

**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 First PAC

ADDRESS (number and street)

PO BOX 9190

☐Check if different
than previously
reported. (ACC)

ST PAUL

MN

55109

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00467688

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 (12S)

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

10

14

2010

through

11

22

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Don Stiles

Signature of Treasurer

Electronically Filed by Don Stiles

Date

12

02

2010

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

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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 147

Write or Type Committee Name
Freedom First PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		884075.19
(b) Cash on Hand at Beginning of Reporting Period	516811.57	
(c) Total Receipts (from Line 19)	140551.37	2038051.17
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	657362.94	2922126.36
7. Total Disbursements (from Line 31)	302626.05	2567389.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	354736.89	354736.89
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	8939.98	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 147

Write or Type Committee Name

Freedom First PAC

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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 (i) Itemized (use Schedule A)	78025.00	1586984.94
(ii) Unitemized	46983.24	386790.37
(iii) TOTAL (add Lines 11(a)(i) and (ii)	125008.24	1973775.31
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	6000.00	39265.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	131008.24	2013040.31
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	9418.51	24175.47
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	124.62	835.39
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))	140551.37	2038051.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	140551.37	2038051.17

DETAILED SUMMARY PAGE

of Disbursements

4 / 147

FEC Form 3X (Rev. 02/2003)

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.....	297751.05	2305505.72	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	297751.05	2305505.72	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4875.00	197310.57	
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	6225.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	5000.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	11225.00	
29. Other Disbursements.....	0.00	53348.18	
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))..	302626.05	2567389.47	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	302626.05	2567389.47	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 147

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)	131008.24	2013040.31
34. Total Contribution Refunds (from Line 28(d))	0.00	11225.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	131008.24	2001815.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	297751.05	2305505.72
37. Offsets to Operating Expenditures (from Line 15, page 3)	9418.51	24175.47
38. Net Operating Expenditures (subtract Line 37 from Line 36)	288332.54	2281330.25

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

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

FOR LINE NUMBER: PAGE 6 / 147

(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 First PAC

A.

Full Name (Last, First, Middle Initial)

MR. JOEL G. ALBERTS

Mailing Address 22120 BRACKETTS ROAD

City

SHOREWOOD

State

MN

Zip Code

55331-3254

FEC ID number of contributing
federal political committee.

C

Name of Employer
WELLS FARGO

Occupation
BANKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11.14872

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. LEONARD ANDERSON

Mailing Address 7987 CHESSHIRE LANE N.

City

MAPLE GROVE

State

MN

Zip Code

55311-2209

FEC ID number of contributing
federal political committee.

C

Name of Employer
NATIONAL INSURANCE

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11.16535

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

Andre Audette

Mailing Address 16 W. Stout St.

City

Rice Lake

State

WI

Zip Code

54868-1731

FEC ID number of contributing
federal political committee.

C

S0WI00197

Name of Employer
University Of St. Thomas

Occupation
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.81

Amount of Each Receipt this Period

25.00

EARMARKED FOR RONALD JOHN-
SON

SUBTOTAL of Receipts This Page (optional)

1575.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. JERALD BALDRIDGE

Mailing Address 1925 CEDAR SPRINGS #303

City

DALLAS

State

TX

Zip Code

75201-1785

FEC ID number of contributing
federal political committee.

C

Name of Employer
REPUBLIC ENERGYOccupation
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11.14805

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RIGEL BARBER

Mailing Address 321 W. MENOMONEE STREET

City

CHICAGO

State

IL

Zip Code

60614-5341

FEC ID number of contributing
federal political committee.

C

Name of Employer
JMB REALTYOccupation
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.15717

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RAYMOND BARTON

Mailing Address 5915 CHRISTMAS LAKE ROAD

City

SHOREWOOD

State

MN

Zip Code

55331-3306

FEC ID number of contributing
federal political committee.

C

Name of Employer
GREAT CLIPS INC.Occupation
C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

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

Transaction ID: SA11.14874

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

REATTRIBUTION REQUESTED

SUBTOTAL of Receipts This Page (optional)

10750.00

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 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MS. BARBARA N. BAUR

Mailing Address 5307 WESTMINSTER PLACE

City

PITTSBURGH

State

PA

Zip Code

15232-2120

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11.16527

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. KAREN A. BEDELL

Mailing Address 2268 BARNBRIDGE ROAD

City

SAINT LOUIS

State

MO

Zip Code

63131-3130

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRS TECHNOLOGIES

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.16116

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

John Behringer

Mailing Address 240 Blake Blvd

City

Elsberry

State

MO

Zip Code

63343-4078

FEC ID number of contributing
federal political committee.

C

S0NH00235

Name of Employer
Retired

Occupation
Disabled Truck Driver

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.92

Amount of Each Receipt this Period

10.00

EARMARKED FOR KELLY AYOTTE

SUBTOTAL of Receipts This Page (optional)

1260.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

John Behringer

Mailing Address 240 Blake Blvd

City

Elsberry

State

MO

Zip Code

63343-4078

FEC ID number of contributing
federal political committee.

C

S0IL00261

Name of Employer
Retired

Occupation

Disabled Truck Driver

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.93

Amount of Each Receipt this Period

10.00

EARMARKED FOR MARK KIRK

B.

Full Name (Last, First, Middle Initial)

John Behringer

Mailing Address 240 Blake Blvd

City

Elsberry

State

MO

Zip Code

63343-4078

FEC ID number of contributing
federal political committee.

C

S4WV00084

Name of Employer
Retired

Occupation

Disabled Truck Driver

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.94

Amount of Each Receipt this Period

10.00

EARMARKED FOR JOHN RAESE

C.

Full Name (Last, First, Middle Initial)

John Behringer

Mailing Address 240 Blake Blvd

City

Elsberry

State

MO

Zip Code

63343-4078

FEC ID number of contributing
federal political committee.

C

S4PA00121

Name of Employer
Retired

Occupation

Disabled Truck Driver

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.95

Amount of Each Receipt this Period

10.00

EARMARKED FOR PATRICK TOO-MEY

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

John Behringer

Mailing Address 240 Blake Blvd

City

Elsberry

State

MO

Zip Code

63343-4078

FEC ID number of contributing
federal political committee.

C

S0W100197

Name of Employer
Retired

Occupation

Disabled Truck Driver

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.96

Amount of Each Receipt this Period

10.00

EARMARKED FOR RONALD JOHN-
SON

B.

Full Name (Last, First, Middle Initial)

MS. PAMELA J. BELL

Mailing Address 6690 MORGANS RUN RD

City

LOVELAND

State

OH

Zip Code

45140-7205

FEC ID number of contributing
federal political committee.

C

Name of Employer
CINSINATTE INC.

Occupation

SURGICAL HEALTH ASS.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11.14744

Amount of Each Receipt this Period

165.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

Jim Bendtsen

Mailing Address 14131 Junkite St. Nw.

City

Ramsey

State

MN

Zip Code

55303-4643

FEC ID number of contributing
federal political committee.

C

S0NH00235

Name of Employer
Beacon Hill Staffing

Occupation

Computer Systems Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.103

Amount of Each Receipt this Period

25.00

EARMARKED FOR KELLY AYOTTE

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

Jim Bendtsen

Mailing Address 14131 Junkite St. Nw.

City

Ramsey

State

MN

Zip Code

55303-4643

FEC ID number of contributing
federal political committee.

C

S0IL00261

Name of Employer
Beacon Hill Staffing

Occupation

Computer Systems Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.104

Amount of Each Receipt this Period

25.00

EARMARKED FOR MARK KIRK

B.

Full Name (Last, First, Middle Initial)

Jim Bendtsen

Mailing Address 14131 Junkite St. Nw.

City

Ramsey

State

MN

Zip Code

55303-4643

FEC ID number of contributing
federal political committee.

C

S4WV00084

Name of Employer
Beacon Hill Staffing

Occupation

Computer Systems Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.105

Amount of Each Receipt this Period

25.00

EARMARKED FOR JOHN RAESE

C.

Full Name (Last, First, Middle Initial)

Jim Bendtsen

Mailing Address 14131 Junkite St. Nw.

City

Ramsey

State

MN

Zip Code

55303-4643

FEC ID number of contributing
federal political committee.

C

S4PA00121

Name of Employer
Beacon Hill Staffing

Occupation

Computer Systems Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.106

Amount of Each Receipt this Period

25.00

EARMARKED FOR PATRICK TOO-MEY

SUBTOTAL of Receipts This Page (optional)

75.00

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 12 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

Jim Bendtsen

Mailing Address 14131 Junkite St. Nw.

City

Ramsey

State

MN

Zip Code

55303-4643

FEC ID number of contributing
federal political committee.

C

SOWI00197

Name of Employer
Beacon Hill Staffing

Occupation

Computer Systems Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.107

Amount of Each Receipt this Period

25.00

EARMARKED FOR RONALD JOHN-
SON

B.

Full Name (Last, First, Middle Initial)

MS. FLORENCE H. BERG

Mailing Address 1674 RIVER POINTE COURT

City

ANOKA

State

MN

Zip Code

55303-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: SA11.15181

Amount of Each Receipt this Period

20.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. FLORENCE H. BERG

Mailing Address 1674 RIVER POINTE COURT

City

ANOKA

State

MN

Zip Code

55303-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: SA11.16045

Amount of Each Receipt this Period

20.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

65.00

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 / 147

(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 First PAC

A.

Full Name (Last, First, Middle Initial)

MS. FLORENCE H. BERG

Mailing Address 1674 RIVER POINTE COURT

City

ANOKA

State

MN

Zip Code

55303-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.16134

Amount of Each Receipt this Period

20.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WILLIAM F. BIEBER

Mailing Address 2600 NIAGARA LANE N.

City

PLYMOUTH

State

MN

Zip Code

55447-4929

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACROMETAL MANAGEMENT CORPOccupation
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.14883

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

David Bippus

Mailing Address 5111 Peabody Hill Lane

City

Katy

State

TX

Zip Code

77494-4907

FEC ID number of contributing
federal political committee.

C

SONH00235

Name of Employer
Buzzi Unicem Usa - Alamo
Cement CompanOccupation
Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	1	0

Transaction ID: SA11COND.84

Amount of Each Receipt this Period

10.00

EARMARKED FOR KELLY AYOTTE

SUBTOTAL of Receipts This Page (optional)

1030.00

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 / 147

(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 First PAC

A.

Full Name (Last, First, Middle Initial)

David Bippus

Mailing Address 5111 Peabody Hill Lane

City

State

Zip Code

Katy

TX

77494-4907

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

S0IL00261

Name of Employer
Buzzi Unicem Usa - Alamo
Cement CompanOccupation
Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	0

Transaction ID: SA11COND.85

Amount of Each Receipt this Period

10.00

EARMARKED FOR MARK KIRK

B.

