1. NAME OF COMMITTEE (in full)       USE FEC MALING LABEL OVEr the lines       Example if typing, type over the lines         The Freehmen 50       PO Box 15023         ADDRESS (number and street)       PO Box 15023         Chock if different than provously than pr	FEC FORM 3X	AN	ND DISI	BURSE	CEIPTS MENTS zed Commit	tee		Office Use Only	
ADDRESS (number and street)       PO Box 15023         Check if different than previously       Tucson         image: constraint (ACC)       Tucson         2. FEC IDENTIFICATION NUMBER       CITY ▲       STATE ▲       ZIPCODE ▲         Code2352       3. IS THIS       NEW OR       AMENDED         (a) Code2352       (b) Monthly       Feb 20 (M2)       May 20 (M5)       Aug 20 (M8)       Nov 20 (M11)         (c) Code2352       (b) Monthly       Feb 20 (M2)       May 20 (M5)       Aug 20 (M8)       Nov 20 (M11)         (a) Quarterly Report(2)       May 20 (M3)       Jun 20 (M6)       Sep 20 (M8)       Due O(12)         (a) Quarterly Report(2)       May 15       Quarterly Report(2)       Primary (12P)       General (12G)       Runoff (12R)         (b) U = On:       Mar 20 (M3)       Jul 20 (M7)       Oct 20 (M10)       Jan 31 (YE)         (c) U = On:       Mar 20 (M3)       Jul 20 (M7)       Oct 20 (M10)       Jan 31 (YE)         (c) U = On:       Mar 20 (M3)       Jul 20 (M7)       Oct 20 (M10)       Jan 31 (YE)         (d) U = On:       Election on       In the State of       In the State of       In the State of         (d) 30-Day       Election on       In the State of       In the State of       In the State of <td>-</td> <td></td> <td></td> <td></td> <td></td> <td>g, type</td> <td></td> <td></td> <td></td>	-					g, type			
ADDRESS (number and street)	The Freshmen 50								<b>_</b>
ADDRESS (number and street)									
than previously reported. (ACC)       Tueson       AZ       65708         2. FEC IDENTIFICATION NUMBER       CITY A       STATE A       ZIPCODE A         C00462952       3. IS THIS       NEW OR       X       AMENDED         (A. TYPE OF REPORT (Choose One)       (h) Monthly Reports:       New OR       X       AMENDED         (a) Quarterly Reports:       (h) Monthly Report(O1)       Jul 20 (M3)       Jul 20 (M6)       Sep 20 (M9)       Dee 20 (M1)         July 15       Outrefry Report(O2)       Outrefry Report(O2)       Outrefry Report(O2)       Primary (12P)       General (12G)       Runoff (12R)         July 31 Midy Year Report(O2)       July 31 Midy Year Report(O2)       Outrefry Report(O2)       Special (12S)       Runoff (12R)         July 31 Midy Year Report(O2)       July 31 Midy Year Report(O3)       Election on       In the State of       State of         July 31 Midy Year Report(C3)       July 31 Midy Year Report (C4E)       Election on       Special (30G)       Runoff (30R)       Special (30S)         Termination Report       Termination Report       01       01       01       2010       through 03       31       2010         State of       Treasurer       Mrs. Alyson Marie Miller       Date       01       07       2010         NOTE	ADDRESS (number and	street)	O Box 15023						
reported. (ACC)       reported. (ACC)         2. FEC IDENTIFICATION NUMBER           C00462952       3. IS THIS REPORT       NEW (N)       AMENDED (A)         4. TYPE OF REPORT (Choose One)       (b) Monthly Report       Feb 20 (M2)       May 20 (M5)       Aug 20 (M8)       Nov 20 (M11) (Monthetention there only on the original state of Due On:         (a) Quarterly Report(C1)       July 15       (b) Monthly Report (D)       Feb 20 (M2)       May 20 (M5)       Aug 20 (M8)       Nov 20 (M11) (Monthetention Due On:         (a) Quarterly Report(C1)       July 15       (c) 12-Day October 15       Primary (12P)       General (12G)       Runoff (12R)         Quarterly Report(C2)       October 15       Quarterly Report(C2)       Prescription       General (30G)       Runoff (30R)       Special (30S)									
C00462252       3. IS THIS REPORT       NEW (N)       OR       X       AMENDED (A)         4. TYPE OF REPORT (Choose One)       (b) Monthly Report       Feb 20 (M2)       May 20 (M5)       Aug 20 (M8)       Nov 20 (M11) (Nov Eduction Per Eduction         (a) Quarterly Reports:       (b) Mart 20 (M3)       Jun 20 (M6)       Sep 20 (M9)       Dec 20 (M12) (Nev Eduction (Nev Eduction         (a) Quarterly Reports:       (c) 12-Day Quarterly Report(Q2)       Primary (12P)       General (12G)       Runoff (12R)         (c) 12-Day Quarterly Report(Q2)       Pre-Election       Convention (12C)       Special (12S)       Report (Nor election (d) 30-Day         (d) 30-Day Report (Nor election Year Only) (MY)       Election on       General (30G)       Runoff (30R)       Special (30S)         5. Covering Period       01       01       20.10       through       03       31       20.10         Icertify 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       Mrs. Alyson Marie Miller       Date       01       07       20.10         NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.       FEC FORM 3X			ucson					85708	
