

**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
FREEDOM PROJECT; THE

ADDRESS (number and street) 631-B Pennsylvania Ave., SE
 Check if different than previously reported. (ACC)
Washington DC 20003-0003

2. **FEC IDENTIFICATION NUMBER** C00305805
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 09 01 2008 through 09 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 Margee Clancy

Signature of Treasurer Electronically Filed by Margee Clancy Date 06 01 2009

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)
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
FREEDOM PROJECT; THE

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		363740.79
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	490733.85									
(c) Total Receipts (from Line 19)	142125.00	1241093.45								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	632858.85	1604834.24								
7. Total Disbursements (from Line 31)	316276.83	1288252.22								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	316582.02	316582.02								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	2875.00									

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
FREEDOM PROJECT; THE

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	45450.00	354415.94
(i) Itemized (use Schedule A)		
(ii) Unitemized	675.00	7055.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	46125.00	361470.94
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	96000.00	864200.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	142125.00	1225670.94
12. Transfers From Affiliated/Other Party Committees00	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	422.51
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	15000.00
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))	142125.00	1241093.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	142125.00	1241093.45

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.....	93663.68	556216.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	93663.68	556216.42
22. Transfers to Affiliated/Other Party Committees.....	1613.15	1613.15
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	215000.00	717822.65
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	1600.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	6000.00	6000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	6000.00	7600.00
29. Other Disbursements.....	0.00	5000.00
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))..	316276.83	1288252.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	316276.83	1288252.22

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)	142125.00	1225670.94
34. Total Contribution Refunds (from Line 28(d))	6000.00	7600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	136125.00	1218070.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	93663.68	556216.42
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	422.51
38. Net Operating Expenditures (subtract Line 37 from Line 36)	93663.68	555793.91

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 81
(check only one)

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

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

NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.

Full Name (Last, First, Middle Initial)
Samuel Baptista

Mailing Address 2015 Lorraine Avenue

City State Zip Code
Mc Lean VA 22101-5331

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

Name of Employer Occupation
The Baptista Group President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: SA11AI-5597-20067-c

Amount of Each Receipt this Period
2000.00

B.

Full Name (Last, First, Middle Initial)
Christopher Bowlin

Mailing Address 5115 15th Street N

City State Zip Code
Arlington VA 22205-2620

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

Name of Employer Occupation
Bockorny Petrizzo Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 8

Transaction ID: SA11AI-5580-20069-c

Amount of Each Receipt this Period
2000.00

C.

Full Name (Last, First, Middle Initial)
Don Callahan

Mailing Address 399 Park Avenue
Floor 3

City State Zip Code
New York NY 10022-4614

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

Name of Employer Occupation
Citigroup Chief Administrative Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: SA11AI-10751-20029-c

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► 6000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 81
	<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)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) April Canter		Date of Receipt MM / DD / YYYY 09 / 15 / 2008		
	Mailing Address 525 G Street SE Apt. 17		Transaction ID: SA11AI-10180-20035-c		
	City Washington	State DC	Zip Code 20003-4255	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Recording Academy		Occupation Mgr. Advocacy & Govt. Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00			

B.	Full Name (Last, First, Middle Initial) Hugh Cassar		Date of Receipt MM / DD / YYYY 09 / 26 / 2008		
	Mailing Address 5449 Endeavour Court		Transaction ID: SA11AI-10769-20058-c		
	City Moorpark	State CA	Zip Code 93021-1712	Amount of Each Receipt this Period 2500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer KRETEK Intl., Inc.		Occupation Importer/Wholesaler		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00			

C.	Full Name (Last, First, Middle Initial) Ann Clark		Date of Receipt MM / DD / YYYY 09 / 26 / 2008		
	Mailing Address 9273 Lerwick Drive		Transaction ID: SA11AI-8983-20044-c		
	City Dublin	State OH	Zip Code 43017-9492	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Homemaker		Occupation Homemaker		
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)	▶	3700.00
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 8 / 81
(check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.

Full Name (Last, First, Middle Initial)
Stephen Clark

Mailing Address 9273 Lerwick Drive

City State Zip Code
Dublin OH 43017-9492

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

Name of Employer
Clark & Associates

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2008

Transaction ID: SA11AI-4486-20040-c

Amount of Each Receipt this Period
1500.00

B.

Full Name (Last, First, Middle Initial)
Anthony Dechellis

Mailing Address 11 Madison Avenue
Floor 27

City State Zip Code
New York NY 10010-3643

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

Name of Employer
Credit Suisse

Occupation
Man. Dir.,CEO Priv.Bnk.Americas

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2008

Transaction ID: SA11AI-10783-20089-c

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Patrick DiCerbo

Mailing Address 1201 Troy Schenectady Road

City State Zip Code
Latham NY 12110-1028

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

Name of Employer
Northwestern Mutual - Self

Occupation
Financial Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2008

Transaction ID: SA11AI-10778-20073-c

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **2750.00**

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 / 81
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A. Full Name (Last, First, Middle Initial)
John Donnelly
Mailing Address 399 Park Avenue
City New York State NY Zip Code 10022-4614
FEC ID number of contributing federal political committee. **C**
Name of Employer Citibank Occupation Head of Human Resources
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 09 / 26 / 2008
Transaction ID: SA11AI-10787-20095-c
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
James Forese
Mailing Address 64 Summersweet Road
City New Canaan State CT Zip Code 06840-2200
FEC ID number of contributing federal political committee. **C**
Name of Employer Citigroup Occupation Managing Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt 09 / 15 / 2008
Transaction ID: SA11AI-10746-20024-c
Amount of Each Receipt this Period 2000.00

C. Full Name (Last, First, Middle Initial)
Steven Freiberg
Mailing Address 399 Park Avenue
City New York State NY Zip Code 10022-4614
FEC ID number of contributing federal political committee. **C**
Name of Employer Citibank Occupation Banker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt 09 / 26 / 2008
Transaction ID: SA11AI-10786-20094-c
Amount of Each Receipt this Period 2000.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 5000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 81
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.

Full Name (Last, First, Middle Initial) Sam Geduldig		Date of Receipt MM / DD / YYYY 09 / 15 / 2008
Mailing Address 1519 Pathfinder Lane		Transaction ID: SA11AI-5472-20037-c
City Mclean	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Clark, Lytle & Geduldig	Occupation Senior Partner	Aggregate Year-to-Date ▼ 4000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Sam Geduldig		Date of Receipt MM / DD / YYYY 09 / 26 / 2008
Mailing Address 1519 Pathfinder Lane		Transaction ID: SA11AI-5472-20068-c
City Mclean	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Clark, Lytle & Geduldig	Occupation Senior Partner	Aggregate Year-to-Date ▼ 4000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Annette Guarisco		Date of Receipt MM / DD / YYYY 09 / 26 / 2008
Mailing Address 1404 Grady Randall Court		Transaction ID: SA11AI-10774-20065-c
City Mclean	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer General Motors	Occupation Deputy Director	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 81
(check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.

Full Name (Last, First, Middle Initial)
Terry Haines

Mailing Address 115 Stewart Avenue

City State Zip Code
Alexandria VA 22301-1141

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

Name of Employer Buchanan Ingersoll & Rooney
Occupation Dir. Govt. Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2008

Transaction ID: SA11AI-10758-20043-c

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Debra Hardy Havens

Mailing Address 8105 Ridings Ct

City State Zip Code
McLean VA 22101

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

Name of Employer Capitol Associates
Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2008

Transaction ID: SA11AI-10759-20045-c

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Arnold I. Havens

Mailing Address 8105 Ridings Court

City State Zip Code
McLean VA 22102-1747

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

Name of Employer Jones Walker
Occupation Attorney, Govt. relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2008

Transaction ID: SA11AI-9648-20042-c

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) John Havens		Date of Receipt MM / DD / YYYY 09 / 15 / 2008
	Mailing Address 399 Park Avenue		Transaction ID: SA11AI-10748-20026-c
	City New York	State NY	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
	Name of Employer Citibank		Occupation CEO, Citi.Inst.ClientsGroup
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) Amy Hobart		Date of Receipt MM / DD / YYYY 09 / 15 / 2008
	Mailing Address 402 Ashford Lane		Transaction ID: SA11AI-3801-20021-c
	City Alexandria	State VA	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer NA		Occupation Homemaker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Charles Johnston		Date of Receipt MM / DD / YYYY 09 / 15 / 2008
	Mailing Address 112 Clubhouse Drive		Transaction ID: SA11AI-10753-20031-c
	City Barrington	State IL	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
	Name of Employer Citi Smith Barney		Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 13 / 81
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A. Full Name (Last, First, Middle Initial)
Edward Kelly

Mailing Address 228 Garrison Forest Road

City Owings Mills State MD Zip Code 21117-4110

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

Name of Employer Citigroup Occupation Banker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 15 / 2008
Transaction ID: SA11AI-10749-20028-c
 Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Edward Kutler

Mailing Address 6405 Tree Top Circle

City Columbia State MD Zip Code 21045-2895

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

Name of Employer Clark & Weinstock Occupation Lobbyist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 17 / 2008
Transaction ID: SA11AI-6410-20103-c
 Amount of Each Receipt this Period 1500.00

C. Full Name (Last, First, Middle Initial)
Brian Leach

Mailing Address 729 Oenoke Ridge

City New Canaan State CT Zip Code 06840-3126

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

Name of Employer Citigroup Occupation Chief Risk Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 15 / 2008
Transaction ID: SA11AI-10752-20030-c
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 81
(check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.