Full Name (Last, First, Middle Initial)

David Bippus

Mailing Address 5111 Peabody Hill Lane

City

State

Zip Code

Katy

TX

77494-4907

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

S4WV00084

Name of Employer
Buzzi Unicem Usa - Alamo
Cement CompanOccupation
Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	0

Transaction ID: SA11COND.86

Amount of Each Receipt this Period

10.00

EARMARKED FOR JOHN RAESE

C.

Full Name (Last, First, Middle Initial)

David Bippus

Mailing Address 5111 Peabody Hill Lane

City

State

Zip Code

Katy

TX

77494-4907

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

S4PA00121

Name of Employer
Buzzi Unicem Usa - Alamo
Cement CompanOccupation
Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	0

Transaction ID: SA11COND.88

Amount of Each Receipt this Period

10.00

EARMARKED FOR PATRICK TOO-MEY

SUBTOTAL of Receipts This Page (optional)

30.00

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 15 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

David Bippus

Mailing Address 5111 Peabody Hill Lane

City

State

Zip Code

Katy

TX

77494-4907

FEC ID number of contributing
federal political committee.

C

S0W100197

Name of Employer
Buzzi Unicem Usa - Alamo
Cement Compan

Occupation
Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.89

Amount of Each Receipt this Period

10.00

EARMARKED FOR RONALD JOHN-
SON

B.

Full Name (Last, First, Middle Initial)

MR. THEODORE J. BONNETT

Mailing Address 60 SMITH AVENUE

City

State

Zip Code

ORONO

MN

55391-9509

FEC ID number of contributing
federal political committee.

C

Name of Employer
LONDON FOG, INC.

Occupation
CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.15612

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

Nancy Bordson

Mailing Address 2915 Somerset Lane

City

State

Zip Code

Long Lake

MN

55356-9681

FEC ID number of contributing
federal political committee.

C

S0NH00235

Name of Employer
MetJhodder

Occupation
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.57

Amount of Each Receipt this Period

20.00

EARMARKED FOR KELLY AYOTTE

SUBTOTAL of Receipts This Page (optional)

280.00

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 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

Nancy Bordson

Mailing Address 2915 Somerset Lane

City

Long Lake

State

MN

Zip Code

55356-9681

FEC ID number of contributing
federal political committee.

C

S0IL00261

Name of Employer
Met/hodder

Occupation

Business Owner

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.58

Amount of Each Receipt this Period

20.00

EARMARKED FOR MARK KIRK

B.

Full Name (Last, First, Middle Initial)

Nancy Bordson

Mailing Address 2915 Somerset Lane

City

Long Lake

State

MN

Zip Code

55356-9681

FEC ID number of contributing
federal political committee.

C

S4WV00084

Name of Employer
Met/hodder

Occupation

Business Owner

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.59

Amount of Each Receipt this Period

20.00

EARMARKED FOR JOHN RAESE

C.

Full Name (Last, First, Middle Initial)

Nancy Bordson

Mailing Address 2915 Somerset Lane

City

Long Lake

State

MN

Zip Code

55356-9681

FEC ID number of contributing
federal political committee.

C

S4PA00121

Name of Employer
Met/hodder

Occupation

Business Owner

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.60

Amount of Each Receipt this Period

20.00

EARMARKED FOR PATRICK TOO-MEY

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

Nancy Bordson

Mailing Address 2915 Somerset Lane

City

Long Lake

State

MN

Zip Code

55356-9681

FEC ID number of contributing
federal political committee.

C

S0WI00197

Name of Employer
Met/hodder

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.61

Amount of Each Receipt this Period

20.00

EARMARKED FOR RONALD JOHN-
SON

B.

Full Name (Last, First, Middle Initial)

MRS. TERRI BRAZIER

Mailing Address 20622 160TH STREET

City

GREENBUSH

State

MN

Zip Code

56726-9251

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.16400

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

Heidi Brownlee

Mailing Address 1 Oriole Lane

City

North Oaks

State

MN

Zip Code

55127-6334

FEC ID number of contributing
federal political committee.

C

S0NH00235

Name of Employer
Self Employed

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.108

Amount of Each Receipt this Period

50.00

EARMARKED FOR KELLY AYOTTE

SUBTOTAL of Receipts This Page (optional)

570.00

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 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

Heidi Brownlee

Mailing Address 1 Oriole Lane

City

North Oaks

State

MN

Zip Code

55127-6334

FEC ID number of contributing
federal political committee.

C

S0IL00261

Name of Employer
Self Employed

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.109

Amount of Each Receipt this Period

50.00

EARMARKED FOR MARK KIRK

B.

Full Name (Last, First, Middle Initial)

Heidi Brownlee

Mailing Address 1 Oriole Lane

City

North Oaks

State

MN

Zip Code

55127-6334

FEC ID number of contributing
federal political committee.

C

S4WV00084

Name of Employer
Self Employed

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.110

Amount of Each Receipt this Period

50.00

EARMARKED FOR JOHN RAESE

C.

Full Name (Last, First, Middle Initial)

Heidi Brownlee

Mailing Address 1 Oriole Lane

City

North Oaks

State

MN

Zip Code

55127-6334

FEC ID number of contributing
federal political committee.

C

S4PA00121

Name of Employer
Self Employed

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.111

Amount of Each Receipt this Period

50.00

EARMARKED FOR PATRICK TOO-MEY

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 19 / 147

(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 First PAC

A.

Full Name (Last, First, Middle Initial)

Heidi Brownlee

Mailing Address 1 Oriole Lane

City

North Oaks

State

MN

Zip Code

55127-6334

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

SOWI00197

Name of Employer
Self Employed

Occupation

Real Estate

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	0

Transaction ID: SA11COND.112

Amount of Each Receipt this Period

50.00

EARMARKED FOR RONALD JOHN-
SON**B.**

Full Name (Last, First, Middle Initial)

CAROLINA CASPERSON

Mailing Address 522 NORTH STATE RD. STE 102

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510-1536

FEC ID number of contributing
federal political committee.**C**Name of Employer
SELF-EMPLOYED

Occupation

SINGER-SONGWRITER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	1	0

Transaction ID: SA11.14710

Amount of Each Receipt this Period

350.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

CAROLINA CASPERSON

Mailing Address 522 NORTH STATE RD. STE 102

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510-1536

FEC ID number of contributing
federal political committee.**C**Name of Employer
SELF-EMPLOYED

Occupation

SINGER-SONGWRITER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.15381

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

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 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

Carolina Casperson

Mailing Address 522 North State Rd. Ste 102

City

Briarcliff Manor

State

NY

Zip Code

10510-1536

FEC ID number of contributing
federal political committee.

C

S0NH00235

Name of Employer
Self-Employed

Occupation

Singer-Songwriter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.50

Amount of Each Receipt this Period

50.00

EARMARKED FOR KELLY AYOTTE

B.

Full Name (Last, First, Middle Initial)

Carolina Casperson

Mailing Address 522 North State Rd. Ste 102

City

Briarcliff Manor

State

NY

Zip Code

10510-1536

FEC ID number of contributing
federal political committee.

C

S0IL00261

Name of Employer
Self-Employed

Occupation

Singer-Songwriter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.51

Amount of Each Receipt this Period

50.00

EARMARKED FOR MARK KIRK

C.

Full Name (Last, First, Middle Initial)

Carolina Casperson

Mailing Address 522 North State Rd. Ste 102

City

Briarcliff Manor

State

NY

Zip Code

10510-1536

FEC ID number of contributing
federal political committee.

C

S4WV00084

Name of Employer
Self-Employed

Occupation

Singer-Songwriter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.52

Amount of Each Receipt this Period

50.00

EARMARKED FOR JOHN RAESE

SUBTOTAL of Receipts This Page (optional)

150.00

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 / 147

(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 First PAC

A.

Full Name (Last, First, Middle Initial)

Carolina Casperson

Mailing Address 522 North State Rd. Ste 102

City

Briarcliff Manor

State

NY

Zip Code

10510-1536

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

S4PA00121

Name of Employer
Self-Employed

Occupation

Singer-Songwriter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	0

Transaction ID: SA11COND.54

Amount of Each Receipt this Period

50.00

EARMARKED FOR PATRICK TOO-MEY

B.

Full Name (Last, First, Middle Initial)

Carolina Casperson

Mailing Address 522 North State Rd. Ste 102

City

Briarcliff Manor

State

NY

Zip Code

10510-1536

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

S0WI00197

Name of Employer
Self-Employed

Occupation

Singer-Songwriter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	0

Transaction ID: SA11COND.55

Amount of Each Receipt this Period

50.00

EARMARKED FOR RONALD JOHN-SON

C.

Full Name (Last, First, Middle Initial)

Poly Cline

Mailing Address 23017 Kobs Rd

City

Tomball

State

TX

Zip Code

77377-3623

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

S4WV00084

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	0

Transaction ID: SA11COND.78

Amount of Each Receipt this Period

50.00

EARMARKED FOR JOHN RAESE

SUBTOTAL of Receipts This Page (optional)

150.00

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 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

Tim Collins

Mailing Address 9730 Deer Trail Drive

City

San Diego

State

CA

Zip Code

92127-3468

FEC ID number of contributing
federal political committee.

C

SOWI00197

Name of Employer
C3

Occupation
Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.114

Amount of Each Receipt this Period

25.00

EARMARKED FOR RONALD JOHN-
SON

B.

Full Name (Last, First, Middle Initial)

MS. ANNE C B COOK

Mailing Address 240 SOUTH BEACH RD

City

HOBE SOUND

State

FL

Zip Code

33455-2508

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
INTERIOR DESIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.14841

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ANTHONY J. CORNISH

Mailing Address P.O. BOX 128

City

GOOD THUNDER

State

MN

Zip Code

56037-0128

FEC ID number of contributing
federal political committee.

C

Name of Employer
STATE OF MN

Occupation
MN STATE HOUSE REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.15178

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1525.00

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 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MRS. BERNADIEN CROSBY

Mailing Address 117 SIDDLE DRIVE

City

CODY

State

WY

Zip Code

82414-9236

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: SA11.15616

Amount of Each Receipt this Period

55.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ANDREW CUMMINS

Mailing Address INFO REQUESTED

City

INFO REQUESTED

State

XX

Zip Code

99999

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.14889

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. PAUL DECLEVA

Mailing Address 350 N. ST. PAUL STREET
SUITE 1625

City

DALLAS

State

TX

Zip Code

75201-4259

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.15323

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1155.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. EDWARD DOHERTY

Mailing Address 4039 HERSCHEL AVENUE

City

DALLAS

State

TX

Zip Code

75219-2931

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID: SA11.15939

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. EDWARD DOHERTY

Mailing Address 4039 HERSCHEL AVENUE

City

DALLAS

State

TX

Zip Code

75219-2931

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID: SA11.16605

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

Ralph Doucette

Mailing Address 201 Sawyer Rd.