REPORT       (N)       OR       (A)         4. TYPE OF REPORT (Choose One)       (b)       Monthly Report       Feb 20 (M2)       May 20 (M5)       Aug 20 (M8)       Nov 20 (M11) (Nov Election Febrio Mar 20 (M3)         (a)       Quarterly Report(C1)       July 15       Ouarterly Report(C2)       October 15       Ouarterly Report(C3)         (c)       July 15       Quarterly Report(C3)       Apr 20 (M4)       Jul 20 (M7)       Oct 20 (M12)         (c)       12-Day PRE-Election Report for the:       Original Primary (12P)       General (12G)       Runoff (12R)         (d)       30-Day Post -Election Year Only (MY)       Election on       in the State of       Special (30S)         5.       Covering Period       01       01       20.10       through       03       31       20.10         Signature of Treasurer       Mrs. Alyson Marie Miller       Date       01       07       20.10         NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2U.S.C 437g.       FEP FORM 3X	2. FEC IDENTIFICA		₩	CITY 🛦		S	STATE	ZIPCODE	
(Choose One)       Report       Feb 20 (M2)       May 20 (M5)       Aug 20 (M8)       (Non-Election         (a)       Quarterly Reports:       Mar 20 (M3)       Jun 20 (M6)       Sep 20 (M9)       Dec 20 (M10)         (b)       July 15       Quarterly Report(Q1)       July 15       Quarterly Report(Q2)       Primary (12P)       General (12G)       Runoff (12R)         (c)       12-Day       Primary (12P)       General (12G)       Runoff (12R)         Quarterly Report(Q2)       October 15       Convention (12C)       Special (12S)         Quarterly Report(YE)       Election on       in the State of         July 31 Mid-Year       Report for the:       Convention (12C)       Special (00S)         Year Only (MY)       Termination Report       (d)       30-Day       Post -Election on       in the State of         State of       01       01       2010       through       03       31       2010         Locritify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.       Mrs. Alyson Marie Miller       Date       01       07       2010         NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.       FEC FORM 3X	C00462952	• • • •						ENDED	
(a)       Quarterly Report(01)         July 15       Quarterly Report(02)         Quarterly Report(02)       October 15         Quarterly Report(03)       PRE-Election         Quarterly Report(03)       PRE-Election         Quarterly Report(04)       July 15         Quarterly Report(02)       October 15         Quarterly Report(03)       PRE-Election         Quarterly Report(Non-election Year Only) (MY)       Election on         Termination Report (TER)       Ot 1         Termination Report (TER)       Ot 1         Icertify 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       Mrs. Alyson Marie Miller         Signature of Treasurer       Electronically Filed by       Mrs. Alyson Marie Miller         Date       01       07       2010         NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2U.S.C 4379.	(Choose One)		Report			,			Non-Election 'ear Only) Dec 20 (M12)
X       April 15 Quarterly Report(Q1) July 15 Quarterly Report(Q2)       Financy (12P)       General (12G)       Runoff (12R)         Quarterly Report(Q2)       October 15 Quarterly Report(Q3)       FRE-Election       Convention (12C)       Special (12S)         Quarterly Report(YE)       January 31 Quarterly Report(YE)       Election on       in the State of       in the State of         July 31 Mid-Year Report(Non-election Year Only) (MY)       Termination Report (d)       30-Day       Post -Election Report for the:       General (30G)       Runoff (30R)       Special (30S)         5.       Covering Period       01       01       2010       through       03       31       2010         1       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       Mrs. Alyson Marie Miller       Date       01       07       2010         NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.       FEC FORM 3X	(a) Quarterly Rep	orts:							
July 15 Quarterly Report(Q2)       (c)       12-Day PRE-Election Report for the:       Primary (12P)       General (12G)       Runoff (12R)         October 15 Quarterly Report(Q3)       January 31 Quarterly Report(YE)       Convention (12C)       Special (12S)         July 31 Mid-Year Report (Non-election Year Only) (MY)       Election on       in the State of       in the State of         Termination Report (TER)       01       01       20.10       through       03       31       20.10         5.       Covering Period       01       01       20.10       through       03       31       20.10         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       Mrs. Alyson Marie Miller       Date       01       0.7       20.10         NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2U.S.C 437g.       FEC FORM 3X		Report(Q1)		Apr 20 (	VI4)	Jul 20 (M7)	Oct 20	J (M10) J	an 31 (YE)