Full Name (Last, First, Middle Initial) Arthur Lifson		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 5816 Linden Square Court		Transaction ID: SA11AI-6496-20080-c
City Rockville	State MD	Zip Code 20852-5561
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer CIGNA Corporation	Occupation Vice President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.

Full Name (Last, First, Middle Initial) Megan Madigan		Date of Receipt MM / DD / YYYY 09 / 15 / 2008
Mailing Address 903 Vicar Lane		Transaction ID: SA11AI-3625-20034-c
City Alexandria	State VA	Zip Code 22302-3422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Homemaker	Occupation Homemaker	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Howard Marsh		Date of Receipt MM / DD / YYYY 09 / 15 / 2008
Mailing Address 390 Greenwich Street Floor 2		Transaction ID: SA11AI-6958-20027-c
City New York	State NY	Zip Code 10013-2309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Smith Barney	Occupation Managing Director	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Richard May	Date of Receipt MM / DD / YYYY 09 / 26 / 2008
	Mailing Address 6406 Wood Haven Road	Transaction ID: SA11AI-7339-20066-c
	City State Zip Code Alexandria VA 22307-1405	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Davidson & Company Principal	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00

B.	Full Name (Last, First, Middle Initial) Paul McKinnon	Date of Receipt MM / DD / YYYY 09 / 15 / 2008
	Mailing Address 399 Park Avenue Floor 3	Transaction ID: SA11AI-10754-20032-c
	City State Zip Code New York NY 10022-4614	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Citigroup Banker	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00

C.	Full Name (Last, First, Middle Initial) Richard Meade	Date of Receipt MM / DD / YYYY 09 / 26 / 2008
	Mailing Address 702 Berry Street	Transaction ID: SA11AI-10761-20047-c
	City State Zip Code Falls Church VA 22042-2402	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation BKSH Associates Director, Govt. Affairs	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)	▶	3250.00
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 16 / 81
(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)
FREEDOM PROJECT; THE

A. Full Name (Last, First, Middle Initial)
Little Traverse Bay of Odawa Indians

Mailing Address 7500 Odawa Circle

City Harbor Springs State MI Zip Code 49740

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

Name of Employer Indian tribe Occupation Indian tribe

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 26 / 2008
Transaction ID: SA11AI-10105-20071-c
 Amount of Each Receipt this Period 2000.00

B. Full Name (Last, First, Middle Initial)
M.B. Oglesby

Mailing Address 1110 Vermont Avenue NW Suite 1000

City Washington State DC Zip Code 20005-3551

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

Name of Employer BKSH & Associates Worldwide Occupation Vice Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 26 / 2008
Transaction ID: SA11AI-10762-20048-c
 Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Shalla Ross

Mailing Address 1275 Pennsylvania Avenue NW Floor 10

City Washington State DC Zip Code 20004-2432

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

Name of Employer BGR Holding, LLC Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 26 / 2008
Transaction ID: SA11AI-10767-20056-c
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 81		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Lawrence Sibley		Date of Receipt MM / DD / YYYY 09 / 15 / 2008		
	Mailing Address 155 Sherman Avenue		Transaction ID: SA11AI-10755-20036-c		
	City Dobbs Ferry	State NY	Zip Code 10522-1222	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Credit Suisse	Occupation Investor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Bruce Soll		Date of Receipt MM / DD / YYYY 09 / 30 / 2008		
	Mailing Address 141 S Drexel Avenue		Transaction ID: SA11AI-10782-20087-c		
	City Bexley	State OH	Zip Code 43209-1739	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Limited Inc.	Occupation Vice President		Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Maura Solomon		Date of Receipt MM / DD / YYYY 09 / 15 / 2008		
	Mailing Address 3101 New Mexico Avenue NW Apt. 246		Transaction ID: SA11AI-10747-20025-c		
	City Washington	State DC	Zip Code 20016-5912	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Citigroup	Occupation Lobbyist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 81
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.

Full Name (Last, First, Middle Initial)
Jay Velasquez

Mailing Address 700 Park Street SE

City Vienna State VA Zip Code 22180-5811

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

Name of Employer Public Strategies, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 15 / 2008

Transaction ID: SA11AI-10757-20039-c

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Tom Wamberg

Mailing Address 102 S Wynstone Park Drive

City North Barrington State IL Zip Code 60010-6976

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

Name of Employer Clark Consulting Occupation Chairman & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 26 / 2008

Transaction ID: SA11AI-4155-20075-c

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
E. Dennis Zahrbock

Mailing Address PO Box 679

City Wayzata State MN Zip Code 55391-0679

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

Name of Employer B&E Advisors Occupation Financial Planner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 26 / 2008

Transaction ID: SA11AI-10777-20072-c

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

TOTAL This Period (last page this line number only) ► 45450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 81
(check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A. Full Name (Last, First, Middle Initial)
AETNA INC. POLITICAL ACTION COMMITTEE

Mailing Address 1501 M Street NW
Suite 400

City Washington State DC Zip Code 20005-1725

FEC ID number of contributing federal political committee. **C** C00181826

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 09 / 26 / 2008
Transaction ID: SA11C-7815-20057-c
Amount of Each Receipt this Period: 2500.00

B. Full Name (Last, First, Middle Initial)
AMERICAN APPAREL AND FOOTWEAR ASSO FASHION ASSO PAC

Mailing Address 1601 NORTH STREET SUITE 1200

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00338442

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 30 / 2008
Transaction ID: SA11C-4138-20088-c
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 801 Pennsylvania Avenue NW
Suite 650

City Washington State DC Zip Code 20004-2673

FEC ID number of contributing federal political committee. **C** C00040535

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 09 / 15 / 2008
Transaction ID: SA11C-3849-20033-c
Amount of Each Receipt this Period: 2500.00

SUBTOTAL of Receipts This Page (optional) ► 6000.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 81
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A. Full Name (Last, First, Middle Initial)
AMERICAN MEAT INSTITUTE POLITICAL ACTION COMMITTEE

Mailing Address 1150 Connecticut Avenue NW
Floor 12

City State Zip Code
Washington DC 20036-4104

FEC ID number of contributing federal political committee. **C** C00024281

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
09 / 26 / 2008

Transaction ID: SA11C-9248-20052-c

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
BASF CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 100 Campus Drive

City State Zip Code
Florham Park NJ 07932-1020

FEC ID number of contributing federal political committee. **C** C00340075

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
09 / 30 / 2008

Transaction ID: SA11C-4266-20081-c

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
BGR PAC

Mailing Address PO Box 14416

City State Zip Code
Washington DC 20044-4416

FEC ID number of contributing federal political committee. **C** C00359588

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 26 / 2008

Transaction ID: SA11C-10765-20055-c

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► 12500.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 81
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A. Full Name (Last, First, Middle Initial)
Burson-Marsteller Young & Rubicam PAC

Mailing Address 1801 K Street NW
Suite 901L

City Washington State DC Zip Code 20006-1301

FEC ID number of contributing federal political committee. **C** C00201863

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 26 / 2008
Transaction ID: SA11C-10760-20046-c
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
CAPITAL ONE FINANCIAL CORP. ASSOC. POLITICAL FUND

Mailing Address 1680 Capital One Drive

City Mclean State VA Zip Code 22102-3407

FEC ID number of contributing federal political committee. **C** C00326595

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 09 / 30 / 2008
Transaction ID: SA11C-4267-20082-c
 Amount of Each Receipt this Period: 2500.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Consumer Bankers Assn. PAC (CON-PAC)

Mailing Address 1000 Wilson Boulevard
Suite 3012

City Arlington State VA Zip Code 22209-3927

FEC ID number of contributing federal political committee. **C** C00035535

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 15 / 2008
Transaction ID: SA11C-8442-20041-c
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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 22 / 81
(check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.

Full Name (Last, First, Middle Initial)
Corinthian Colleges, Inc. PAC

Mailing Address 6 Hutton Centre Drive
Suite 400

City State Zip Code
Santa Ana CA 92707-8762

FEC ID number of contributing federal political committee. **C** C00357640

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2008

Transaction ID: SA11C-9285-20062-c

Amount of Each Receipt this Period
2500.00

B.

Full Name (Last, First, Middle Initial)
Corrections Corporation of America CCA-PAC

Mailing Address 10 Burton Hills Boulevard

City State Zip Code
Nashville TN 37215-6105

FEC ID number of contributing federal political committee. **C** C00366468

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2008

Transaction ID: SA11C-10771-20060-c

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Drinker Biddle Political Action Comm.

Mailing Address 1500 K Street NW
Suite 1100

City State Zip Code
Washington DC 20005-1209

FEC ID number of contributing federal political committee. **C** C00370759

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2008

Transaction ID: SA11C-9150-20053-c

Amount of Each Receipt this Period
2500.00

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 23 / 81
(check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.

Full Name (Last, First, Middle Initial)
EDS Political Action Committee (eds Pac)

Mailing Address 1331 Pennsylvania Avenue NW
Suite 1300

City Washington State DC Zip Code 20004-1741

FEC ID number of contributing federal political committee. **C** C00111658

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 09 / 30 / 2008
Transaction ID: SA11C-10784-20091-c
Amount of Each Receipt this Period: 1500.00
Contribution

B.