City

Hampden

State

ME

Zip Code

04444-3303

FEC ID number of contributing
federal political committee.

C

S0NH00235

Name of Employer
Pd Industries IncOccupation
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.115

Amount of Each Receipt this Period

20.00

EARMARKED FOR KELLY AYOTTE

SUBTOTAL of Receipts This Page (optional)

420.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 25 / 147

(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 First PAC

A.

Full Name (Last, First, Middle Initial)

Ralph Doucette

Mailing Address 201 Sawyer Rd.

City

Hampden

State

ME

Zip Code

04444-3303

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

S0IL00261

Name of Employer
Pd Industries Inc

Occupation

Business Owner

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	0

Transaction ID: SA11COND.116

Amount of Each Receipt this Period

20.00

EARMARKED FOR MARK KIRK

B.

Full Name (Last, First, Middle Initial)

Ralph Doucette

Mailing Address 201 Sawyer Rd.

City

Hampden

State

ME

Zip Code

04444-3303

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

S4WV00084

Name of Employer
Pd Industries Inc

Occupation

Business Owner

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	0

Transaction ID: SA11COND.117

Amount of Each Receipt this Period

20.00

EARMARKED FOR JOHN RAESE

C.

Full Name (Last, First, Middle Initial)

Ralph Doucette

Mailing Address 201 Sawyer Rd.

City

Hampden

State

ME

Zip Code

04444-3303

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

S4PA00121

Name of Employer
Pd Industries Inc

Occupation

Business Owner

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	0

Transaction ID: SA11COND.119

Amount of Each Receipt this Period

20.00

EARMARKED FOR PATRICK TOO-MEY

SUBTOTAL of Receipts This Page (optional)

60.00

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 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

Ralph Doucette

Mailing Address 201 Sawyer Rd.

City

Hampden

State

ME

Zip Code

04444-3303

FEC ID number of contributing
federal political committee.

C

S0W100197

Name of Employer
Pd Industries Inc

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.120

Amount of Each Receipt this Period

20.00

EARMARKED FOR RONALD JOHN-
SON

B.

Full Name (Last, First, Middle Initial)

MR. DENNIS J. DOYLE

Mailing Address 9924 DELL ROAD

City

EDEN PRAIRIE

State

MN

Zip Code

55347-3523

FEC ID number of contributing
federal political committee.

C

Name of Employer
WELSH COMPANIES, INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11.14884

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

Weston Edwards

Mailing Address 27972 655th Ave

City

Litchfield

State

MN

Zip Code

55355-5321

FEC ID number of contributing
federal political committee.

C

S0NH00235

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.44

Amount of Each Receipt this Period

10.00

EARMARKED FOR KELLY AYOTTE

SUBTOTAL of Receipts This Page (optional)

1530.00

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 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

Weston Edwards

Mailing Address 27972 655th Ave

City

Litchfield

State

MN

Zip Code

55355-5321

FEC ID number of contributing
federal political committee.

C

S0IL00261

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.45

Amount of Each Receipt this Period

10.00

EARMARKED FOR MARK KIRK

B.

Full Name (Last, First, Middle Initial)

Weston Edwards

Mailing Address 27972 655th Ave

City

Litchfield

State

MN

Zip Code

55355-5321

FEC ID number of contributing
federal political committee.

C

S4WV00084

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.46

Amount of Each Receipt this Period

10.00

EARMARKED FOR JOHN RAESE

C.

Full Name (Last, First, Middle Initial)

Weston Edwards

Mailing Address 27972 655th Ave

City

Litchfield

State

MN

Zip Code

55355-5321

FEC ID number of contributing
federal political committee.

C

S4PA00121

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.48

Amount of Each Receipt this Period

10.00

EARMARKED FOR PATRICK TOO-MEY

SUBTOTAL of Receipts This Page (optional)

30.00

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 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

Weston Edwards

Mailing Address 27972 655th Ave

City

Litchfield

State

MN

Zip Code

55355-5321

FEC ID number of contributing
federal political committee.

C

SOWI00197

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.49

Amount of Each Receipt this Period

10.00

EARMARKED FOR RONALD JOHN-
SON

B.

Full Name (Last, First, Middle Initial)

MR. MARK W. EGGERT

Mailing Address 414 ISABELLA MANOR COURT

City

CHESTERFIELD

State

MO

Zip Code

63017-2470

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTENE CORP.

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.16111

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. ERNEST ELLISON

Mailing Address 6720 CHURCHILL PARK COURT

City

CHARLOTTE

State

NC

Zip Code

28210-3480

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.16099

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1210.00

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 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MRS. KATHY S. FERGUSON

Mailing Address 551 GREENWAY DRIVE

City

LAKE FOREST

State

IL

Zip Code

60045-4800

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11.16725

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. BILL C. FOX

Mailing Address 202 BAHIA POINT

City

NAPLES

State

FL

Zip Code

34103-3511

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: SA11.14878

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DAVID R. FRAUENSHUH

Mailing Address 7101 WEST 78TH STREET

City

BLOOMINGTON

State

MN

Zip Code

55439-2524

FEC ID number of contributing
federal political committee.

C

Name of Employer
FRAUENSHUH, INC.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

C.E.O. CHAIRMAN & FOUNDER

Aggregate Year-to-Date ▼

6500.00

Date of Receipt

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

Transaction ID: SA11.14877

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

REFUND TO BE ISSUED

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 30 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. R. WILLIAM GARDNER

Mailing Address 5603 BALLINARD LANE

City

CHARLOTTE

State

NC

Zip Code

28277-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11.14916

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN E. GEISLER

Mailing Address 3680 LANDINGS DRIVE

City

EXCELSIOR

State

MN

Zip Code

55331-9709

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARGILL, INC.

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11.14880

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. DIANE GOOCH

Mailing Address 76 WEST RIVER ROAD

City

RUMSON

State

NJ

Zip Code

07760-1138

FEC ID number of contributing
federal political committee.

C

Name of Employer
TWO RIVER TIMES

Occupation
PUBLISHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.15499

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

6600.00

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 31 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

Mark Hagemeister

Mailing Address 4410 Water Elm Way

City

Houston

State

TX

Zip Code

77059-3240

FEC ID number of contributing
federal political committee.

C

H8MN01220

Name of Employer
Exxonmobil

Occupation

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.68

Amount of Each Receipt this Period

10.00

EARMARKED FOR RANDY DEMMER

B.

Full Name (Last, First, Middle Initial)

Mark Hagemeister

Mailing Address 4410 Water Elm Way

City

Houston

State

TX

Zip Code

77059-3240

FEC ID number of contributing
federal political committee.

C

S0CA00330

Name of Employer
Exxonmobil

Occupation

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.69

Amount of Each Receipt this Period

10.00

EARMARKED FOR CARLY FIORI-
NA

C.

Full Name (Last, First, Middle Initial)

Mark Hagemeister

Mailing Address 4410 Water Elm Way

City

Houston

State

TX

Zip Code

77059-3240

FEC ID number of contributing
federal political committee.

C

S0IL00261

Name of Employer
Exxonmobil

Occupation

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.70

Amount of Each Receipt this Period

10.00

EARMARKED FOR MARK KIRK

SUBTOTAL of Receipts This Page (optional)

30.00

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 32 / 147

(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 First PAC

A.

Full Name (Last, First, Middle Initial)

Mark Hagemeister

Mailing Address 4410 Water Elm Way

City

Houston

State

TX

Zip Code

77059-3240

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

H0MN04148

Name of Employer
ExxonmobilOccupation
Engineer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	0

Transaction ID: SA11COND.71

Amount of Each Receipt this Period

10.00

EARMARKED FOR TERESSA COL-
LETT**B.**

Full Name (Last, First, Middle Initial)

Mark Hagemeister

Mailing Address 4410 Water Elm Way

City

Houston

State

TX

Zip Code

77059-3240

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

H0MN08115

Name of Employer
ExxonmobilOccupation
Engineer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	0

Transaction ID: SA11COND.72

Amount of Each Receipt this Period

10.00

EARMARKED FOR CHIP CRAVA-
CK**C.**

Full Name (Last, First, Middle Initial)

May Haller

Mailing Address 127 Garth Rd

City

Scarsdale

State

NY

Zip Code

10583-3754

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

S0NH00235

Name of Employer
N/AOccupation
N/A

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	0

Transaction ID: SA11COND.62

Amount of Each Receipt this Period

5.00

EARMARKED FOR KELLY AYOTTE

SUBTOTAL of Receipts This Page (optional)

25.00

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 33 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

May Haller

Mailing Address 127 Garth Rd

City

Scarsdale

State

NY

Zip Code

10583-3754

FEC ID number of contributing
federal political committee.

C

S0IL00261

Name of Employer
N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.63

Amount of Each Receipt this Period

5.00

EARMARKED FOR MARK KIRK

B.

Full Name (Last, First, Middle Initial)

May Haller

Mailing Address 127 Garth Rd

City

Scarsdale

State

NY

Zip Code

10583-3754

FEC ID number of contributing
federal political committee.

C

S4WV00084

Name of Employer
N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.64

Amount of Each Receipt this Period

5.00

EARMARKED FOR JOHN RAESE

C.

Full Name (Last, First, Middle Initial)

May Haller

Mailing Address 127 Garth Rd

City

Scarsdale

State

NY

Zip Code

10583-3754

FEC ID number of contributing
federal political committee.

C

S4PA00121

Name of Employer
N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.66

Amount of Each Receipt this Period

5.00

EARMARKED FOR PATRICK TOO-MEY

SUBTOTAL of Receipts This Page (optional)

15.00

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 34 / 147

(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 First PAC

A.

Full Name (Last, First, Middle Initial)

May Haller

Mailing Address 127 Garth Rd

City

Scarsdale

State

NY

Zip Code

10583-3754

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

SOWI00197

Name of Employer
N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	1	0

Transaction ID: SA11COND.67

Amount of Each Receipt this Period

5.00

EARMARKED FOR RONALD JOHN-
SON**B.**

Full Name (Last, First, Middle Initial)

MR. JASON M. HARROLD

Mailing Address 534 TREGARON PLACE

City

FRONTENAC

State

MO

Zip Code

63131-3413

FEC ID number of contributing
federal political committee.**C**Name of Employer
CENTENE CORPORATION

Occupation

SVP SPECIALITY BUSINESS UNIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.16120

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. TODD G. HARTMAN

Mailing Address 16201 ADELINE LANE

City

WAYZATA

State

MN

Zip Code

55391-2055

FEC ID number of contributing
federal political committee.**C**Name of Employer
BEST BUY

Occupation

VP, ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.14879

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2005.00

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 35 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. RICHARD HARTNACK

Mailing Address 150 2ND STREET NE #507

City

MINNEAPOLIS

State

MN

Zip Code

55413-2739

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. BANK

Occupation
BANKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: SA11.14871

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. NANCY HASELHORST

Mailing Address 6205 MINERAL POINT ROAD
APARTMENT 810

City

MADISON

State

WI

Zip Code

53705-4581

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.14938

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. ELLA HELM

Mailing Address 3385 HALLMARK DRIVE SE

City

MARIETTA

State

GA

Zip Code

30067-5110

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.15273

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

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 36 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. MATTHEW S. HEMSLEY

Mailing Address 111 4TH AVENUE N.
APARTMENT 306

City State Zip Code
MINNEAPOLIS MN 55401-1533

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.15614

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CARY D. HOBBS

Mailing Address 1579 MILBRIDGE DRIVE

City State Zip Code
CHESTERFIELD MO 63017-4623

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTENE CORPORATION

Occupation

SR. VP BUSINESS MGMT & INTEG.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.16112

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. CECILE HORTON

Mailing Address 41 CHEROKEE HILLS

City State Zip Code
TUSCALOOSA AL 35404-5914

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.15025

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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 37 / 147

(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 First PAC

A.

