

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 ZIPCODE

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day **Post -Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 10 01 2005 through 12 31 2005

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 04 09 2006

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							
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
TO ORGANIZE A MAJORITY PAC (TOMPAC)

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		7861.32
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period	37914.74									
(c) Total Receipts (from Line 19)	52437.63	184447.63								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	90352.37	192308.95								
7. Total Disbursements (from Line 31)	22863.75	124820.33								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	67488.62	67488.62								
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**

Write or Type Committee Name
TO ORGANIZE A MAJORITY PAC (TOMPAC)

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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	29129.43	85879.43
(i) Itemized (use Schedule A)	308.20	568.20
(ii) Unitemized	29437.63	86447.63
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	23000.00	98000.00
(c) Other Political Committees (such as PACs)	52437.63	184447.63
(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))	52437.63	184447.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	52437.63	184447.63

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	22850.72	99282.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	22850.72	99282.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	21000.00
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	4500.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	4500.00
29. Other Disbursements.....	13.03	37.44
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))..	22863.75	124820.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	22863.75	124820.33

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)	52437.63	184447.63
34. Total Contribution Refunds (from Line 28(d))	0.00	4500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52437.63	179947.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	22850.72	99282.89
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	22850.72	99282.89

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 16
	<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	

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) Hunter Biden		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5	
Mailing Address 4301 43rd Street		Transaction ID: SA11A1.11272	
City State Zip Code Washington DC 20016		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Oldaker Biden Attorney			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

B. Full Name (Last, First, Middle Initial) R James Crozier III		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 5	
Mailing Address 975 Still Hill Road		Transaction ID: SA11A1.11282	
City State Zip Code Hamden CT 06518		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation CTM Principal			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	

C. Full Name (Last, First, Middle Initial) Gerard D'Amico		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5	
Mailing Address 358 Salisbury Street		Transaction ID: SA11A1.11274	
City State Zip Code Worcester MA 01609		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Info Requested Info Requested			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	9500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 16
	<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)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

Full Name (Last, First, Middle Initial) A. R Eric Hanson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 7 / 2 0 0 5
Mailing Address US Strategies Corp 319 Clematis Street Suite 900		Transaction ID: SA11A1.11284
City State Zip Code West Palm Beach FL 33401	Amount of Each Receipt this Period 4000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer US Strategies, Inc.	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) B. C William Oldaker		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 11001 Piney Meetinghouse Road		Transaction ID: SA11A1.11276
City State Zip Code Potomac MD 20854	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Oldaker, Ryan & Leonard	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. J Michael Perik		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address 313 Washington Street #225		Transaction ID: SA11A1.11286
City State Zip Code Newton MA 02458	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Achievement Technologies	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	11500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 16
	<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)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A. Full Name (Last, First, Middle Initial)
L Ronald Platt

Mailing Address 10110 Walker Lake Drive

City State Zip Code
Great Falls VA 22066

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

Name of Employer Occupation
Greenberg Traurig, LLP Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1564.72

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 5

Transaction ID: SA11A1.11288

Amount of Each Receipt this Period
1564.72

in kind catering

B. Full Name (Last, First, Middle Initial)
J Richard Salem

Mailing Address 101 East Kennedy Blvd #3320

City State Zip Code
Tampa FL 33602

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

Name of Employer Occupation
Salem Law Group Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1564.71

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 5

Transaction ID: SA11A1.11290

Amount of Each Receipt this Period
1564.71

in kind catering

C. Full Name (Last, First, Middle Initial)
Sac & Fox Tribe

Mailing Address of the Mississippi in Iowa
349 Meskwaki Road

City State Zip Code
Tama IA 52339

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

Name of Employer Occupation
Self 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
1 2 / 0 1 / 2 0 0 5

Transaction ID: SA11A1.11278

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	8129.43
TOTAL This Period (last page this line number only)	29129.43

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 16
	<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)

Full Name (Last, First, Middle Initial) A. American Association of Nurse Anesthetists (CRNA PAC)		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 7 / 2 0 0 5
Mailing Address 412 First Street SE #12		Transaction ID: SA11C.11299
City State Zip Code Washington DC 20003	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address 10801 Rockville Pike		Transaction ID: SA11C.11325
City State Zip Code Rockville MD 20852	FEC ID number of contributing federal political committee. C C00210666	Amount of Each Receipt this Period 2000.00
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Arent, Fox Civic Part. Fund		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address 1050 Connecticut Ave NW		Transaction ID: SA11C.11302
City State Zip Code Washington DC 20036	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 3000.00
Name of Employer Occupation	Aggregate Year-to-Date ▼ 3000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 16
	<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)