Full Name (Last, First, Middle Initial)
Fleishman-Hillard Inc.PAC

Mailing Address 200 N Broadway

City Saint Louis State MO Zip Code 63102-2730

FEC ID number of contributing federal political committee. **C** C00200659

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 15 / 2008
Transaction ID: SA11C-10745-20023-c
Amount of Each Receipt this Period: 1000.00

C.

Full Name (Last, First, Middle Initial)
Ford Motor Company Civic Action Fund

Mailing Address The American Road

City Dearborn State MI Zip Code 48121

FEC ID number of contributing federal political committee. **C** C00046474

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 09 / 30 / 2008
Transaction ID: SA11C-9958-20092-c
Amount of Each Receipt this Period: 5000.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 7500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE	Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2008
	Mailing Address 1299 Pennsylvania Avenue NW Suite 900W	Transaction ID: SA11C-4174-20049-c
	City Washington State DC Zip Code 20004-2400	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C C00024869	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) HARTFORD FINANCIAL SERVICES GROUP INC ADVOCATES FUND FKA (HARTFORD ADVOCATES FUND)	Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2008
	Mailing Address Hartford Plaza	Transaction ID: SA11C-7278-20050-c
	City Hartford State CT Zip Code 06115	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C C00168864	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	

C.	Full Name (Last, First, Middle Initial) INSTITUTE OF SCRAP RECYCLING INDUSTRIES INC. POLITICAL ACTION COMMITTEE (ISRI PAC)	Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2008
	Mailing Address 1615 L Street NW Suite 600	Transaction ID: SA11C-10764-20051-c
	City Washington State DC Zip Code 20036-5664	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00046086	
	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)	6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) LIMITED BRANDS INC., PAC	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address Three Limited Parkway	Transaction ID: SA11C-8030-20086-c
	City State Zip Code Columbus OH 43230	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C C00214338	Contribution
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

B.	Full Name (Last, First, Middle Initial) Locke Lord Bissell & Liddell LLP PAC	Date of Receipt MM / DD / YYYY 09 / 26 / 2008
	Mailing Address 600 Travis Street Suite 3400	Transaction ID: SA11C-10226-20061-c
	City State Zip Code Houston TX 77002-2926	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C C00117861	See \$1,000 refund 9/30/08
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6000.00

C.	Full Name (Last, First, Middle Initial) Mastercard International Inc. Employees' Pac	Date of Receipt MM / DD / YYYY 09 / 26 / 2008
	Mailing Address 2000 Purchase Street	Transaction ID: SA11C-10159-20076-c
	City State Zip Code Purchase NY 10577-2405	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C C00410274	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00

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 26 / 81
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A. Full Name (Last, First, Middle Initial)
MWH AMERICAS INC. EMPLOYEE PAC

Mailing Address 380 Interlocken Crescent
Suite 200

City State Zip Code
Broomfield CO 80021-8026

FEC ID number of contributing federal political committee. **C** C00242370

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11C-4243-20090-c

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF BROADCASTERS TELEVISION AND RADIO POLITICAL ACTION COMMITTEE

Mailing Address 1771 N Street NW

City State Zip Code
Washington DC 20036-2800

FEC ID number of contributing federal political committee. **C** C00009985

Name of Employer Occupation

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 9 / 2 6 / 2 0 0 8

Transaction ID: SA11C-3811-20059-c

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
National Association of Health Underwriters Pac (HUPAC)

Mailing Address PO Box 20865

City State Zip Code
Indianapolis IN 46220-0865

FEC ID number of contributing federal political committee. **C** C00283135

Name of Employer Occupation

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 9 / 2 6 / 2 0 0 8

Transaction ID: SA11C-10772-20063-c

Amount of Each Receipt this Period
2500.00

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 27 / 81
(check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.

Full Name (Last, First, Middle Initial) National Cable & Telecommunications Association PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2008
Mailing Address 25 Massachusetts Avenue NW Suite 100		Transaction ID: SA11C-9978-20085-c
City Washington	State DC	Zip Code 20001-1434
FEC ID number of contributing federal political committee. C C00010082		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.

Full Name (Last, First, Middle Initial) National Restaurant Association PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2008
Mailing Address 1200 17th Street NW		Transaction ID: SA11C-2470-20079-c
City Washington	State DC	Zip Code 20036-3006
FEC ID number of contributing federal political committee. C C00003764		Amount of Each Receipt this Period 5000.00
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	

C.

Full Name (Last, First, Middle Initial) National Roofing Contractors Association PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2008
Mailing Address 255 W. Higgins Rd #600		Transaction ID: SA11C-10773-20064-c
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C C00244863		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	▶	12500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 81
(check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A. Full Name (Last, First, Middle Initial)
Oxbow Carbon & Minerals Holdings Inc Political Action Committee

Mailing Address 1601 Forum Place
Suite 1400

City State Zip Code
West Palm Beach FL 33401-8104

FEC ID number of contributing federal political committee. **C** C00436550

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
09 / 30 / 2008

Transaction ID: SA11C-10781-20083-c

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
PINNACLE WEST CORPORATION PAC

Mailing Address 800 Connecticut Avenue NW
Suite 610

City State Zip Code
Washington DC 20006-2709

FEC ID number of contributing federal political committee. **C** C00015933

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
09 / 26 / 2008

Transaction ID: SA11C-4161-20070-c

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
THE TRAVELERS COMPANIES INC. POLITICAL ACTION COMMITTEE (STA PAC), THE

Mailing Address One Tower Square

City State Zip Code
Hartford CT 06183

FEC ID number of contributing federal political committee. **C** C00376376

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
09 / 26 / 2008

Transaction ID: SA11C-4014-20054-c

Amount of Each Receipt this Period
2500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 81
(check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.

Full Name (Last, First, Middle Initial) TIME WARNER CABLE INC. FEDERAL POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 800 Connecticut Avenue NW Suite 200		Transaction ID: SA11C-9311-20093-c
City Washington	State DC	Zip Code 20006-2720
FEC ID number of contributing federal political committee. C C00431551		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	see refund 9/30/2008
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

B.

Full Name (Last, First, Middle Initial) VISA USA Inc. PAC		Date of Receipt MM / DD / YYYY 09 / 15 / 2008
Mailing Address 1300 Connecticut Avenue NW Suite 900		Transaction ID: SA11C-10756-20038-c
City Washington	State DC	Zip Code 20036-1714
FEC ID number of contributing federal political committee. C C00365122		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

C.

Full Name (Last, First, Middle Initial) WELLS REAL ESTATE FUNDS INC. POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 6200 The Corners Parkway Suite 250		Transaction ID: SA11C-4242-20084-c
City Norcross	State GA	Zip Code 30092-3355
FEC ID number of contributing federal political committee. C C00403915		Amount of Each Receipt this Period 3000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional)	▶	10500.00
TOTAL This Period (last page this line number only)	▶	96000.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) 123 Together.com	Transaction ID: SB21B-10075-10391-V
	Mailing Address 111 S Bedford Street Suite 200	Date of Disbursement MM / DD / YYYY 09 / 11 / 2008
	City Burlington State MA Zip Code 01803-5145	Amount of Each Disbursement this Period 236.92
	Purpose of Disbursement Internet	[MEMO ITEM] Subitemization of Mastercard
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] Subitemization of Mastercard
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) 123 Together.com	Transaction ID: SB21B-10075-10446-V
	Mailing Address 111 S Bedford Street Suite 200	Date of Disbursement MM / DD / YYYY 09 / 11 / 2008
	City Burlington State MA Zip Code 01803-5145	Amount of Each Disbursement this Period 293.98
	Purpose of Disbursement Internet	[MEMO ITEM] Subitemization of Mastercard
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] Subitemization of Mastercard
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B-6717-10345-V
	Mailing Address NASA Building	Date of Disbursement MM / DD / YYYY 09 / 11 / 2008
	City Stennis Space Cent State MS Zip Code 39529	Amount of Each Disbursement this Period 339.50
	Purpose of Disbursement Gen. fund. - travel airfare	[MEMO ITEM] Subitemization of Mastercard
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] Subitemization of Mastercard
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ► 0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B-7014-10362-V Date of Disbursement 09 / 11 / 2008
	Mailing Address 60 Massachusetts Avenue NE	Amount of Each Disbursement this Period 155.00
	City Washington State DC Zip Code 20002-4285	
	Purpose of Disbursement Gen. fund. - travel train Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Subitemization of Mastercard

B.	Full Name (Last, First, Middle Initial) Bar Boulud	Transaction ID: SB21B-10813-10350-V Date of Disbursement 09 / 11 / 2008
	Mailing Address 1900 Broadway	Amount of Each Disbursement this Period 809.09
	City New York State NY Zip Code 10023-7004	
	Purpose of Disbursement Gen. fund. - food & bev. Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Subitemization of Mastercard

C.	Full Name (Last, First, Middle Initial) Best Buy Co., Inc.	Transaction ID: SB21B-8558-10372-V Date of Disbursement 09 / 11 / 2008
	Mailing Address PO Box 9312	Amount of Each Disbursement this Period 599.98
	City Minneapolis State MN Zip Code 55440-9312	
	Purpose of Disbursement Computer purchase Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Subitemization of Mastercard