Full Name (Last, First, Middle Initial)

MR. PHILLIPS F. HOUSLEY

Mailing Address 2877 ITASCA AVENUE S.

City

LAKELAND

State

MN

Zip Code

55043-9742

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.15928

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES HOUSTON

Mailing Address 345 N. VIA LAS PALMAS

City

PALM SPRINGS

State

CA

Zip Code

92262-4292

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

DIVISION MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.15147

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

Sharon Howe

Mailing Address 155 Nartoff Road

City

Hollis

State

NH

Zip Code

03049-5903

FEC ID number of contributing
federal political committee.

C

S4PA00121

Name of Employer
Gateways Community Services

Occupation

Direct Services Provider

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	0

Transaction ID: SA11COND.101

Amount of Each Receipt this Period

5.00

EARMARKED FOR PATRICK TOO-MEY

SUBTOTAL of Receipts This Page (optional)

455.00

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 38 / 147

(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 First PAC

A.

Full Name (Last, First, Middle Initial)

Sharon Howe

Mailing Address 155 Nartoff Road

City

Hollis

State

NH

Zip Code

03049-5903

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

S0WI00197

Name of Employer
Gateways Community Services

Occupation

Direct Services Provider

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	0

Transaction ID: SA11COND.102

Amount of Each Receipt this Period

5.00

EARMARKED FOR RONALD JOHN-
SON**B.**

Full Name (Last, First, Middle Initial)

Sharon Howe

Mailing Address 155 Nartoff Road

City

Hollis

State

NH

Zip Code

03049-5903

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

S0NH00235

Name of Employer
Gateways Community Services

Occupation

Direct Services Provider

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	0

Transaction ID: SA11COND.97

Amount of Each Receipt this Period

5.00

EARMARKED FOR KELLY AYOTTE

C.

Full Name (Last, First, Middle Initial)

Sharon Howe

Mailing Address 155 Nartoff Road

City

Hollis

State

NH

Zip Code

03049-5903

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

S0IL00261

Name of Employer
Gateways Community Services

Occupation

Direct Services Provider

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	0

Transaction ID: SA11COND.98

Amount of Each Receipt this Period

5.00

EARMARKED FOR MARK KIRK

SUBTOTAL of Receipts This Page (optional)

15.00

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 39 / 147

(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 First PAC

A.

Full Name (Last, First, Middle Initial)

Sharon Howe

Mailing Address 155 Nartoff Road

City

Hollis

State

NH

Zip Code

03049-5903

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

S4WV00084

Name of Employer
Gateways Community Services

Occupation

Direct Services Provider

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	0

Transaction ID: SA11COND.99

Amount of Each Receipt this Period

5.00

EARMARKED FOR JOHN RAESE

B.

Full Name (Last, First, Middle Initial)

MR. STEVEN HUNSICKER

Mailing Address 3083 ORDWAY STREET NW

City

WASHINGTON

State

DC

Zip Code

20008-3255

FEC ID number of contributing
federal political committee.**C**Name of Employer
BAKER BOTTS

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: SA11.15343

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. LINDA J. HUNTER

Mailing Address 7426 WYDOWN BLVD.

City

SAINT LOUIS

State

MO

Zip Code

63105-2902

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.16114

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1255.00

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 40 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MRS. PATRICIA A. IMHOLZ

Mailing Address 1154 WHITMOOR DRIVE

City

ST. CHARLES

State

MO

Zip Code

63304-0566

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.16113

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JERRY JOHNSON

Mailing Address 8463 CRANE DANCE TRAIL

City

EDEN PRAIRIE

State

MN

Zip Code

55344-4919

FEC ID number of contributing
federal political committee.

C

Name of Employer
MERISTEM, L.L.P.

Occupation

WEALTH MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11.14870

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN KINKEAD

Mailing Address 693 MONTCALM PLACE

City

SAINT PAUL

State

MN

Zip Code

55116-1745

FEC ID number of contributing
federal political committee.

C

Name of Employer
NATIONAL MOWER COMPANY

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.15987

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2600.00

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 41 / 147

(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 First PAC

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT KLAS, SR.

Mailing Address 1685 MARTHALER LANE

City

MENDOTA HEIGHTS

State

MN

Zip Code

55118-3517

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE TAPEMARK COMPANYOccupation
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

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

Transaction ID: SA11.15611

Amount of Each Receipt this Period

-1500.00

CONTRIBUTION

[MEMO ITEM]

REATTRIBUTION TO SPOUSE

B.

Full Name (Last, First, Middle Initial)

MRS. SANDRA KLAS

Mailing Address 1685 MARTHALER LANE

City

MENDOTA HEIGHTS

State

MN

Zip Code

55118-3517

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11.15610

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

[MEMO ITEM]

REATTRIBUTION FROM SPOUSE

C.

Full Name (Last, First, Middle Initial)

MR. CHARLES L. KLINEFELTER

Mailing Address 4609 CEDAR ISLAND DRIVE

City

EVELETH

State

MN

Zip Code

55734-4036

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLL MANAGEMENTOccupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11.15262

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

100.00

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 42 / 147

(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 First PAC

A.

Full Name (Last, First, Middle Initial)

MS. VICKY KLINE

Mailing Address 10085 170TH STREET W.

City

LAKEVILLE

State

MN

Zip Code

55044-5511

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.14746

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. VICKY KLINE

Mailing Address 10085 170TH STREET W.

City

LAKEVILLE

State

MN

Zip Code

55044-5511

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	0

Transaction ID: SA11.16233

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT KRAMER

Mailing Address 1233 N. GULFSTREAM AVENUE

City

SARASOTA

State

FL

Zip Code

34236-8923

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.14908

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

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 43 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. EDMUND E. KROLL, JR.

Mailing Address 200 RIVERSIDE BLVD.
APARTMENT 21A

City State Zip Code
NEW YORK NY 10069-0904

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTENE CORPORATION

Occupation
SENIOR VP, FINANCE AND INVESTOR RELATI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.16122

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

Gary Lainer

Mailing Address 2755 Forrester Dr

City State Zip Code
Los Angeles CA 90064-3447

FEC ID number of contributing
federal political committee.

C S0IL00261

Name of Employer
Self

Occupation
Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.75

Amount of Each Receipt this Period

100.00

EARMARKED FOR MARK KIRK

C.

Full Name (Last, First, Middle Initial)

Gary Lainer

Mailing Address 2755 Forrester Dr

City State Zip Code
Los Angeles CA 90064-3447

FEC ID number of contributing
federal political committee.

C S4WV00084

Name of Employer
Self

Occupation
Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.76

Amount of Each Receipt this Period

100.00

EARMARKED FOR JOHN RAESE

SUBTOTAL of Receipts This Page (optional)

1200.00

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 44 / 147

(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 First PAC

A.

Full Name (Last, First, Middle Initial)

MR. GREGORY LARSON

Mailing Address 8971 AVILA COVE

City

EDEN PRAIRIE

State

MN

Zip Code

55347-3431

FEC ID number of contributing
federal political committee.

C

Name of Employer
CREEKRIDGE CAPITAL

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.14868

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RICK D. LEGGOTT

Mailing Address 6 SPUR ROAD

City

EDINA

State

MN

Zip Code

55436-1356

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARBOR CAPITAL MANAGEMENT,
LLC

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.14882

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JEFFREY M. LEINTZ

Mailing Address INFO REQUESTED

City

INFO REQUESTED

State

XX

Zip Code

99999

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.14869

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. WALTER STANLEY LUTZ

Mailing Address 2467 HALL ROAD

City

HARTFORD

State

WI

Zip Code

53027-9016

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIGNICAST LLC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 1 0

Transaction ID: SA11.15411

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. HARVEY B. MACKAY

Mailing Address 2100 ELM STREET SE

City

MINNEAPOLIS

State

MN

Zip Code

55414-2533

FEC ID number of contributing
federal political committee.

C

Name of Employer
MACKAY, MITCHELL ENVELOPE
COMPANY

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.14875

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WILLIAM MACKAY

Mailing Address 2581 PARKVIEW COURT

City

WHITE BEAR LAKE

State

MN

Zip Code

55110-5785

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.15335

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1700.00

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 46 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

William McElheney

Mailing Address 246 Main Street

City

Florence

State

KY

Zip Code

41042-2029

FEC ID number of contributing
federal political committee.

C

S4WV00084

Name of Employer
Wm L McElheney Cpa

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.83

Amount of Each Receipt this Period

50.00

EARMARKED FOR JOHN RAESE

B.

Full Name (Last, First, Middle Initial)

MRS. MARY C. MCKOSKEY

Mailing Address 9987 ARCOLA COURT N.

City

STILLWATER

State

MN

Zip Code

55082-9523

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.16234

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DAVID J. MCMILLAN

Mailing Address 2724 GREYSOLON ROAD

City

DULUTH

State

MN

Zip Code

55812-2308

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALLETTE

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

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

Transaction ID: SA11.16055

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

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 47 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. JOHN F. MULLEN

Mailing Address 1126 KINGSLEY CIRCLE N.

City

SAINT PAUL

State

MN

Zip Code

55118-4158

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.14797

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. ELLIS F. NAEGELE

Mailing Address 7993 VIA VECCHIA

City

NAPLES

State

FL

Zip Code

34108-7531

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11.16105

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. NOEMI NEIDORFF

Mailing Address 76 OVERHILLS DRIVE

City

ST. LOUIS

State

MO

Zip Code

63124-1532

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.16118

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

8000.00

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 48 / 147

(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 First PAC

A.

Full Name (Last, First, Middle Initial)

MR. GLEN D. NELSON

Mailing Address 301 CARLSON PARKWAY
SUITE 275

City	State	Zip Code
MINNETONKA	MN	55305-5386

FEC ID number of contributing
federal political committee.