Gualety Report(Q2)       Report for the:       Convention (12C)       Special (12S)         October 15       Guarterly Report(Q3)       in the       state of         January 31       Quarterly Report(YE)       in the       state of         July 31 Mid-Year       Report for the:       General (30G)       Runoff (30R)       Special (30S)         Report for the:       General (30G)       Runoff (30R)       Special (30S)         Termination Report       O1       01       2010       through       03       31       2010         5.       Covering Period       01       01       2010       through       03       31       2010         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       Mrs. Alyson Marie Miller         Signature of Treasurer       Electronically Filed by       Mrs. Alyson Marie Miller       Date       01       07       2010         NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.       FEC FORM 3X       FEC FORM 3X	July 15				Primary (12	P)	General (1	2G) F	Runoff (12R)
January 31 Quarterly Report(YE)       in the State of         July 31 Mid-Year Report(Non-election Year Only) (MY)       in the State of         Termination Report (TER)       (d)       30-Day Post -Election Report for the:       General (30G)       Runoff (30R)       Special (30S)         Termination Report (TER)       0       0       0       1       2010       in the State of         5.       Covering Period       0       1       0       1       2010       through       0       3       1       2010         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       Mrs. Alyson Marie Miller         Signature of Treasurer       Electronically Filed by       Mrs. Alyson Marie Miller       Date       0       1       0       2       0       10       2       0       10       2       0       10       0       2       0       10       2       0       10       10       2       0       10       10       2       0       10       10       2       0       10       10       2       0       10       10       10       10       10       10       10       10       10       10       10	October	15			Convention	(12C)	Special (12	2S)	
Report(Non-election Year Only) (MY)       (d) 30-Day Post - Election (TER)       General (30G)       Runoff (30R)       Special (30S)         5. Covering Period       01       01       2010       through       03       31       2010         5. Covering Period       01       01       2010       through       03       31       2010         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       Mrs. Alyson Marie Miller         Signature of Treasurer       Electronically Filed by       Mrs. Alyson Marie Miller       Date       01       07       2010         NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.       FEC FORM 3X	January	31		Election on					
Termination Report (TER)       Report for the: Election on       in the State of         5. Covering Period       01       01       2010       through       03       31       2010         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       Mrs. Alyson Marie Miller         Signature of Treasurer       Electronically Filed by       Mrs. Alyson Marie Miller       Date       01       07       2010         NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.       FEC FORM 3X	Report(N	on-election			Conorol (20		Dunoff (20		
(TER)       Election on       in the State of         5. Covering Period       01       01       2010       through       03       31       2010         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       Mrs. Alyson Marie Miller         Signature of Treasurer       Electronically Filed by       Mrs. Alyson Marie Miller       Date       01       07       2010         NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.       FEC FORM 3X					General (30		Runoii (30	n) 3	special (305)
J. Covering Fend       Initial         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       Mrs. Alyson Marie Miller         Signature of Treasurer       Electronically Filed by       Mrs. Alyson Marie Miller         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				Election on					
Type or Print Name of Treasurer       Mrs. Alyson Marie Miller         Signature of Treasurer       Electronically Filed by       Mrs. Alyson Marie Miller       Date       0.1       0.7       2.0.1.0         NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.       FEC FORM 3X         Office       Use       Use       Image: Mrs. Alyson Marie Miller	5. Covering Period	01	01	2010	through	03	31	2010	
Signature of Treasurer       Electronically Filed by       Mrs. Alyson Marie Miller       Date       0 1       0 7       2 0 1 0         NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.       FEC FORM 3X         Office       Use       Vertical 12/2004)       Vertical 12/2004)	I certify that I have exam	nined this Repo	rt and to the be	st of my knowled	lge and belief it i	s true, correct a	and complete.		
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         Use       Image: Complete information may subject the person signing the person signing the penalties of 2 U.S.C 437g.	Type or Print Name of 1	reasurer	Mrs. Alyson Ma	arie Miller					
Office Use FEC FORM 3X	Signature of Treasurer	Electronicall	y Filed by Mr	s. Alyson Marie	Miller	D:	ate 0 1	07 2	010
	NOTE : Submission of	false, erroneous	s, or incomplete	information ma	y subject the per	son signing this	s Report to the p	enalties of 2 U.S.C	C 437g.
	Use								