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 81

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Capital Grille Mailing Address 601 Pennsylvania Avenue NW City Washington State DC Zip Code 20004-2601 Purpose of Disbursement Mtg. exp., food & bev. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-5298-10342-V Date of Disbursement 09 / 11 / 2008 Amount of Each Disbursement this Period 44.03 [MEMO ITEM] Subitemization of Mastercard
B.	Full Name (Last, First, Middle Initial) Clark, Schaefer, Hackett & Company Mailing Address 160 N Breiel Boulevard City Middletown State OH Zip Code 45042-3806 Purpose of Disbursement Payroll processing 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-6282-20147-e Date of Disbursement 09 / 01 / 2008 Amount of Each Disbursement this Period 45.00
C.	Full Name (Last, First, Middle Initial) Clark, Schaefer, Hackett & Company Mailing Address 160 N Breiel Boulevard City Middletown State OH Zip Code 45042-3806 Purpose of Disbursement Payroll processing 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-6282-20146-e Date of Disbursement 09 / 15 / 2008 Amount of Each Disbursement this Period 45.00

SUBTOTAL of Disbursements This Page (optional) ▶

90.00

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 33 / 81

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Clark, Schaefer, Hackett & Company	Transaction ID: SB21B-6282-20137-e
	Mailing Address 160 N Breiel Boulevard	Date of Disbursement MM / DD / YYYY 09 / 30 / 2008
	City Middletown State OH Zip Code 45042-3806	Amount of Each Disbursement this Period 45.00
	Purpose of Disbursement Payroll processing Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Commonwealth of Virginia	Transaction ID: SB21B-8564-20138-e
	Mailing Address PO Box 27264	Date of Disbursement MM / DD / YYYY 09 / 30 / 2008
	City Richmond State VA Zip Code 23261-7264	Amount of Each Disbursement this Period 146.58
	Purpose of Disbursement Payroll taxes Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Continental Airlines	Transaction ID: SB21B-10719-10349-V
	Mailing Address 1600 Smith Street	Date of Disbursement MM / DD / YYYY 09 / 11 / 2008
	City Houston State TX Zip Code 77002-7362	Amount of Each Disbursement this Period 434.50
	Purpose of Disbursement Gen. fund. - travel, airfare Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Subitemization of Mastercard

SUBTOTAL of Disbursements This Page (optional)	▶	191.58
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 34 / 81

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Continental Airlines	Transaction ID: SB21B-10719-10365-V
	Mailing Address 1600 Smith Street	Date of Disbursement MM / DD / YYYY 09 / 11 / 2008
	City Houston State TX Zip Code 77002-7362	Amount of Each Disbursement this Period 441.00
	Purpose of Disbursement Gen. fund. - travel airfare Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Subitemization of Mastercard

B.	Full Name (Last, First, Middle Initial) Continental Airlines	Transaction ID: SB21B-10719-10366-V
	Mailing Address 1600 Smith Street	Date of Disbursement MM / DD / YYYY 09 / 11 / 2008
	City Houston State TX Zip Code 77002-7362	Amount of Each Disbursement this Period 458.01
	Purpose of Disbursement Gen. fund. - travel, airfare Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Subitemization of Mastercard

C.	Full Name (Last, First, Middle Initial) Continental Airlines	Transaction ID: SB21B-10719-10367-V
	Mailing Address 1600 Smith Street	Date of Disbursement MM / DD / YYYY 09 / 11 / 2008
	City Houston State TX Zip Code 77002-7362	Amount of Each Disbursement this Period 458.01
	Purpose of Disbursement Gen. fund. - travel airfare Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Subitemization of Mastercard

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Continental Airlines	Transaction ID: SB21B-10719-10368-V
	Mailing Address 1600 Smith Street	Date of Disbursement MM / DD / YYYY 09 / 11 / 2008
	City Houston State TX Zip Code 77002-7362	Amount of Each Disbursement this Period 458.01
	Purpose of Disbursement Gen. fund. - travel airfare Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Subitemization of Mastercard

B.	Full Name (Last, First, Middle Initial) Continental Airlines	Transaction ID: SB21B-10719-10369-V
	Mailing Address 1600 Smith Street	Date of Disbursement MM / DD / YYYY 09 / 11 / 2008
	City Houston State TX Zip Code 77002-7362	Amount of Each Disbursement this Period 458.01
	Purpose of Disbursement Gen. fund. - travel airfare Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Subitemization of Mastercard

C.	Full Name (Last, First, Middle Initial) Continental Airlines	Transaction ID: SB21B-10719-10370-V
	Mailing Address 1600 Smith Street	Date of Disbursement MM / DD / YYYY 09 / 11 / 2008
	City Houston State TX Zip Code 77002-7362	Amount of Each Disbursement this Period 458.01
	Purpose of Disbursement Gen. fund. - travel airfare Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Subitemization of Mastercard

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Crown Plaza	Transaction ID: SB21B-10826-10403-V
	Mailing Address 11 Kellogg Boulevard E	Date of Disbursement 09 / 11 / 2008
	City Saint Paul State MN Zip Code 55101-1005	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Gen. fund. - travel lodging Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Subitemization of Mastercard

B.	Full Name (Last, First, Middle Initial) Crown Plaza	Transaction ID: SB21B-10826-10424-V
	Mailing Address 11 Kellogg Boulevard E	Date of Disbursement 09 / 11 / 2008
	City Saint Paul State MN Zip Code 55101-1005	Amount of Each Disbursement this Period 2931.15
	Purpose of Disbursement Gen. fund. - travel lodging Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Subitemization of Mastercard

C.	Full Name (Last, First, Middle Initial) Crown Plaza	Transaction ID: SB21B-10826-10425-V
	Mailing Address 11 Kellogg Boulevard E	Date of Disbursement 09 / 11 / 2008
	City Saint Paul State MN Zip Code 55101-1005	Amount of Each Disbursement this Period 2602.95
	Purpose of Disbursement Gen. fund. - travel lodging Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Subitemization of Mastercard

SUBTOTAL of Disbursements This Page (optional) ► 0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Crown Plaza	Transaction ID: SB21B-10826-10447-V
	Mailing Address 11 Kellogg Boulevard E	Date of Disbursement 09 / 11 / 2008
	City Saint Paul State MN Zip Code 55101-1005	Amount of Each Disbursement this Period 305.74
	Purpose of Disbursement Gen. fund. - travel lodging Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Subitemization of Mastercard

B.	Full Name (Last, First, Middle Initial) Crowne Plaza	Transaction ID: SB21B-10726-10423-V
	Mailing Address 11 Kellogg Boulevard E	Date of Disbursement 09 / 11 / 2008
	City Saint Paul State MN Zip Code 55101-1005	Amount of Each Disbursement this Period 1753.96
	Purpose of Disbursement Gen. fund. - travel lodging Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Subitemization of Mastercard

C.	Full Name (Last, First, Middle Initial) Delta Air Lines	Transaction ID: SB21B-5296-10357-V
	Mailing Address PO Box 20706	Date of Disbursement 09 / 11 / 2008
	City Atlanta State GA Zip Code 30320-6001	Amount of Each Disbursement this Period 809.49
	Purpose of Disbursement Gen. fund. - travel airfare Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Subitemization of Mastercard

SUBTOTAL of Disbursements This Page (optional) ► **0.00**

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

<p>A. Full Name (Last, First, Middle Initial) Delta Air Lines</p> <p>Mailing Address PO Box 20706</p> <p>City Atlanta State GA Zip Code 30320-6001</p> <p>Purpose of Disbursement Gen. fund. - travel airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-5296-10361-V</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <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="105.00"/></p> <p>[MEMO ITEM] Subitemization of Mastercard</p>
<p>B. Full Name (Last, First, Middle Initial) Edwards' Harborside Inn</p> <p>Mailing Address Stage Neck Road</p> <p>City York Harbor State ME Zip Code 03911</p> <p>Purpose of Disbursement Gen. fund. - travel lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-10828-10406-V</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <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="1242.00"/></p> <p>[MEMO ITEM] Subitemization of Mastercard</p>
<p>C. Full Name (Last, First, Middle Initial) Epiphany Productions</p> <p>Mailing Address 104 Hume Avenue</p> <p>City Alexandria State VA Zip Code 22301-1015</p> <p>Purpose of Disbursement Gen. fund. - fundraising consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-8930-19995-e</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <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="3100.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B-5079-10360-V
	Mailing Address PO Box 693	Date of Disbursement 09 / 11 / 2008
	City Memphis State TN Zip Code 38101-0693	Amount of Each Disbursement this Period 34.17
	Purpose of Disbursement Shipping Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Subitemization of Mastercard

B.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B-5079-10375-V
	Mailing Address PO Box 693	Date of Disbursement 09 / 11 / 2008
	City Memphis State TN Zip Code 38101-0693	Amount of Each Disbursement this Period 105.81
	Purpose of Disbursement Shipping Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Subitemization of Mastercard

C.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B-5079-10377-V
	Mailing Address PO Box 693	Date of Disbursement 09 / 11 / 2008
	City Memphis State TN Zip Code 38101-0693	Amount of Each Disbursement this Period 15.79
	Purpose of Disbursement Shipping Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Subitemization of Mastercard

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A. Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 693 City Memphis State TN Zip Code 38101-0693 Purpose of Disbursement Shipping 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-5079-10378-V Date of Disbursement 09 / 11 / 2008
	Amount of Each Disbursement this Period 18.84 [MEMO ITEM] Subitemization of Mastercard	

B. Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 693 City Memphis State TN Zip Code 38101-0693 Purpose of Disbursement Shipping 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-5079-10379-V Date of Disbursement 09 / 11 / 2008
	Amount of Each Disbursement this Period 18.84 [MEMO ITEM] Subitemization of Mastercard	

C. Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 693 City Memphis State TN Zip Code 38101-0693 Purpose of Disbursement Shipping 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-5079-10380-V Date of Disbursement 09 / 11 / 2008
	Amount of Each Disbursement this Period 21.41 [MEMO ITEM] Subitemization of Mastercard	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

<p>A. Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address PO Box 693</p> <p>City Memphis State TN Zip Code 38101-0693</p> <p>Purpose of Disbursement Shipping 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>Transaction ID: SB21B-5079-10381-V Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 21.89</p> <p>[MEMO ITEM] Subitemization of Mastercard</p>
<p>B. Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address PO Box 693</p> <p>City Memphis State TN Zip Code 38101-0693</p> <p>Purpose of Disbursement Shipping 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>Transaction ID: SB21B-5079-10382-V Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 45.38</p> <p>[MEMO ITEM] Subitemization of Mastercard</p>
<p>C. Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address PO Box 693</p> <p>City Memphis State TN Zip Code 38101-0693</p> <p>Purpose of Disbursement Shipping 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>Transaction ID: SB21B-5079-10392-V Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 29.11</p> <p>[MEMO ITEM] Subitemization of Mastercard</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B-5079-10393-V Date of Disbursement
	Mailing Address PO Box 693	<input type="text" value="09"/> <input type="text" value="11"/> / <input type="text" value="2008"/>
	City Memphis State TN Zip Code 38101-0693	Amount of Each Disbursement this Period
	Purpose of Disbursement Shipping Candidate Name	<input type="text" value="29.11"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Subitemization of Mastercard
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B-5079-10394-V Date of Disbursement
	Mailing Address PO Box 693	<input type="text" value="09"/> <input type="text" value="11"/> / <input type="text" value="2008"/>
	City Memphis State TN Zip Code 38101-0693	Amount of Each Disbursement this Period
	Purpose of Disbursement Shipping Candidate Name	<input type="text" value="35.59"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Subitemization of Mastercard
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B-5079-10397-V Date of Disbursement
	Mailing Address PO Box 693	<input type="text" value="09"/> <input type="text" value="11"/> / <input type="text" value="2008"/>
	City Memphis State TN Zip Code 38101-0693	Amount of Each Disbursement this Period
	Purpose of Disbursement Shipping Candidate Name	<input type="text" value="24.21"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Subitemization of Mastercard
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A. Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 693 City Memphis State TN Zip Code 38101-0693 Purpose of Disbursement Shipping 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-5079-10398-V Date of Disbursement 09 / 11 / 2008 Amount of Each Disbursement this Period 29.11 [MEMO ITEM] Subitemization of Mastercard
	Category/Type 001	

B. Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 693 City Memphis State TN Zip Code 38101-0693 Purpose of Disbursement Shipping 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-5079-10399-V Date of Disbursement 09 / 11 / 2008 Amount of Each Disbursement this Period 32.20 [MEMO ITEM] Subitemization of Mastercard
	Category/Type 001	

C. Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 693 City Memphis State TN Zip Code 38101-0693 Purpose of Disbursement Shipping 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-5079-10413-V Date of Disbursement 09 / 11 / 2008 Amount of Each Disbursement this Period 24.63 [MEMO ITEM] Subitemization of Mastercard
	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A. Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 693 City Memphis State TN Zip Code 38101-0693 Purpose of Disbursement Shipping 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-5079-10414-V Date of Disbursement 09 / 11 / 2008 Amount of Each Disbursement this Period 24.63 [MEMO ITEM] Subitemization of Mastercard
	Category/Type: 001	

B. Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 693 City Memphis State TN Zip Code 38101-0693 Purpose of Disbursement Shipping 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-5079-10415-V Date of Disbursement 09 / 11 / 2008 Amount of Each Disbursement this Period 27.72 [MEMO ITEM] Subitemization of Mastercard
	Category/Type: 001	

C. Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 693 City Memphis State TN Zip Code 38101-0693 Purpose of Disbursement Shipping 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-5079-10418-V Date of Disbursement 09 / 11 / 2008 Amount of Each Disbursement this Period 27.72 [MEMO ITEM] Subitemization of Mastercard
	Category/Type: 001	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) First Financial Bank	Transaction ID: SB21B-3803-20139-e Date of Disbursement
	Mailing Address 7795 Tylersville Road	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City West Chester State OH Zip Code 45069-2592	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll taxes Candidate Name	<input type="text" value="4836.66"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Gluek Brewing Co.	Transaction ID: SB21B-10849-10438-V Date of Disbursement
	Mailing Address 219 Red River Avenue	<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City N Cold Spring State MN Zip Code 56320	Amount of Each Disbursement this Period
	Purpose of Disbursement Gen. fund. - food & bev. Candidate Name	<input type="text" value="364.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Mastercard

C.	Full Name (Last, First, Middle Initial) Hampton Inn	Transaction ID: SB21B-10016-10376-V Date of Disbursement
	Mailing Address 9266 Shulze Drive	<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City West Chester State OH Zip Code 45069	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel, lodging Candidate Name	<input type="text" value="144.80"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="002"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Mastercard

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4836.66"/>
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)
FREEDOM PROJECT; THE

<p>A. Full Name (Last, First, Middle Initial) Hampton Inn</p> <p>Mailing Address 9266 Shulze Drive</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement Travel, lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-10016-10389-V</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="146.55"/></p> <p>[MEMO ITEM] Subitemization of Mastercard</p>
<p>B. Full Name (Last, First, Middle Initial) Hampton Inn</p> <p>Mailing Address 1460 E 9th Street</p> <p>City Cleveland State OH Zip Code 44114-1708</p> <p>Purpose of Disbursement Travel, lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-10839-10420-V</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="354.98"/></p> <p>[MEMO ITEM] Subitemization of Mastercard</p>
<p>C. Full Name (Last, First, Middle Initial) Intercontinental</p> <p>Mailing Address 9801 Carnegie Avenue</p> <p>City Cleveland State OH Zip Code 44106-2100</p> <p>Purpose of Disbursement Gen. fund. - travel, lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-10815-10356-V</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="220.21"/></p> <p>[MEMO ITEM] Subitemization of Mastercard</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Mancinis	Transaction ID: SB21B-10079-10426-V
	Mailing Address 531 West Seventh Street	Date of Disbursement MM / DD / YYYY 09 / 11 / 2008
	City St. Paul State MN Zip Code 55102	Amount of Each Disbursement this Period 379.00
	Purpose of Disbursement Gen. fund. - food & bev. Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Subitemization of Mastercard

B.	Full Name (Last, First, Middle Initial) Mancinis	Transaction ID: SB21B-10079-10435-V
	Mailing Address 531 West Seventh Street	Date of Disbursement MM / DD / YYYY 09 / 11 / 2008
	City St. Paul State MN Zip Code 55102	Amount of Each Disbursement this Period 914.56
	Purpose of Disbursement Gen. fund. - food & bev. Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Subitemization of Mastercard

C.	Full Name (Last, First, Middle Initial) Mancinis	Transaction ID: SB21B-10079-10443-V
	Mailing Address 531 West Seventh Street	Date of Disbursement MM / DD / YYYY 09 / 11 / 2008
	City St. Paul State MN Zip Code 55102	Amount of Each Disbursement this Period 340.95
	Purpose of Disbursement Gen. fund. - food & bev. Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Subitemization of Mastercard

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

<p>A. Full Name (Last, First, Middle Initial) Manny's Steakhouse</p> <p>Mailing Address 1300 Nicollet Mall</p> <p>City Minneapolis State MN Zip Code 55403</p> <p>Purpose of Disbursement Gen. fund. - food & bev.</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>Transaction ID: SB21B-10081-10422-V Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 430.39</p> <p>[MEMO ITEM] Subitemization of Mastercard</p>
<p>B. Full Name (Last, First, Middle Initial) Mastercard</p> <p>Mailing Address PO Box 42070</p> <p>City Middletown State OH Zip Code 45042-0070</p> <p>Purpose of Disbursement Finance charge</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>Transaction ID: SB21B-3605-10421-V Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 34.00</p> <p>[MEMO ITEM] Subitemization of Mastercard</p>
<p>C. Full Name (Last, First, Middle Initial) Mastercard</p> <p>Mailing Address PO Box 42070</p> <p>City Middletown State OH Zip Code 45042-0070</p> <p>Purpose of Disbursement Credit card (see itemization)</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>Transaction ID: SB21B-3605-19996-e Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 32541.86</p>

SUBTOTAL of Disbursements This Page (optional) ▶

32541.86

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) MDC & Associates, Inc.	Transaction ID: SB21B-9144-19992-e
	Mailing Address 1251 Dartmouth Court	Date of Disbursement 09 / 09 / 2008
	City Alexandria State VA Zip Code 22314-4784	Amount of Each Disbursement this Period 2596.94
	Purpose of Disbursement Bookkeeping & compliance Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Midwest Airlines	Transaction ID: SB21B-9262-10364-V
	Mailing Address 6744 S Howell Avenue	Date of Disbursement 09 / 11 / 2008
	City Oak Creek State WI Zip Code 53154-1422	Amount of Each Disbursement this Period 327.50
	Purpose of Disbursement Gen. fund. - travel airfare Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Subitemization of Mastercard