C

Name of Employer
GDN HOLDINGS, INC.Occupation
INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: SA11.14873

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. SCOTT NEWMAN

Mailing Address 10055 205TH STREET W.

City	State	Zip Code
LAKEVILLE	MN	55044-7864

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEWMAN FINANCIAL SERVICESOccupation
C.F.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.15056

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. QUYEN NGUYEN

Mailing Address 1725 ROME AVENUE

City	State	Zip Code
SAINT PAUL	MN	55116-2425

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.16048

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1650.00

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 49 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. TIMOTHY NICHOLSON

Mailing Address 900 N. KINGSBURY #934

City

CHICAGO

State

IL

Zip Code

60610-7443

FEC ID number of contributing
federal political committee.

C

Name of Employer
PVS CHEMICALS

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11.15497

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. MABEL NORTON

Mailing Address 4523 SHORELINE DRIVE
APARTMENT 317

City

SPRING PARK

State

MN

Zip Code

55384-9775

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11.15306

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN E. OLSON

Mailing Address 35280 320TH STREET

City

AITKIN

State

MN

Zip Code

56431-4396

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.14948

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2700.00

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 50 / 147

(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 First PAC

A.

Full Name (Last, First, Middle Initial)

MR. WILLARD D. OLSON

Mailing Address 17638 LYONS STREET NE

City

FOREST LAKE

State

MN

Zip Code

55025-8854

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11.15304

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. CYNTHIA M. PAGE

Mailing Address 512 HARRINGTON ROAD

City

WAYZATA

State

MN

Zip Code

55391-1513

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKEROccupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.14876

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. BRUCE PENDLETON

Mailing Address 6444 INDIAN LANE

City

MISSION HILLS

State

KS

Zip Code

66208-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEUROLOGICAL SURGERY ASSO-
CIATIONOccupation
NEUROSURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1851.73

Date of Receipt

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

Transaction ID: SA11.15425

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5550.00

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 51 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. MAURICE J. REESE

Mailing Address 713 LAKEWOOD BLVD.

City

MADISON

State

WI

Zip Code

53704-6048

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11.16069

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. SHELLEY M. ROBINSON

Mailing Address 120 DOLPHIN ROAD

City

OCEAN RIDGE

State

FL

Zip Code

33435-7009

FEC ID number of contributing
federal political committee.

C

Name of Employer
KIDS CLUB

Occupation
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11.15969

Amount of Each Receipt this Period

110.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. J.E SAMWAYS

Mailing Address 1333 ARTHUR LANE NW
APARTMENT 312

City

ROCHESTER

State

MN

Zip Code

55901-2095

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11.15186

Amount of Each Receipt this Period

45.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

255.00

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 52 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. H. ROBERT SANDERS

Mailing Address 7 FOX MILL DRIVE

City

MARYVILLE

State

IL

Zip Code

62062-6715

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTENE CORPORATION

Occupation

VP COMPBENEFITS&TRAVELSRVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.16119

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. EDWIN C. SANDHAM

Mailing Address 1964 SW SAINT ANDREWS DRIVE

City

PALM CITY

State

FL

Zip Code

34990-2210

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11.14926

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WILLIAM N. SCHEFFEL

Mailing Address 1111 CLAYTON PLACE DRIVE

City

TOWN AND COUNTRY

State

MO

Zip Code

63131-1443

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTENE CORPORATION

Occupation

EXECUTIVE VP, CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.16117

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2200.00

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 53 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

Steven Joseph Schmidt

Mailing Address 5280 Salem Lane

City

Loretto

State

MN

Zip Code

55357-8718

FEC ID number of contributing
federal political committee.

C

S0NH00235

Name of Employer
Abetech

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.38

Amount of Each Receipt this Period

50.00

EARMARKED FOR KELLY AYOTTE

B.

Full Name (Last, First, Middle Initial)

Steven Joseph Schmidt

Mailing Address 5280 Salem Lane

City

Loretto

State

MN

Zip Code

55357-8718

FEC ID number of contributing
federal political committee.

C

S0IL00261

Name of Employer
Abetech

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.39

Amount of Each Receipt this Period

50.00

EARMARKED FOR MARK KIRK

C.

Full Name (Last, First, Middle Initial)

Steven Joseph Schmidt

Mailing Address 5280 Salem Lane

City

Loretto

State

MN

Zip Code

55357-8718

FEC ID number of contributing
federal political committee.

C

S4WV00084

Name of Employer
Abetech

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.40

Amount of Each Receipt this Period

50.00

EARMARKED FOR JOHN RAESE

SUBTOTAL of Receipts This Page (optional)

150.00

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 54 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

Steven Joseph Schmidt

Mailing Address 5280 Salem Lane

City

Loretto

State

MN

Zip Code

55357-8718

FEC ID number of contributing
federal political committee.

C

S4PA00121

Name of Employer
Abetech

Occupation
Engineer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.42

Amount of Each Receipt this Period

50.00

EARMARKED FOR PATRICK TOO-
MEY

B.

Full Name (Last, First, Middle Initial)

Steven Joseph Schmidt

Mailing Address 5280 Salem Lane

City

Loretto

State

MN

Zip Code

55357-8718

FEC ID number of contributing
federal political committee.

C

S0WI00197

Name of Employer
Abetech

Occupation
Engineer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.43

Amount of Each Receipt this Period

50.00

EARMARKED FOR RONALD JOHN-
SON

C.

Full Name (Last, First, Middle Initial)

John Schoenberger

Mailing Address 1514 Hill Ave

City

Wheaton

State

IL

Zip Code

60187-5831

FEC ID number of contributing
federal political committee.

C

S0NH00235

Name of Employer
None

Occupation
Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.121

Amount of Each Receipt this Period

25.00

EARMARKED FOR KELLY AYOTTE

SUBTOTAL of Receipts This Page (optional)

125.00

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 55 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

John Schoenberger

Mailing Address 1514 Hill Ave

City

Wheaton

State

IL

Zip Code

60187-5831

FEC ID number of contributing
federal political committee.

C

S4WV00084

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.122

Amount of Each Receipt this Period

25.00

EARMARKED FOR JOHN RAESE

B.

Full Name (Last, First, Middle Initial)

John Schoenberger

Mailing Address 1514 Hill Ave

City

Wheaton

State

IL

Zip Code

60187-5831

FEC ID number of contributing
federal political committee.

C

S4PA00121

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.123

Amount of Each Receipt this Period

25.00

EARMARKED FOR PATRICK TOO-
MEY

C.

Full Name (Last, First, Middle Initial)

John Schoenberger

Mailing Address 1514 Hill Ave

City

Wheaton

State

IL

Zip Code

60187-5831

FEC ID number of contributing
federal political committee.

C

S0WI00197

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.124

Amount of Each Receipt this Period

25.00

EARMARKED FOR RONALD JOHN-
SON

SUBTOTAL of Receipts This Page (optional)

75.00

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 56 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MRS. GLENDON A. SCHUSTER

Mailing Address 14 BERKLEY LANE

City

SAINT LOUIS

State

MO

Zip Code

63124-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTENE CORPORATION

Occupation

CHIEF TECHNOLOGY OFFICER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.16121

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RANDY SEYKORA

Mailing Address 1601 GRIZZLY LANE

City

SARTELL

State

MN

Zip Code

56377-1672

FEC ID number of contributing
federal political committee.

C

Name of Employer
SYNTHES

Occupation

SALES

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11.14686

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RANDY SEYKORA

Mailing Address 1601 GRIZZLY LANE

City

SARTELL

State

MN

Zip Code

56377-1672

FEC ID number of contributing
federal political committee.

C

Name of Employer
SYNTHES

Occupation

SALES

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11.16532

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1200.00

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 57 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

Cecilia Shanta

Mailing Address 4492 Oakhill Circle

City

Las Vegas

State

NV

Zip Code

89121-6248

FEC ID number of contributing
federal political committee.

C

S0IL00261

Name of Employer
None

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11COND.125

Amount of Each Receipt this Period

25.00

EARMARKED FOR MARK KIRK

B.

Full Name (Last, First, Middle Initial)

Cecilia Shanta

Mailing Address 4492 Oakhill Circle

City

Las Vegas

State

NV

Zip Code

89121-6248

FEC ID number of contributing
federal political committee.

C

S4WV00084

Name of Employer
None

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11COND.126

Amount of Each Receipt this Period

25.00

EARMARKED FOR JOHN RAESE

C.

Full Name (Last, First, Middle Initial)

MRS. ELEANOR SHOWERS

Mailing Address 1486 NESBITT ROAD

City

CALEDONIA

State

OH

Zip Code

43314-9475

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

367.00

Date of Receipt

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

Transaction ID: SA11.14840

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

200.00

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 58 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MS. DIAN GRAVES STAI

Mailing Address 1286 CHERRY SPRING ROAD

City

FREDERICKSBURG

State

TX

Zip Code

78624-6270

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

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

Transaction ID: SA11.14976

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. DIAN GRAVES STAI

Mailing Address 1286 CHERRY SPRING ROAD

City

FREDERICKSBURG

State

TX

Zip Code

78624-6270

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

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

Transaction ID: SA11.16016

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. DIAN GRAVES STAI

Mailing Address 1286 CHERRY SPRING ROAD

City

FREDERICKSBURG

State

TX

Zip Code

78624-6270

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

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

Transaction ID: SA11.16615

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 59 / 147

(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 First PAC

A.

Full Name (Last, First, Middle Initial)

MR. WARREN R. STALEY

Mailing Address 4517 EDINA BLVD.

City

EDINA

State

MN

Zip Code

55424-1135

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11.14881

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WHITNEY STEVENS

Mailing Address 18 E. 41ST STREET

City

NEW YORK

State

NY

Zip Code

10017-6222

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.16001

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. ADA A. STRASENBURGH

Mailing Address P.O. BOX 608

City

OCEAN VIEW

State

NJ

Zip Code

08230-0608

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11.14803

Amount of Each Receipt this Period

125.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1725.00

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 60 / 147

(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 First PAC

A.

Full Name (Last, First, Middle Initial)

MS. ROZENE R. SUPPLE

Mailing Address 1850 SMOKE TREE LANE

City

PALM SPRINGS

State

CA

Zip Code

92264-1602

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

R. & R. BROADCASTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

Transaction ID: SA11.16650

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES TAIT

Mailing Address 700 ROCKFELLER ROAD

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11.15270

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JAMES TAIT

Mailing Address 700 ROCKFELLER ROAD

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11.16064

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

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 61 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. ROY H. TANZMAN

Mailing Address 90 WOODBRIDGE CENTER DRIVE
SUITE 900 BOX 10

City State Zip Code
WOODBRIDGE NJ 07095-1155

FEC ID number of contributing
federal political committee.