Image# 11930029866

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	2 / 6
١	Nrite or Type Committee Name The Freshmen 50		
F		M M D D Y Y Y Y 01 01 2010 T	o: 03 01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>		738.35
	(b) Cash on Hand at Begining of Reporting Period	738.35	
	(c) Total Receipts (from Line 19)	325.00	325.00
	<ul> <li>(d) Subtotal (add lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	1063.35	1063.35
7.	Total Disbursements (from Line 31)	38.60	38.60
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1024.75	1024.75
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)	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

FE6AN026

#### Image# 11930029867

#### DETAILED SUMMARY PAGE OF RECEIPTS

3/6 FEC Form 3X (Rev. 06/2004) Write or Type Committee Name The Freshmen 50 0<sup>D</sup>1 м м 01 м м 03 3<sup>D</sup>1 D 2010 D 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period Calendar Year-to-Date** 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 250.00 250.00 (i) Itemized (use Schedule A) ..... 75.00 75.00 (ii) Unitemized ..... (iii) TOTAL (add 325.00 325.00 Lines 11(a)(i) and (ii) ..... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees (C) 0.00 0.00 (such as PACs) ..... (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 325.00 325.00 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 325.00 325.00 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 325.00 325.00 (subtract Line 18(c) from Line 19) .....

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#### Image# 11930029868

## **DETAILED SUMMARY PAGE**

	FEC Form 3X (Rev. 02/2003)	of Disbursements	4 / 6
_	II. DISBURSEMENTS	COLUMN A – Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		Gaichludi Tear-lo-Dale
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	0.00	0.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
	Transfers to Affiliated/Other Party Committees	0.00	0.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
	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
	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
	<ul><li>(d) Total Contribution Refunds</li><li>(add Lines 28(a), (b), and (c))</li></ul>	0.00	0.00
29.	Other Disbursements	38.60	38.60
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))	38.60	38.60
32.			
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	38.60	38.60

FE6AN026

# **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)	325.00	325.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	325.00	325.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate sched for each category of Detailed Summary P	ule(s) the	FOR LINE NUMBER:       PAGE 6 / 6         (check only one)       I1a         X       11a       11b       11c       12         I3       14       15       16       17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) The Freshmen 50	atements may name and ado	y not be sold or used by dress of any political cor	any person nmittee to so	for the purpose of soliciting contributions blicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Michael Gariepy				Date of Receipt
	Mailing Address 8549 E. Tanque Verde 	State AZ	Zip Code 85749		0 2     2 7     2 0 1 0       Transaction ID: SA11AI.4152       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	• • • • • •		250.00
	Name of Employer plan3D, Inc.	Occupatio Presiden	t		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250	0.00	

SUBTOTAL of Receipts This Page (optional)	►	250.00
TOTAL This Period (last page this line number only)	►	250.00