Full Name (Last, First, Middle Initial) A. Association of Trial Lawyers of America PAC/ALTA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 5	
Mailing Address 1050 31st Street NW		Transaction ID: SA11C.11300	
City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Buchanan Ingersoll PC Comm for Effective Gov't		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5	
Mailing Address 1 Oxford Center 20th Floor 301 Grand Street		Transaction ID: SA11C.11291	
City State Zip Code Pittsburgh PA 15219	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Holland & Knight Committee For Effective Government		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5	
Mailing Address 2099 Penn Ave. NW #100		Transaction ID: SA11C.11293	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 16
	(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)
Holland & Knight Committee For Effective Government

Mailing Address 2099 Penn Ave. NW #100

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 5

Transaction ID: SA11C.11297

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Monsanto Citizenship Fund

Mailing Address 800 N Lindbergh Blvd. C2S

City State Zip Code
Saint Louis MO 63167

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 5

Transaction ID: SA11C.11296

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Sonnenschein Carlin Nath & Rosenthal PAC

Mailing Address 1301 K Street NW Suite 600 East To

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 5

Transaction ID: SA11C.11295

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	23000.00

**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 12 / 16

<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)

Full Name (Last, First, Middle Initial) A. Carter Printing		Transaction ID: SB21B.11313 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5
Mailing Address 1739 E Grand Ave		Amount of Each Disbursement this Period 4054.50
City Des Moines State IA Zip Code 50316	Purpose of Disbursement printing holiday cards for TOMPAC Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. First National Merchant Solutions		Transaction ID: SB21B.11303 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5
Mailing Address PO Box 3190		Amount of Each Disbursement this Period 12.45
City Omaha State NE Zip Code 68103	Purpose of Disbursement credit card processing charges Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. First National Merchant Solutions		Transaction ID: SB21B.11306 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address PO Box 3190		Amount of Each Disbursement this Period 12.45
City Omaha State NE Zip Code 68103	Purpose of Disbursement credit card processing charges Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	4079.40
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. First National Merchant Solutions		Transaction ID: SB21B.11312 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 5
Mailing Address PO Box 3190		Amount of Each Disbursement this Period 12.45
City Omaha State NE Zip Code 68103	Purpose of Disbursement credit card processing charges Candidate Name <input type="text"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Flowers by Anthony		Transaction ID: SB21B.11319 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address 3300 SW 9th St		Amount of Each Disbursement this Period 4629.00
City Des Moines State IA Zip Code 50315	Purpose of Disbursement flowers Candidate Name <input type="text"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Richard Salem		Transaction ID: SB21B.11308 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 101 E Kennedy Blvd #3320		Amount of Each Disbursement this Period 1564.71
City Tampa State FL Zip Code 33062	Purpose of Disbursement catering for TOMPAC event - in kind Candidate Name <input type="text"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6206.16
TOTAL 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)

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

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

A. Ron Platt Full Name (Last, First, Middle Initial) Mailing Address 10110 Walker Lake Dr City Great Falls State VA Zip Code 22066 Purpose of Disbursement catering for TOMPAC event - in kind Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.11310 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5 Amount of Each Disbursement this Period 1564.72
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B. Stonehaven LLC Full Name (Last, First, Middle Initial) Mailing Address 1011 Locust St #309 City Des Moines State IA Zip Code 50309 Purpose of Disbursement catering & fundraising costs for TOMPAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.11317 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5 Amount of Each Disbursement this Period 5480.20
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C. USPO Full Name (Last, First, Middle Initial) Mailing Address 2nd Avenue City Des Moines State IA Zip Code 50318 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.11304 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 5 Amount of Each Disbursement this Period 111.00
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SUBTOTAL of Disbursements This Page (optional) ▶	7155.92
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. USPO		Transaction ID: SB21B.11311 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5
Mailing Address 2nd Avenue		Amount of Each Disbursement this Period 5010.00
City Des Moines State IA Zip Code 50318		
Purpose of Disbursement postage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. USPO		Transaction ID: SB21B.11318 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 2nd Avenue		Amount of Each Disbursement this Period 222.00
City Des Moines State IA Zip Code 50318		
Purpose of Disbursement postage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

5232.00

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

22673.48

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Bankers Trust</p> <p>Full Name (Last, First, Middle Initial) Bankers Trust</p> <p>Mailing Address 7th & 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</p> <p>State: District:</p>		<p>Transaction ID: SB29.11320</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <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="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10.96"/></p>	
<p>B. Bankers Trust</p> <p>Full Name (Last, First, Middle Initial) Bankers Trust</p> <p>Mailing Address 7th & Grand</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB29.11321</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2.07"/></p>	

SUBTOTAL of Disbursements This Page (optional) ▶

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