C

Name of Employer
WILENTZ GOLDMAN & SPITZER

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.16517

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. DOROTHY THOMAS

Mailing Address 1311 NORTHGATE DRIVE

City State Zip Code
OPELIKA AL 36801-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11.16101

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT W. THOMPSON

Mailing Address 330 14TH STREET SW

City State Zip Code
PINE CITY MN 55063-1651

FEC ID number of contributing
federal political committee.

C

Name of Employer
MINPACK, INC.

Occupation
PRESIDENT/C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11.14723

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

525.00

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 62 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. JOSEPH A. TIESI

Mailing Address 800 W. PARK AVENUE

City

STATE COLLEGE

State

PA

Zip Code

16803-3429

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

FINANCIAL CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11.14934

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN S. TOWNSEND

Mailing Address 8306 ROAD 3.2 N.E.

City

MOSES LAKE

State

WA

Zip Code

98837-7801

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.14719

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN S. TOWNSEND

Mailing Address 8306 ROAD 3.2 N.E.

City

MOSES LAKE

State

WA

Zip Code

98837-7801

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.15337

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

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 63 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. DAVID WALSH

Mailing Address P.O.BOX 11450

City

JACKSON

State

WY

Zip Code

83002-1450

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11.14709

Amount of Each Receipt this Period

750.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. SYLVIA WEERES

Mailing Address 1923 TEMMINCK ROAD

City

SAINT CLOUD

State

MN

Zip Code

56301-5258

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPEC DEE DELY

Occupation
EXECUTIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11.15296

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

KELLIE L. WESTERBUHR

Mailing Address 10043 PILGRIM WAY

City

MAPLE GROVE

State

MN

Zip Code

55369-3551

FEC ID number of contributing
federal political committee.

C

Name of Employer
US FOOD AND DRUG ADMIN.

Occupation
CONSUMER SAFETY OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: SA11.14734

Amount of Each Receipt this Period

65.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

915.00

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 64 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

MR. BRUCE WETZEL

Mailing Address 7550 CODER ROAD

City

MAUMEE

State

OH

Zip Code

43537-9345

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 1 0

Transaction ID: SA11.15410

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. KEITH H. WILLIAMSON

Mailing Address 232 N. KINGSHIGHWAY BLVD.
APARTMENT 1208

City

SAINT LOUIS

State

MO

Zip Code

63108-1299

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTENE CORPORATION

Occupation
SENIOR VP, SECRETARY AND GENERAL COUNS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.16115

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOEY WOJCIECH

Mailing Address 9212 TALISMAN DRIVE

City

VIENNA

State

VA

Zip Code

22182-3434

FEC ID number of contributing
federal political committee.

C

Name of Employer
JL INFORMATION SYSTEMS

Occupation
SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11.15111

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1350.00

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 65 / 147

(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 First PAC

A.

Full Name (Last, First, Middle Initial)

MR. TEDDY WONG

Mailing Address 3063 LITTLE BAY ROAD

City

ROSEVILLE

State

MN

Zip Code

55113-2112

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: SA11.16231

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. R. WAYNE WOOD

Mailing Address 5134 N. WINDSONG CANYON DRIVE

City

TUCSON

State

AZ

Zip Code

85749-7249

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARIZONA COMMUNITY SURGEONSOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.16072

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

Carol Ziemian

Mailing Address 41 Coach Lane

City

Westwood

State

MA

Zip Code

02090-2909

FEC ID number of contributing
federal political committee.

C

S0NH00235

Name of Employer
Northeastern UniversityOccupation
Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	1	0

Transaction ID: SA11COND.90

Amount of Each Receipt this Period

25.00

EARMARKED FOR KELLY AYOTTE

SUBTOTAL of Receipts This Page (optional)

225.00

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 66 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)

Carol Ziemian

Mailing Address 41 Coach Lane

City

Westwood

State

MA

Zip Code

02090-2909

FEC ID number of contributing
federal political committee.

C

S0IL00261

Name of Employer
Northeastern University

Occupation
Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA11COND.91

Amount of Each Receipt this Period

25.00

EARMARKED FOR MARK KIRK

B.

Full Name (Last, First, Middle Initial)

PRAIRIE ISLAND TRIBAL COUNCIL

Mailing Address 5636 STURGEON LAKE ROAD

City

WELCH

State

MN

Zip Code

55089-9635

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.14887

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

78025.00

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

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

FOR LINE NUMBER: PAGE 67 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
BRYAN CAVE LLP POLITICAL FUND

Mailing Address 1155 F. STREET NW

City State Zip Code
WASHINGTON DC 20004-1312

FEC ID number of contributing
federal political committee. **C** C00332643

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: SA11.16534

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
CENTENE CORPORATION PAC

Mailing Address 7711 CARONDELET AVENUE

City State Zip Code
ST. LOUIS MO 63105-3313

FEC ID number of contributing
federal political committee. **C** C00397851

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
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11.16110

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

6000.00

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

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

FOR LINE NUMBER: PAGE 68 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
CITIZENS FOR BILL BRADY

Mailing Address 500 W MONROE ST FIRST FL NE

City State Zip Code
SPRINGFIELD IL 62704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

542.25

Date of Receipt

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

Transaction ID: SA15.2

Amount of Each Receipt this Period

542.25

REIMBURSEMENT- TRAVEL

B.

Full Name (Last, First, Middle Initial)
FRIENDS OF FRANK GUINTA

Mailing Address PO BOX 877

City State Zip Code
MANCHESTER NH 03105

FEC ID number of contributing
federal political committee.

C

C00461350

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1420.95

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA15.4

Amount of Each Receipt this Period

1420.95

REIMBURSEMENT- TRAVEL

C.

Full Name (Last, First, Middle Initial)
REPUBLICAN GOVERNORS ASSOCIATION

Mailing Address 1747 PENNSYLVANIA AVE NW STE 250

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10110.26

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA15.3

Amount of Each Receipt this Period

7444.23

REIMBURSEMENT- TRAVEL

SUBTOTAL of Receipts This Page (optional)

9407.43

TOTAL This Period (last page this line number only)

9407.43

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

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

FOR LINE NUMBER: PAGE 69 / 147

(check only one)

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

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NAME OF COMMITTEE (In Full)

Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
BB&T

Mailing Address 300 SOUTH WASHINGTON ST

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.75

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: SA17.3

Amount of Each Receipt this Period

28.10

INTEREST EARNINGS

B.

Full Name (Last, First, Middle Initial)
WELLS FARGO

Mailing Address PO BOX 63750

City State Zip Code
SAN FRANCISCO CA 94163

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

614.64

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA17.6

Amount of Each Receipt this Period

96.52

INTEREST EARNINGS

SUBTOTAL of Receipts This Page (optional)

124.62

TOTAL This Period (last page this line number only)

124.62

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 70 / 147

<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 First PAC

A. Full Name (Last, First, Middle Initial) DEB BURKE <hr/> Mailing Address 5206 13TH AVE S <hr/> City MINNEAPOLIS State MN Zip Code 55417 <hr/> Purpose of Disbursement POSTAGE 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: SB21.69 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 9 / 2 0 1 0</div> </div>
<div> <div>Category/Type</div> <div>110.00</div> </div>	Amount of Each Disbursement this Period <div>110.00</div>

SUBTOTAL of Disbursements This Page (optional)

7441.05

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 71 / 147

<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 First PAC

A.

Full Name (Last, First, Middle Initial)
BRIAN HALEY

Mailing Address PO BOX 9190

City ST PAUL State MN Zip Code 55109

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.48

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

6464.46

B.

Full Name (Last, First, Middle Initial)
TRISHA HAMM

Mailing Address PO BOX 9190

City ST PAUL State MN Zip Code 55109

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.49

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

4904.29

C.

Full Name (Last, First, Middle Initial)
BRYAN KAEGI

Mailing Address 222 WILSONIA AVE

City NASHVILLE State TN Zip Code 37205

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.22

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

13368.75

TOTAL This Period (last page this line number only)

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

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 73 / 147

<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 First PAC

A. Full Name (Last, First, Middle Initial) ROBERT D NOEL, JR	Transaction ID: SB21.36 Date of Disbursement
Mailing Address PO BOX 9190	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 9 / 2 0 1 0</div> </div>
City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period
Purpose of Disbursement INTERN STIPEND	<div>200.00</div>
Candidate Name	<div>Category/Type</div>
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) ROBERT D NOEL, JR	Transaction ID: SB21.37 Date of Disbursement
Mailing Address PO BOX 9190	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 5 / 2 0 1 0</div> </div>
City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period
Purpose of Disbursement INTERN STIPEND	<div>200.00</div>
Candidate Name	<div>Category/Type</div>
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) ROBERT D NOEL, JR	Transaction ID: SB21.38 Date of Disbursement
Mailing Address PO BOX 9190	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 2 / 2 0 1 0</div> </div>
City ST PAUL State MN Zip Code 55109	Amount of Each Disbursement this Period
Purpose of Disbursement INTERN STIPEND	<div>200.00</div>
Candidate Name	<div>Category/Type</div>
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)

600.00

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 74 / 147

<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 First PAC

A.

Full Name (Last, First, Middle Initial)
ROBERT D NOEL, JR

Mailing Address PO BOX 9190

City ST PAUL State MN Zip Code 55109

Purpose of Disbursement
INTERN STIPEND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.39

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

B.

Full Name (Last, First, Middle Initial)
LYNN RENEE

Mailing Address 7300 LILAC LN

City VICTORIA State MN Zip Code 55386

Purpose of Disbursement
VIDEO/AUDIO MATERIALS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.77

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

C.

Full Name (Last, First, Middle Initial)
ANN RYAN

Mailing Address 105 CLAY CLIFFE RD

City MINNETONKA BEACH State MN Zip Code 55331

Purpose of Disbursement
CATERING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.12

Date of Disbursement

/ /

Amount of Each Disbursement this Period

983.76

SUBTOTAL of Disbursements This Page (optional)

1483.76

TOTAL This Period (last page this line number only)

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 76 / 147

<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 First PAC

A.

Full Name (Last, First, Middle Initial)
DON STILES

Mailing Address 6901 AUTO CLUB RD

City BLOOMINGTON State MN Zip Code 55438

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.75

Date of Disbursement

/ /

Amount of Each Disbursement this Period

456.50

B.

Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.18

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1.88

C.

Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.19

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1312.97

SUBTOTAL of Disbursements This Page (optional)

1771.35

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 77 / 147

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
ASCENT MEDIA

Mailing Address DEPARTMENT 2146

City LOS ANGELES State CA Zip Code 90084

Purpose of Disbursement
MEDIA

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.43

Date of Disbursement

/ /

Amount of Each Disbursement this Period

688.88

B.

Full Name (Last, First, Middle Initial)
BB&T

Mailing Address 300 SOUTH WASHINGTON ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.2

Date of Disbursement

/ /

Amount of Each Disbursement this Period

527.00

C.

