Grand</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement Bank charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.12213</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 7 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>41.09</div> </div> </p>

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

**138.35**

**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 11 / 18

<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)  
TO ORGANIZE A MAJORITY PAC (TOMPAC)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Catering by Avalon</p> <p>Mailing Address 109 Clermont Ave</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement site expenses for TOMPAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.12203</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) DiNino Associates LLC</p> <p>Mailing Address 210 Whitestone Road</p> <p>City Silver Spring State MD Zip Code 20901</p> <p>Purpose of Disbursement fundraising retainer for TOMPAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.12208</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4000.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) DiNino Associates LLC</p> <p>Mailing Address 210 Whitestone Road</p> <p>City Silver Spring State MD Zip Code 20901</p> <p>Purpose of Disbursement fundraising retainer for TOMPAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.12211</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4000.00"/></p>

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

**8250.00**

**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 12 / 18

<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)  
TO ORGANIZE A MAJORITY PAC (TOMPAC)

**A.** Full Name (Last, First, Middle Initial)  
First National Merchant Solutions

Mailing Address PO Box 3190

City Omaha State NE Zip Code 68103

Purpose of Disbursement  
credit card processing exp

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.12205

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12.45

**B.** Full Name (Last, First, Middle Initial)  
First National Merchant Solutions

Mailing Address PO Box 3190

City Omaha State NE Zip Code 68103

Purpose of Disbursement  
credit card processing exp

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.12209

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12.45

**C.** Full Name (Last, First, Middle Initial)  
First National Merchant Solutions

Mailing Address PO Box 3190

City Omaha State NE Zip Code 68103

Purpose of Disbursement  
credit card processing exp

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.12212

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12.45

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

37.35

**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 / 18

<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)  
TO ORGANIZE A MAJORITY PAC (TOMPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jeremy Gold

Mailing Address 1930 18th St #2

City  
Washington

State  
DC

Zip Code  
20009

Purpose of Disbursement  
site, travel exp for TOMPAC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.12207

Date of Disbursement

/   /

Amount of Each Disbursement this Period

881.56

**B.**

Full Name (Last, First, Middle Initial)

Weinman Insurance

Mailing Address 311 E 2nd Ave

City  
Indianola

State  
IA

Zip Code  
50125

Purpose of Disbursement  
insurance for TOMPAC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.12214

Date of Disbursement

/   /

Amount of Each Disbursement this Period

491.00

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

1372.56

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

9798.26

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

PAGE 14 / 18

<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)  
TO ORGANIZE A MAJORITY PAC (TOMPAC)**A.** Full Name (Last, First, Middle Initial)  
BECKY GREENWALD FOR CONGRESS

Mailing Address PO BOX 608

City PERRY State IA Zip Code 50220

Purpose of Disbursement  
ContributionCandidate Name  
REBECCA GREENWALDCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2500  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District: 04

Transaction ID: SB23.12262

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	0	8

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
BIDEN FOR PRESIDENT, INC.

Mailing Address PO Box 438

City Wilmington State DE Zip Code 19899

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☒ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District: 00

Transaction ID: SB23.12265

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	0	8

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
BRALEY FOR CONGRESS

Mailing Address PO Box 390

City Waterloo State IA Zip Code 50704

Purpose of Disbursement  
ContributionCandidate Name  
BRUCE L. BRALEYCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District: 01

Transaction ID: SB23.12267

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	0	8

Amount of Each Disbursement this Period

2500.00

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

7500.00

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 15 / 18

<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)  
TO ORGANIZE A MAJORITY PAC (TOMPAC)

**A.** Full Name (Last, First, Middle Initial)  
CHRIS DODD FOR PRESIDENT INC

Mailing Address PO BOX 270701

City WEST HARTFORD State CT Zip Code 06127

Purpose of Disbursement  
Contribution

Candidate Name  
CHRISTOPHER J DODD

Category/  
Type

Office Sought: ☐ House ☐ Senate ☒ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District: 00

Transaction ID: SB23.12268

Date of Disbursement

06 / 23 / 2008

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
HAGAN SENATE COMMITTEE INC

Mailing Address PO BOX 29103

City GREENSBORO State NC Zip Code 27429

Purpose of Disbursement  
Contribution

Candidate Name  
KAY R HAGAN

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 00

Transaction ID: SB23.12271

Date of Disbursement

06 / 23 / 2008

Amount of Each Disbursement this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
HUBLER FOR CONGRESS

Mailing Address PO BOX 2041  
COUNCIL BLUFFS

City COUNCIL BLUFFS State IA Zip Code 51502

Purpose of Disbursement  
Contribution

Candidate Name  
ROB LEWIS HUBLER

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District: 05

Transaction ID: SB23.12275

Date of Disbursement

06 / 23 / 2008

Amount of Each Disbursement this Period

2500.00

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

7000.00

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

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

PAGE 16 / 18

<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)  
TO ORGANIZE A MAJORITY PAC (TOMPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) IOWA DEMOCRATIC PARTY	<b>Transaction ID:</b> SB23.12260																				
Mailing Address 5661 Fleur Drive	Date of Disbursement																				
City Des Moines State IA Zip Code 50321	<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>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	4		2	0	0	8												
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period																				
Candidate Name	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) JEANNE SHAHEEN FOR SENATE	<b>Transaction ID:</b> SB23.12278																				
Mailing Address PO BOX 1510	Date of Disbursement																				
City MANCHESTER State NH Zip Code 03105	<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>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	0	8												
Purpose of Disbursement contribution	Amount of Each Disbursement this Period																				
Candidate Name JEANNE SHAHEEN	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: NH District: 00	Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) LOEBSACK FOR CONGRESS	<b>Transaction ID:</b> SB23.12281																				
Mailing Address PO Box 1457	Date of Disbursement																				
City Iowa City State IA Zip Code 52244	<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>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	0	8												
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period																				
Candidate Name DAVID WAYNE LOEBSACK	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: IA District: 02	Category/ Type																				

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

9500.00

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



	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

## TO ORGANIZE A MAJORITY PAC (TOMPAC)

FEC Schedule B ( Form 3X) (Revised 02/2003)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 18

<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)  
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A.

Full Name (Last, First, Middle Initial)

UDALL FOR US ALL

Mailing Address 3311 CANDELARIA NE SUITE A

City ALBUQUERQUE State NM Zip Code 87107

Purpose of Disbursement  
Contribution

Candidate Name  
TOM UDALL

Office Sought: ☐ House  
☒ Senate  
☐ President

State: NM District: 00

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB23.12291

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	0	8

Amount of Each Disbursement this Period

2500.00

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

2500.00

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

33500.00