C.	Full Name (Last, First, Middle Initial) Muirfield Village Golf Club	Transaction ID: SB21B-5518-20098-e
	Mailing Address PO Box 565	Date of Disbursement 09 / 23 / 2008
	City Dublin State OH Zip Code 43017-0565	Amount of Each Disbursement this Period 24998.81
	Purpose of Disbursement Gen. fund. food and golf fees Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	27595.75
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A. Full Name (Last, First, Middle Initial) New Media Communications <hr/> Mailing Address 3046 Brecksville Road <hr/> City Richfield State OH Zip Code 44286-9399 Purpose of Disbursement Credit card processing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-7123-20011-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 12.90
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) New Media Communications <hr/> Mailing Address 3046 Brecksville Road <hr/> City Richfield State OH Zip Code 44286-9399 Purpose of Disbursement Credit card processing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-7123-20142-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 5.21
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) New Media Communications <hr/> Mailing Address 3046 Brecksville Road <hr/> City Richfield State OH Zip Code 44286-9399 Purpose of Disbursement Credit card processing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-7123-20104-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 8
	Amount of Each Disbursement this Period 92.85
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	110.96
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)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) New Media Communications	Transaction ID: SB21B-7123-20096-e
	Mailing Address 3046 Brecksville Road	Date of Disbursement 09 / 26 / 2008
	City Richfield State OH Zip Code 44286-9399	Amount of Each Disbursement this Period 47.65
	Purpose of Disbursement Credit card processing Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Northwest Airlines	Transaction ID: SB21B-5505-10373-V
	Mailing Address 5101 Northwest Drive	Date of Disbursement 09 / 11 / 2008
	City Saint Paul State MN Zip Code 55111-3027	Amount of Each Disbursement this Period 629.50
	Purpose of Disbursement Gen. fund. - travel airfare Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Subitemization of Mastercard

C.	Full Name (Last, First, Middle Initial) Northwest Airlines	Transaction ID: SB21B-5505-10374-V
	Mailing Address 5101 Northwest Drive	Date of Disbursement 09 / 11 / 2008
	City Saint Paul State MN Zip Code 55111-3027	Amount of Each Disbursement this Period 874.00
	Purpose of Disbursement Gen. fund. - travel airfare Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Subitemization of Mastercard

SUBTOTAL of Disbursements This Page (optional)	47.65
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A. Full Name (Last, First, Middle Initial) Northwest Airlines Mailing Address 5101 Northwest Drive City Saint Paul State MN Zip Code 55111-3027 Purpose of Disbursement Gen. fund. - travel airfare 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-5505-10417-V Date of Disbursement 09 / 11 / 2008 Amount of Each Disbursement this Period 245.50 [MEMO ITEM] Subitemization of Mastercard
	Category/Type: 002	

B. Full Name (Last, First, Middle Initial) Northwest Airlines Mailing Address 5101 Northwest Drive City Saint Paul State MN Zip Code 55111-3027 Purpose of Disbursement Gen. fund. travel airfare 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-5505-10432-V Date of Disbursement 09 / 11 / 2008 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] Subitemization of Mastercard
	Category/Type: 002	

C. Full Name (Last, First, Middle Initial) Northwest Airlines Mailing Address 5101 Northwest Drive City Saint Paul State MN Zip Code 55111-3027 Purpose of Disbursement Gen. fund. - travel airfare 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-5505-10445-V Date of Disbursement 09 / 11 / 2008 Amount of Each Disbursement this Period 85.00 [MEMO ITEM] Subitemization of Mastercard
	Category/Type: 002	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A. Full Name (Last, First, Middle Initial) Office of Tax and Revenue <hr/> Mailing Address PO Box 96385 <hr/> City Washington State DC Zip Code 20090-6385 <hr/> Purpose of Disbursement Payroll taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-4077-20140-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 427.00
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Pepco <hr/> Mailing Address PO Box 17143 <hr/> City Baltimore State MD Zip Code 21297-1143 <hr/> Purpose of Disbursement Utilities Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-9967-19991-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 8
	Amount of Each Disbursement this Period 119.20
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) R Normans <hr/> Mailing Address 700 Hennepin Avenue <hr/> City Minneapolis State MN Zip Code 55403-1808 <hr/> Purpose of Disbursement Gen. fund. - food & bev. Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-10851-10440-V Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 670.38
	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Subitemization of Mastercard

SUBTOTAL of Disbursements This Page (optional) ▶

546.20

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A. Full Name (Last, First, Middle Initial) Restaurant at Dockside Mailing Address 22 Harris Island Road City York State ME Zip Code 03909-5091 Purpose of Disbursement Gen. fund. - food & bev. Candidate Name	Transaction ID: SB21B-10827-10405-V Date of Disbursement 09 / 11 / 2008 Amount of Each Disbursement this Period 432.27 Category/Type: 003

[MEMO ITEM]
Subitemization of Mastercard

B. Full Name (Last, First, Middle Initial) Szechuan House Fusion Grill Mailing Address 515 8th Street SE City Washington State DC Zip Code 20003-2835 Purpose of Disbursement Mtg. exp., food & bev. Candidate Name	Transaction ID: SB21B-10221-10341-V Date of Disbursement 09 / 11 / 2008 Amount of Each Disbursement this Period 138.80 Category/Type: 001

[MEMO ITEM]
Subitemization of Mastercard

C. Full Name (Last, First, Middle Initial) The Alamo Travel Group Mailing Address 9000 Wurzbach Road City San Antonio State TX Zip Code 78240-1038 Purpose of Disbursement Gen. fund. - travel reserv. fee. Candidate Name	Transaction ID: SB21B-4316-10359-V Date of Disbursement 09 / 11 / 2008 Amount of Each Disbursement this Period 225.00 Category/Type: 002

[MEMO ITEM]
Subitemization of Mastercard

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A. Full Name (Last, First, Middle Initial) The Caucus Room Mailing Address 401 9th Street NW City Washington State DC Zip Code 20004-2128 Purpose of Disbursement Gen. fund. - food & bev. Candidate Name	Transaction ID: SB21B-8358-10358-V Date of Disbursement 09 / 11 / 2008 Amount of Each Disbursement this Period 1614.45 [MEMO ITEM] Subitemization of Mastercard

B. Full Name (Last, First, Middle Initial) The Liffey Mailing Address 175 7th Street W City Saint Paul State MN Zip Code 55102-2520 Purpose of Disbursement Gen. fund. - food & bev. Candidate Name	Transaction ID: SB21B-10842-10429-V Date of Disbursement 09 / 11 / 2008 Amount of Each Disbursement this Period 388.08 [MEMO ITEM] Subitemization of Mastercard

C. Full Name (Last, First, Middle Initial) The Local Mailing Address 931 Nicollet Mall City Minneapolis State MN Zip Code 55402-3201 Purpose of Disbursement Gen. fund. food & bev. Candidate Name	Transaction ID: SB21B-10846-10434-V Date of Disbursement 09 / 11 / 2008 Amount of Each Disbursement this Period 598.23 [MEMO ITEM] Subitemization of Mastercard

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) The Michelangelo	Transaction ID: SB21B-4347-10353-V
	Mailing Address 152 W 51st Street	Date of Disbursement 09 / 11 / 2008
	City New York State NY Zip Code 10019-6813	Amount of Each Disbursement this Period 585.28
	Purpose of Disbursement Gen. fund. - travel lodging Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Subitemization of Mastercard

B.	Full Name (Last, First, Middle Initial) The Michelangelo	Transaction ID: SB21B-4347-10354-V
	Mailing Address 152 W 51st Street	Date of Disbursement 09 / 11 / 2008
	City New York State NY Zip Code 10019-6813	Amount of Each Disbursement this Period 840.72
	Purpose of Disbursement Gen. fund. - travel lodging Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Subitemization of Mastercard

C.	Full Name (Last, First, Middle Initial) The Michelangelo	Transaction ID: SB21B-4347-10355-V
	Mailing Address 152 W 51st Street	Date of Disbursement 09 / 11 / 2008
	City New York State NY Zip Code 10019-6813	Amount of Each Disbursement this Period 860.86
	Purpose of Disbursement Gen. fund. - travel lodging Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Subitemization of Mastercard

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

<p>A. Full Name (Last, First, Middle Initial) The Winston Group</p> <p>Mailing Address 101 Constitution Avenue NW Suite 710</p> <p>City Washington State DC Zip Code 20001-2133</p> <p>Purpose of Disbursement Gen. fund. - fundraising consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-10316-19994-e</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>Category/Type: <input type="text" value="003"/></p>
<p>B. Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address PO Box 17577</p> <p>City Baltimore State MD Zip Code 21297-0513</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-8324-19993-e</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="952.08"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>C. Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 17464</p> <p>City Baltimore State MD Zip Code 21297-1464</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-9037-10347-V</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="26.81"/></p> <p>Category/Type: <input type="text" value="001"/></p> <p>[MEMO ITEM] Subitemization of Mastercard</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

<p>A. Full Name (Last, First, Middle Initial) Viking Transport</p> <p>Mailing Address 9217 17th Avenue S</p> <p>City Minneapolis State MN Zip Code 55425-2373</p> <p>Purpose of Disbursement Gen. fund. - ground transport.</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>Transaction ID: SB21B-10850-10439-V Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 210.00</p> <p>[MEMO ITEM] Subitemization of Mastercard</p>
<p>B. Full Name (Last, First, Middle Initial) Wal-Mart</p> <p>Mailing Address 8288 Cincinnati Dayton Road</p> <p>City West Chester State OH Zip Code 45069-2143</p> <p>Purpose of Disbursement Office supplies</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>Transaction ID: SB21B-10819-10385-V Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 334.52</p> <p>[MEMO ITEM] Subitemization of Mastercard</p>
<p>C. Full Name (Last, First, Middle Initial) Washington Courier</p> <p>Mailing Address 5520 Cherokee Avenue Suite 120</p> <p>City Alexandria State VA Zip Code 22312-2319</p> <p>Purpose of Disbursement Courier</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>Transaction ID: SB21B-9969-19990-e Date of Disbursement 09 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 137.30</p>