Full Name (Last, First, Middle Initial)
BB&T

Mailing Address 300 SOUTH WASHINGTON ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.5

Date of Disbursement

/ /

Amount of Each Disbursement this Period

242.00

SUBTOTAL of Disbursements This Page (optional)

1457.88

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 PageFOR LINE NUMBER:
(check only one)

PAGE 78 / 147

<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 First PAC**A.**

Full Name (Last, First, Middle Initial)

BB&T VISA BUSINESS CARD

Mailing Address PO BOX 24747

City
TAMPAState
FLZip Code
33623Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

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

State: District:

Transaction ID: SB21CCP.1

Date of Disbursement

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

Amount of Each Disbursement this Period

38510.33

B.

Full Name (Last, First, Middle Initial)

AIRTRAN

Mailing Address 9955 AIRTRAN BLVD

City
ORLANDOState
FLZip Code
32827Purpose of Disbursement
TRAVEL

Candidate Name

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

State: District:

Transaction ID: SB21CCD.34

Date of Disbursement

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

Amount of Each Disbursement this Period

100.70

[MEMO ITEM]**C.**

Full Name (Last, First, Middle Initial)

ALEXANDRIA YELLOW CAB

Mailing Address 3014 COLVIN ST

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL

Candidate Name

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

State: District:

Transaction ID: SB21CCD.35

Date of Disbursement

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

Amount of Each Disbursement this Period

15.68

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

38510.33

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 79 / 147

<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 First PAC

A. Full Name (Last, First, Middle Initial) AMERICAN AIRLINES	Transaction ID: SB21CCD.36 Date of Disbursement
Mailing Address 4333 AMON CARTER BLVD	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 6 / 2 0 1 0</div> </div>
City FT WORTH State TX Zip Code 76155	Amount of Each Disbursement this Period
Purpose of Disbursement TRAVEL	<div>2241.30</div>
Candidate Name	<div>Category/Type</div>
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) AMTRAK	Transaction ID: SB21CCD.37 Date of Disbursement
Mailing Address 60 MASSACHUSETTS AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 6 / 2 0 1 0</div> </div>
City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement TRAVEL	<div>479.00</div>
Candidate Name	<div>Category/Type</div>
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) APPLE ONLINE STORE	Transaction ID: SB21CCD.4 Date of Disbursement
Mailing Address 1 INFINITE LP	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 6 / 2 0 1 0</div> </div>
City CUPERTINO State CA Zip Code 95014	Amount of Each Disbursement this Period
Purpose of Disbursement EQUIPMENT PURCHASE	<div>1638.15</div>
Candidate Name	<div>Category/Type</div>
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)

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 80 / 147

<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 First PAC

A. Full Name (Last, First, Middle Initial) APPLEBEE'S	Transaction ID: SB21CCD.9 Date of Disbursement																				
Mailing Address 999 WEST TAYLOR ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	1	0												
City SAN JOSE State CA Zip Code 95126	Amount of Each Disbursement this Period																				
Purpose of Disbursement FOOD/BEVERAGES	<table border="1"> <tr> <td colspan="10">69.96</td> </tr> </table>	69.96																			
69.96																					
Candidate Name	[MEMO ITEM]																				
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) AT&T	Transaction ID: SB21CCD.29 Date of Disbursement																				
Mailing Address ONE AT&T PLAZA	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	1	0												
City DALLAS State TX Zip Code 75202	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEPHONE SERVICE	<table border="1"> <tr> <td colspan="10">649.78</td> </tr> </table>	649.78																			
649.78																					
Candidate Name	[MEMO ITEM]																				
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) BEST BUY	Transaction ID: SB21CCD.5 Date of Disbursement																				
Mailing Address 7601 PENN AVE S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	1	0												
City RICHFIELD State MN Zip Code 55423	Amount of Each Disbursement this Period																				
Purpose of Disbursement EQUIPMENT PURCHASE	<table border="1"> <tr> <td colspan="10">23.55</td> </tr> </table>	23.55																			
23.55																					
Candidate Name	[MEMO ITEM]																				
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)

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 81 / 147

<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 First PAC

A. Full Name (Last, First, Middle Initial) BEV'S ON THE RIVER	Transaction ID: SB21CCD.10 Date of Disbursement
Mailing Address 1110 LARSEN PARK RD	<div> <div>10</div> <div>26</div> <div>2010</div> </div>
City SIOUX CITY State IA Zip Code 51103	Amount of Each Disbursement this Period
Purpose of Disbursement FOOD/BEVERAGES	<div>269.08</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) CAREY INTERNATIONAL INC	Transaction ID: SB21CCD.38 Date of Disbursement
Mailing Address 4530 WISCONSIN AVE NW	<div> <div>10</div> <div>26</div> <div>2010</div> </div>
City WASHINGTON State DC Zip Code 20016	Amount of Each Disbursement this Period
Purpose of Disbursement TRAVEL	<div>303.82</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) CENTRAL PARKING SYSTEM	Transaction ID: SB21CCD.39 Date of Disbursement
Mailing Address 1050 17TH ST NW	<div> <div>10</div> <div>26</div> <div>2010</div> </div>
City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period
Purpose of Disbursement TRAVEL	<div>16.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

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 PageFOR LINE NUMBER:
(check only one)

PAGE 82 / 147

<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 First PAC**A.**Full Name (Last, First, Middle Initial)
CHAMPS

Mailing Address 1551 N WATERFRONT PKWY STE 310

City State Zip Code
WICHITA KS 67206Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

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

State: District:

Transaction ID: SB21CCD.11

Date of Disbursement

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

Amount of Each Disbursement this Period

40.75

[MEMO ITEM]**B.**Full Name (Last, First, Middle Initial)
CONTINENTAL AIRLINES

Mailing Address 1600 SMITH ST

City State Zip Code
HOUSTON TX 77002Purpose of Disbursement
TRAVEL

Candidate Name

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

State: District:

Transaction ID: SB21CCD.40

Date of Disbursement

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

Amount of Each Disbursement this Period

464.70

[MEMO ITEM]**C.**Full Name (Last, First, Middle Initial)
COURTYARD BY MARRIOTT

Mailing Address 10400 FERNWOOD RD

City State Zip Code
BETHESDA MD 20817Purpose of Disbursement
TRAVEL

Candidate Name

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

State: District:

Transaction ID: SB21CCD.41

Date of Disbursement

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

Amount of Each Disbursement this Period

174.39

[MEMO ITEM]

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 83 / 147

<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 First PAC

A. Full Name (Last, First, Middle Initial)
DAVIO'S ITALIAN STEAKHOUSE

Mailing Address 75 ARLINGTON ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
CATERING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21CCD.1

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

622.16

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
DELTA AIRLINES

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21CCD.42

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

10358.65

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
DOUBLETREE HOTELS

Mailing Address 7930 JONES BRANCH DR STE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21CCD.43

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

14.95

[MEMO ITEM]

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 84 / 147

<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 First PAC

A.

Full Name (Last, First, Middle Initial)
ELEVEN WIRELESS

Mailing Address 315 SW 11TH AVE THIRD FL

City PORTLAND State OR Zip Code 97205

Purpose of Disbursement
EQUIPMENT PURCHASE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21CCD.6

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

9.40

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
EMBASSY SUITES

Mailing Address 7930 JONES BRANCH DR STE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21CCD.44

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

1261.82

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
FACEBOOK

Mailing Address 1601 S CALIFORNIA AVE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement
WEB SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21CCD.62

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

6198.49

[MEMO ITEM]

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 85 / 147

<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 First PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) FACES MEARS PARK</p> <p>Mailing Address 380 JACKSON ST</p> <p>City ST PAUL State MN Zip Code 55101</p> <p>Purpose of Disbursement FOOD/BEVERAGES</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: SB21CCD.12</p> <p>Date of Disbursement <div> <div>10</div> <div>26</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>44.05</div> </p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) FEDEX</p> <p>Mailing Address 942 SOUTH SHADY GROVE RD</p> <p>City MEMPHIS State TN Zip Code 38120</p> <p>Purpose of Disbursement DELIVERY</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: SB21CCD.2</p> <p>Date of Disbursement <div> <div>10</div> <div>26</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>436.79</div> </p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) FLEMINGS</p> <p>Mailing Address 1300 DOVE ST STE 105</p> <p>City NEWPORT BEACH State CA Zip Code 90028</p> <p>Purpose of Disbursement FOOD/BEVERAGES</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: SB21CCD.13</p> <p>Date of Disbursement <div> <div>10</div> <div>26</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>25.00</div> </p> <p>[MEMO ITEM]</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)

PAGE 86 / 147

<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 First PAC

A.

Full Name (Last, First, Middle Initial)
FRONTIER AIRLINES

Mailing Address 7001 TOWER RD

City State Zip Code
DENVER CO 80249

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21CCD.45

Date of Disbursement

/ /

Amount of Each Disbursement this Period

834.90

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
GOLDEN LIMOUSINE INC

Mailing Address 4300 VARSITY DR

City State Zip Code
ANN ARBOR MI 48108

Purpose of Disbursement
TRANSPORTATION SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21CCD.33

Date of Disbursement

/ /

Amount of Each Disbursement this Period

177.32

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
GOOGLE INC

Mailing Address 1600 AMPHITHEATRE PARKWAY

City State Zip Code
MOUNTAIN VIEW CA 94043

Purpose of Disbursement
WEB SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21CCD.63

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2774.44

[MEMO ITEM]

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 87 / 147

<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 First PAC

A.

Full Name (Last, First, Middle Initial)
HAMPTON INNS & SUITES

Mailing Address 7930 JONES BRANCH DR STE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21CCD.46

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

427.72

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
HERTZ RENT A CAR

Mailing Address 225 BRAE BLVD

City PARK RIDGE State NJ Zip Code 07656

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21CCD.47

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

72.60

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
HILTON HOTELS

Mailing Address 7930 JONES BRANCH DR STE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21CCD.48

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

2521.26

[MEMO ITEM]

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 88 / 147

<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 First PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) HOLIDAY INN</p> <p>Mailing Address PO BOX 30321</p> <p>City SALT LAKE CITY State UT Zip Code 84130</p> <p>Purpose of Disbursement TRAVEL</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: SB21CCD.49</p> <p>Date of Disbursement <div> <div>10</div> <div>26</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>128.00</div> </p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) J2 EFAX PLUS SERVICE</p> <p>Mailing Address 6922 HOLLYWOOD BLVD 5TH FL</p> <p>City LOS ANGELES State CA Zip Code 90028</p> <p>Purpose of Disbursement FAX SERVICE</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: SB21CCD.8</p> <p>Date of Disbursement <div> <div>10</div> <div>26</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>16.95</div> </p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) LA SALLE COURT PARKING</p> <p>Mailing Address 811 LASELLE AVE</p> <p>City MINNEAPOLIS State MN Zip Code 55402</p> <p>Purpose of Disbursement PARKING SERVICE</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: SB21CCD.26</p> <p>Date of Disbursement <div> <div>10</div> <div>26</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>9.00</div> </p> <p>[MEMO ITEM]</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)

PAGE 89 / 147

<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 First PAC

A.