SUBTOTAL of Disbursements This Page (optional) ▶

137.30

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Washington Courier	Transaction ID: SB21B-9969-20099-e Date of Disbursement
	Mailing Address 5520 Cherokee Avenue Suite 120	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Alexandria State VA Zip Code 22312-2319	Amount of Each Disbursement this Period
	Purpose of Disbursement Courier	<input type="text" value="68.34"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Wiley Rein LLP	Transaction ID: SB21B-3634-20097-e Date of Disbursement
	Mailing Address 1776 K Street NW	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20006-2304	Amount of Each Disbursement this Period
	Purpose of Disbursement Legal services	<input type="text" value="3000.00"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) York Harbor Reading	Transaction ID: SB21B-10822-10395-V Date of Disbursement
	Mailing Address 491 York Street	<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City York State ME Zip Code 03909-1535	Amount of Each Disbursement this Period
	Purpose of Disbursement Gen. fund. - food & bev.	<input type="text" value="958.65"/>
	Candidate Name	<input type="text" value="003"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Subitemization of Mastercard

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 60 / 81

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) York Harbor Reading	Transaction ID: SB21B-10822-10404-V Date of Disbursement
	Mailing Address 491 York Street	<input type="text" value="09"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City York State ME Zip Code 03909-1535	Amount of Each Disbursement this Period
	Purpose of Disbursement Gen. fund. - food & bev.	<input type="text" value="256.22"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Subitemization of Mastercard
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Whitaker Askew	Transaction ID: SB21B-3802-19997-e Date of Disbursement
	Mailing Address 3044 R Street NW	<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Washington State DC Zip Code 20007-2962	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary	<input type="text" value="1409.62"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Subitemization of Mastercard
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Whitaker Askew	Transaction ID: SB21B-3802-20101-e Date of Disbursement
	Mailing Address 3044 R Street NW	<input type="text" value="09"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Washington State DC Zip Code 20007-2962	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel reimbursement	<input type="text" value="30.00"/>
	Candidate Name	<input type="text" value="002"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Subitemization of Mastercard
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1439.62"/>
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)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Whitaker Askew Mailing Address 3044 R Street NW City Washington State DC Zip Code 20007-2962 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-3802-20004-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 8 Amount of Each Disbursement this Period 1409.62 Category/Type 001
B.	Full Name (Last, First, Middle Initial) Johnny DeStefano Mailing Address 1000 New Jersey Ave., SE #1011 City Washington State DC Zip Code 20003 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-10021-19998-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 8 Amount of Each Disbursement this Period 582.63 Category/Type 001
C.	Full Name (Last, First, Middle Initial) Johnny DeStefano Mailing Address 1000 New Jersey Ave., SE #1011 City Washington State DC Zip Code 20003 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-10021-20005-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 8 Amount of Each Disbursement this Period 582.63 Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	2574.88
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.

Full Name (Last, First, Middle Initial)
Mick Krieger

Transaction ID: SB21B-2681-19999-e
Date of Disbursement

Mailing Address 6413 Hopi Drive

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

City State Zip Code
West Chester OH 45069-1337

Amount of Each Disbursement this Period

Purpose of Disbursement
Salary

001
Category/ Type

2684.46

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Mick Krieger

Transaction ID: SB21B-2681-20006-e
Date of Disbursement

Mailing Address 6413 Hopi Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

City State Zip Code
West Chester OH 45069-1337

Amount of Each Disbursement this Period

Purpose of Disbursement
Salary

001
Category/ Type

2684.46

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Kevin Mcgrann

Transaction ID: SB21B-4052-20000-e
Date of Disbursement

Mailing Address 150 N Carolina Avenue SE

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

City State Zip Code
Washington DC 20003-1841

Amount of Each Disbursement this Period

Purpose of Disbursement
Salary

001
Category/ Type

682.50

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

6051.42

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Kevin Mcgrann	Transaction ID: SB21B-4052-20007-e
	Mailing Address 150 N Carolina Avenue SE	Date of Disbursement 09 / 30 / 2008
	City Washington State DC Zip Code 20003-1841	Amount of Each Disbursement this Period 682.50
	Purpose of Disbursement Salary Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Ashlee Reid	Transaction ID: SB21B-10255-20001-e
	Mailing Address 3250 N Street NW	Date of Disbursement 09 / 15 / 2008
	City Washington State DC Zip Code 20007-2838	Amount of Each Disbursement this Period 782.87
	Purpose of Disbursement Salary Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Ashlee Reid	Transaction ID: SB21B-10255-20008-e
	Mailing Address 3250 N Street NW	Date of Disbursement 09 / 30 / 2008
	City Washington State DC Zip Code 20007-2838	Amount of Each Disbursement this Period 782.87
	Purpose of Disbursement Salary Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2248.24

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Donald Seymour	Transaction ID: SB21B-10022-20002-e Date of Disbursement
	Mailing Address 401 Holland Lane #609	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="1231.61"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="001"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Donald Seymour	Transaction ID: SB21B-10022-20009-e Date of Disbursement
	Mailing Address 401 Holland Lane #609	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="1231.60"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="001"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Jessica Towhey	Transaction ID: SB21B-4392-20003-e Date of Disbursement
	Mailing Address 618 N Carolina Avenue SE Apt. 3	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20003-4392	Amount of Each Disbursement this Period
	Purpose of Disbursement Copywriting - consulting Candidate Name	<input type="text" value="250.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="001"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.

Full Name (Last, First, Middle Initial)
Jessica Towhey

Transaction ID: SB21B-4392-20010-e
Date of Disbursement

Mailing Address 618 N Carolina Avenue SE
Apt. 3

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

City Washington State DC Zip Code 20003-4392

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Consulting-copywriting

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

250.00

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

93495.75

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Americans For a Conservative Course		Transaction ID: SB22-10737-19989-e	
	Mailing Address 1251 Dartmouth Court		Date of Disbursement MM / DD / YYYY 09 / 08 / 2008	
City Alexandria		State VA	Zip Code 22314-4784	
Purpose of Disbursement Transfer to affiliated committee			Amount of Each Disbursement this Period 1613.15	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		Category/ Type		

SUBTOTAL of Disbursements This Page (optional) ►

1613.15

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

1613.15

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A. Full Name (Last, First, Middle Initial) Bill Cassidy for US Congress <hr/> Mailing Address 3482 Drusilla Lane Suite 1 <hr/> City Baton Rouge State LA Zip Code 70809-1873 <hr/> Purpose of Disbursement Primary debt Candidate Name William Cassidy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Retire Debt - P2008	Transaction ID: SB23-10809-20131-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) Bill Cassidy for US Congress <hr/> Mailing Address 3482 Drusilla Lane Suite 1 <hr/> City Baton Rouge State LA Zip Code 70809-1873 <hr/> Purpose of Disbursement Contribution Candidate Name William Cassidy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-10809-20143-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) Blaine For Congress Inc <hr/> Mailing Address PO Box 1526 <hr/> City Columbia State MO Zip Code 65205-1526 <hr/> Purpose of Disbursement Primary debt retirement Candidate Name Blaine Luetkemeyer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-10743-20020-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A. Full Name (Last, First, Middle Initial) Brian Davis For Congress <hr/> Mailing Address PO Box 1081 <hr/> City Rochester State MN Zip Code 55903-1081 <hr/> Purpose of Disbursement Contribution Candidate Name Brian James Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-10808-20111-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) Charles Boustany Jr. for Congress <hr/> Mailing Address 331 Beverly Drive <hr/> City Lafayette State LA Zip Code 70503-3109 <hr/> Purpose of Disbursement Contribution Candidate Name Dr. Charles Boustany Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-9454-20105-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) Citizens for Andal <hr/> Mailing Address 7540 Shoreline Drive <hr/> City Stockton State CA Zip Code 95219-5434 <hr/> Purpose of Disbursement Contribution Candidate Name Dean Andal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-10139-20115-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
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)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A. Full Name (Last, First, Middle Initial)
Citizens To Elect Phil Roe To Congress

Mailing Address PO Box 1037

City Jonesborough State TN Zip Code 37659-2037

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
David Phillip Roe

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TN District: 01

Transaction ID: SB23-10802-20117-e
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Coffman For Congress Inc.

Mailing Address 9249 S Broadway
200-501

City Highlands Ranch State CO Zip Code 80129-5690

Purpose of Disbursement
Contribution, primary debt

Category/
Type

Candidate Name
Mike Coffman

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CO District: 06

Retire Debt - P2008

Transaction ID: SB23-10798-20112-e
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Committee To Elect John Stone

Mailing Address PO Box 2444

City Augusta State GA Zip Code 30903-2444

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
John Erwin Stone, II

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: GA District: 12

Transaction ID: SB23-10453-20136-e
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A. Full Name (Last, First, Middle Initial) Committee To Elect Sydney Hay To Congress Mailing Address PO Box 17576 City Munds Park State AZ Zip Code 86017-7576 Purpose of Disbursement Contribution Candidate Name Sydney Hay Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-10794-20126-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00 Category/Type 011

B. Full Name (Last, First, Middle Initial) Committee To Re-Elect Congressman Dana Rohrabacher Mailing Address PO Box 823 City Huntington Beach State CA Zip Code 92648-0823 Purpose of Disbursement Contribution Candidate Name Dana Rohrabacher Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 46 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-10780-20077-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00 Category/Type 011

C. Full Name (Last, First, Middle Initial) Duncan D Hunter For Congress Mailing Address PO Box 3917 City La Mesa State CA Zip Code 91944-3917 Purpose of Disbursement Contribution Candidate Name Duncan D Hunter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 52 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-10259-20110-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
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)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Fimian For Congress	Transaction ID: SB23-10400-20109-e Date of Disbursement
	Mailing Address PO Box 3131	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Oakton State VA Zip Code 22124-9131	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Keith S Fimian	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Bill Posey	Transaction ID: SB23-10470-20118-e Date of Disbursement
	Mailing Address 1824 Fiske Boulevard	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Rockledge State FL Zip Code 32955-3045	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Bill Posey	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Jason Chaffetz	Transaction ID: SB23-10804-20113-e Date of Disbursement
	Mailing Address 175 S West Temple Suite 650	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Salt Lake City State UT Zip Code 84101-1422	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Jason Chaffetz	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="15000.00"/>
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)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.

Full Name (Last, First, Middle Initial)
Goddard for Congress

Transaction ID: SB23-9998-20108-e
Date of Disbursement

Mailing Address PO Box 9460

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

City Warner Robins State GA Zip Code 31095

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Richard N Goddard

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: GA District: 08

B.

Full Name (Last, First, Middle Initial)
Goode For Congress

Transaction ID: SB23-10790-20106-e
Date of Disbursement

Mailing Address 235 S Main Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

City Rocky Mount State VA Zip Code 24151-1708

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Virgil H. Goode, Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: VA District: 05

C.

Full Name (Last, First, Middle Initial)
Gregg Harper For Congress

Transaction ID: SB23-10800-20127-e
Date of Disbursement

Mailing Address PO Box 54344

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

City Pearl State MS Zip Code 39288-4344

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Gregg Harper

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MS District: 03

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

<p>A. Full Name (Last, First, Middle Initial) Jay Love For Congress Committee</p> <p>Mailing Address 1020 Monticello Court Suite 205</p> <p>City Montgomery State AL Zip Code 36117-1901</p> <p>Purpose of Disbursement Contribution Candidate Name Jay K Love</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-10472-20124-e Date of Disbursement 09 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Jennifer Horn For Congress</p> <p>Mailing Address 379 Amherst Street PMB 109</p> <p>City Nashua State NH Zip Code 03063-1226</p> <p>Purpose of Disbursement Contribution Candidate Name Jennifer M Horn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-10806-20125-e Date of Disbursement 09 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) KLINE FOR CONGRESS</p> <p>Mailing Address 101 W Burnsville Parkway Suite 104</p> <p>City Burnsville State MN Zip Code 55337-2571</p> <p>Purpose of Disbursement Contribution Candidate Name John P Kline</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-8745-20107-e Date of Disbursement 09 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Lee Terry for Congress	Transaction ID: SB23-7002-20133-e Date of Disbursement
	Mailing Address 17225 Woolworth Avenue	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Omaha State NE Zip Code 68130-1102	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Lee Terry	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Lou Barletta For Congress	Transaction ID: SB23-10350-20130-e Date of Disbursement
	Mailing Address PO Box 128	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Hazleton State PA Zip Code 18201-0128	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Lou Barletta	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Majority Fund 2008	Transaction ID: SB23-10788-20100-e Date of Disbursement
	Mailing Address 228 S Washington Street Suite 115	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Alexandria State VA Zip Code 22314-5404	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="35000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="45000.00"/>
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)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Manion for Congress	Transaction ID: SB23-10328-20123-e
	Mailing Address PO Box 28	Date of Disbursement 09 / 24 / 2008
	City Doylestown State PA Zip Code 18901-0028	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name Tom Manion	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MCCOTTER CONGRESSIONAL COMMITTEE	Transaction ID: SB23-4307-20122-e
	Mailing Address PO Box 530788	Date of Disbursement 09 / 24 / 2008
	City Livonia State MI Zip Code 48153-0788	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name Thaddeus G Mccotter	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) McHenry for Congress	Transaction ID: SB23-9488-20121-e
	Mailing Address PO Box 360	Date of Disbursement 09 / 24 / 2008
	City Cherryville State NC Zip Code 28021-0360	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name Timothy McHenry	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	15000.00
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)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) MIKE SODREL FOR US CONGRESS	Transaction ID: SB23-3906-20135-e Date of Disbursement
	Mailing Address 702 N Shore Drive Suite 500	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Jeffersonville State IN Zip Code 47130-3104	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Michael E. Sodrel	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Ozinga For Congress	Transaction ID: SB23-10406-20120-e Date of Disbursement
	Mailing Address 19001 Old Lagrange Road Suite 430	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Mokena State IL Zip Code 60448-8012	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Martin Ozinga, III	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Parker For Congress	Transaction ID: SB23-10474-20119-e Date of Disbursement
	Mailing Address PO Box 16135	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Huntsville State AL Zip Code 35802-1663	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Wayne Parker, Jr.	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.

Full Name (Last, First, Middle Initial)
People for Enterprise, Trade & Economic Growth (PETE PA-C)

Mailing Address 7804 Evening Lane

City Alexandria State VA Zip Code 22306-2754

Purpose of Disbursement
2008 Contribution
Candidate Name

011
Category/
Type

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

Transaction ID: SB23-10398-20129-e
Date of Disbursement

09 / 24 / 2008

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
Richard Hanna for Congress

Mailing Address 2308 Genesee Street

City Utica State NY Zip Code 13502-5810

Purpose of Disbursement
Contribution
Candidate Name
Richard Hanna

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: NY District: 24

Transaction ID: SB23-10735-19988-e
Date of Disbursement

09 / 08 / 2008

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
Richard Hanna for Congress

Mailing Address 2308 Genesee Street

City Utica State NY Zip Code 13502-5810

Purpose of Disbursement
Contribution
Candidate Name
Richard Hanna

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: NY District: 24

Transaction ID: SB23-10735-20128-e
Date of Disbursement

09 / 24 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

15000.00

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)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Rogers For Congress	Transaction ID: SB23-10792-20116-e Date of Disbursement
	Mailing Address PO Box 581	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Brighton State MI Zip Code 48116-0581	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Michael J Rogers	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SOUDER FOR CONGRESS INC.	Transaction ID: SB23-4301-20134-e Date of Disbursement
	Mailing Address PO Box 40233	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Fort Wayne State IN Zip Code 46804-0233	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Mark E Souder	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Tim Bee for Congress	Transaction ID: SB23-10283-20114-e Date of Disbursement
	Mailing Address PO Box 31985	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Tucson State AZ Zip Code 85751-1985	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Timothy Bee	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="15000.00"/>
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)

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

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Tinsley For Congress	Transaction ID: SB23-10449-20018-e
	Mailing Address PO Box 708	Date of Disbursement 09 / 15 / 2008
	City Capitan State NM Zip Code 88316-0708	Amount of Each Disbursement this Period -5000.00
	Purpose of Disbursement Void lost check 6/16/08	011 Category/ Type
	Candidate Name Edward R Tinsley, III	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Tinsley For Congress	Transaction ID: SB23-10449-20019-e
	Mailing Address PO Box 708	Date of Disbursement 09 / 15 / 2008
	City Capitan State NM Zip Code 88316-0708	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution	011 Category/ Type
	Candidate Name Edward R Tinsley, III	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Treadwell For Congress	Transaction ID: SB23-10130-20132-e
	Mailing Address PO Box 685	Date of Disbursement 09 / 24 / 2008
	City Saratoga Springs State NY Zip Code 12866-0685	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution	011 Category/ Type
	Candidate Name Sandy Treadwell	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	21500.00

**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 80 / 81

<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 checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A.

Full Name (Last, First, Middle Initial)
Locke Lord Bissell & Liddell LLP PAC

Transaction ID: SB28c-10226-20145-e
Date of Disbursement

Mailing Address 600 Travis Street
Suite 3400

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

City Houston State TX Zip Code 77002-2926

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution refund

010
Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
TIME WARNER CABLE INC. FEDERAL POLITICAL ACTION COMMITTEE

Transaction ID: SB28c-9311-20144-e
Date of Disbursement

Mailing Address 800 Connecticut Avenue NW
Suite 200

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

City Washington State DC Zip Code 20006-2720

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution refund

010
Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

6000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
FREEDOM PROJECT; THE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capitol Associates III-X			Nature of Debt (Purpose): Administrative/Salary/Ove- rhead-Office re
Mailing Address 426 C Street NE			
City Washington	State DC	ZIP Code 20002-5818	

Outstanding Balance Beginning This Period 1437.50		Transaction ID: SD10-DEBT20824	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1437.50	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capitol Associates III-X			Nature of Debt (Purpose): Administrative/Salary/Ove- rhead-Office re
Mailing Address 426 C Street NE			
City Washington	State DC	ZIP Code 20002-5818	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10-DEBT20825	
Amount Incurred This Period 1437.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 1437.50	

1) SUBTOTALS This Period This Page (optional).....	▶	2875.00
2) TOTALS This Period (last page this line number only).....	▶	2875.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	2875.00