Full Name (Last, First, Middle Initial)
MARRIOTT

Mailing Address 10400 FERNWOOD BLVD

City State Zip Code
BETHESDA MD 20058

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21CCD.50

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

558.10

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
MCCORMICK & SCHMICK'S

Mailing Address 720 SW WASHINGTON ST STE 550

City State Zip Code
PORTLAND OR 97205

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21CCD.14

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

52.03

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
MID WEST PLAZA

Mailing Address 800 MARQUETA AVE

City State Zip Code
MINNEAPOLIS MN 55402

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21CCD.51

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

24.00

[MEMO ITEM]

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 90 / 147

<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 First PAC

A. Full Name (Last, First, Middle Initial)
MIKE & NONNA'S PIZZA CAFE

Mailing Address 4613 NOTTINGHAM WAY

City TRENTON State NJ Zip Code 08690

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21CCD.15

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

10.34

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MOUNTAIN VIEW GRAND RESORT & SPA

Mailing Address MOUNTAIN VIEW RD

City WHITEFIELD State NH Zip Code 03598

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21CCD.52

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

82.60

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
NEIL'S COFFEE SHOP

Mailing Address 961 LEXINGTON AVE

City MANHATAN State NY Zip Code 10021

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21CCD.16

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

44.10

[MEMO ITEM]

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 91 / 147

<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 First PAC

A. Full Name (Last, First, Middle Initial) NEW JERSEY TRANSIT	Transaction ID: SB21CCD.53 Date of Disbursement
Mailing Address 10 TOLER PLACE	<div> <div>10</div> <div>26</div> <div>2010</div> </div>
City NEWARK State NJ Zip Code 07114	Amount of Each Disbursement this Period
Purpose of Disbursement TRAVEL	<div>12.50</div>
Candidate Name	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) NORTON	Transaction ID: SB21CCD.64 Date of Disbursement
Mailing Address 350 ELLIS ST	<div> <div>10</div> <div>26</div> <div>2010</div> </div>
City MOUNTAIN VIEW State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement WEB SERVICE	<div>59.48</div>
Candidate Name	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) OFFICE MAX	Transaction ID: SB21CCD.24 Date of Disbursement
Mailing Address 263 SHUMAN BLVD	<div> <div>10</div> <div>26</div> <div>2010</div> </div>
City NAPERVILLE State IL Zip Code 60563	Amount of Each Disbursement this Period
Purpose of Disbursement OFFICE SUPPLIES	<div>27.09</div>
Candidate Name	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)

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 92 / 147

<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 First PAC

A.

Full Name (Last, First, Middle Initial)
PARADIES SHOPS

Mailing Address 5950 FULTON INDUSTRIAL BLVD SW

City ATLANTA State GA Zip Code 30336

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21CCD.17

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

5.30

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
PMI INC

Mailing Address 1725 DESALES ST NW STE 200

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
PARKING SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21CCD.27

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

47.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
POTBELLY

Mailing Address 222 MERCHANDISE MART PLAZA

City CHICAGO State IL Zip Code 60654

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21CCD.18

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

17.95

[MEMO ITEM]

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 93 / 147

<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 First PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) QWEST</p> <p>Mailing Address 1801 CALIFORNIA ST</p> <p>City DENVER State CO Zip Code 80202</p> <p>Purpose of Disbursement TELEPHONE SERVICE</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: SB21CCD.30</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 6 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>78.12</div> </div> </p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) SKYPE TECHNOLOGIES</p> <p>Mailing Address 22/24 BLVD ROYAL 6E</p> <p>City LUXEMBOURG State ZZ Zip Code 99999</p> <p>Purpose of Disbursement TELEPHONE SERVICE</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: SB21CCD.31</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 6 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>10.00</div> </div> </p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) SMITH & WOLLENSKY</p> <p>Mailing Address 318 NORTH STATE ST</p> <p>City CHICAGO State IL Zip Code 60654</p> <p>Purpose of Disbursement FOOD/BEVERAGES</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: SB21CCD.19</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 6 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>79.00</div> </div> </p> <p>[MEMO ITEM]</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)

PAGE 94 / 147

<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 First PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) SOFITEL HOTELS</p> <p>Mailing Address 45 WEST 44TH ST</p> <p>City NEW YORK State NY Zip Code 10036</p> <p>Purpose of Disbursement TRAVEL</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: SB21CCD.54</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 6 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>26.78</div> </div> </p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES</p> <p>Mailing Address PO BOX 36647-1CR</p> <p>City DALLAS State TX Zip Code 75235</p> <p>Purpose of Disbursement TRAVEL</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: SB21CCD.55</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 6 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>961.90</div> </div> </p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) SPEEDWAY SUPERAMERICA</p> <p>Mailing Address 500 SPEEDWAY DR</p> <p>City ENON State OH Zip Code 45323</p> <p>Purpose of Disbursement TRAVEL</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: SB21CCD.56</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 6 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>15.98</div> </div> </p> <p>[MEMO ITEM]</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)

PAGE 95 / 147

<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 First PAC

A. Full Name (Last, First, Middle Initial)
SPRINGHILL SUITES COUNCIL BLUFFS

Mailing Address 3216 PLAZA VIEW DR

City COUNCIL BLUFFS State IA Zip Code 51501

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21CCD.57

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

233.28

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
STAPLES

Mailing Address 500 STAPLES DR

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21CCD.25

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

89.80

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
TCF TOWER

Mailing Address 121 SOUTH 8TH ST

City MINNEAPOLIS State MN Zip Code 55402

Purpose of Disbursement
PARKING SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21CCD.28

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

14.00

[MEMO ITEM]

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 96 / 147

<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 First PAC

A. Full Name (Last, First, Middle Initial) THE MART CORP	Transaction ID: SB21CCD.58 Date of Disbursement																				
Mailing Address 2450 ADIE RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	1	0												
City MARYLAND HEIGHTS State MO Zip Code 63043	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td>40.31</td> </tr> </table>	40.31																			
40.31																					
Candidate Name	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) THE OAK ROOM	Transaction ID: SB21CCD.20 Date of Disbursement																				
Mailing Address 17921 BROOKE RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	1	0												
City SANDY SPRINGS State MD Zip Code 20860	Amount of Each Disbursement this Period																				
Purpose of Disbursement FOOD/BEVERAGES	<table border="1"> <tr> <td>51.86</td> </tr> </table>	51.86																			
51.86																					
Candidate Name	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) THE PLAZA	Transaction ID: SB21CCD.21 Date of Disbursement																				
Mailing Address FIFTH AVE AT CENTRAL PARK SOUTH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	1	0												
City NEW YORK State NY Zip Code 10019	Amount of Each Disbursement this Period																				
Purpose of Disbursement FOOD/BEVERAGES	<table border="1"> <tr> <td>145.50</td> </tr> </table>	145.50																			
145.50																					
Candidate Name	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)

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 97 / 147

<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 First PAC

A. Full Name (Last, First, Middle Initial) THRIFTY CAR RENTAL	Transaction ID: SB21CCD.59 Date of Disbursement																				
Mailing Address PO BOX 32250	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	1	0												
City TULSA State OK Zip Code 74153	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td colspan="10">260.82</td> </tr> </table>	260.82																			
260.82																					
Candidate Name	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) TRUE VALUE	Transaction ID: SB21CCD.7 Date of Disbursement																				
Mailing Address 8600 WEST BRYN MAWR AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	1	0												
City CHICAGO State IL Zip Code 60631	Amount of Each Disbursement this Period																				
Purpose of Disbursement EQUIPMENT PURCHASE	<table border="1"> <tr> <td colspan="10">12.38</td> </tr> </table>	12.38																			
12.38																					
Candidate Name	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) US AIRLINES	Transaction ID: SB21CCD.60 Date of Disbursement																				
Mailing Address 4000 E SKY HARBOR BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	1	0												
City PHOENIX State AZ Zip Code 85034	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td colspan="10">1212.80</td> </tr> </table>	1212.80																			
1212.80																					
Candidate Name	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)

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 98 / 147

<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 First PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address 408 SAINT PETER ST</p> <p>City SAINT PAUL State MN Zip Code 55102</p> <p>Purpose of Disbursement DELIVERY</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: SB21CCD.3</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 6 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>126.08</div> </div> </p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) VERIZON</p> <p>Mailing Address PO BOX 660720</p> <p>City DALLAS State TX Zip Code 75266</p> <p>Purpose of Disbursement TELEPHONE SERVICE</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: SB21CCD.32</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 6 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>1021.32</div> </div> </p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) VERTICAL RESPONSE INC</p> <p>Mailing Address 501 2ND ST</p> <p>City SAN FRANCISCO State CA Zip Code 94107</p> <p>Purpose of Disbursement WEB SERVICE</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: SB21CCD.65</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 6 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>705.41</div> </div> </p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

NAME OF COMMITTEE (In Full)
Freedom First PAC

Full Name (Last, First, Middle Initial)
WOK & ROLL

Transaction ID: SB21CCD.22
Date of Disbursement

Amount of Each Disbursement this Period

Category/
Type

12.53

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
YELLOW CAB

Transaction ID: SB21CCD.61
Date of Disbursement

Amount of Each Disbursement this Period

Category/
Type

39.97

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
ZARO'S BAKERY

Transaction ID: SB21CCD.23
Date of Disbursement

Amount of Each Disbursement this Period

Category/
Type

11.64

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

[MEMO ITEM]

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 100 / 147

<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 First PAC

A. Full Name (Last, First, Middle Initial) BETTER WORDS LLC	Transaction ID: SB21.64 Date of Disbursement
Mailing Address 1402 IDAHO AVE W	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D1</div> <div>^D5</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y1</div> <div>^Y0</div> </div>
City FALCON HEIGHTS State MN Zip Code 55108	Amount of Each Disbursement this Period
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	<div>3000.00</div>
Candidate Name	<div>Category/ Type</div>
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) BLUE CROSS BLUE SHIELD OF MINNESOTA	Transaction ID: SB21.31 Date of Disbursement
Mailing Address 3535 BLUE CROSS RD PO BOX 64676	<div> <div>^M1</div> <div>^M0</div> <div>/</div> <div>^D2</div> <div>^D0</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y1</div> <div>^Y0</div> </div>
City ST PAUL State MN Zip Code 55164	Amount of Each Disbursement this Period
Purpose of Disbursement INSURANCE	<div>2360.00</div>
Candidate Name	<div>Category/ Type</div>
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) BLUE CROSS BLUE SHIELD OF MINNESOTA	Transaction ID: SB21.33 Date of Disbursement
Mailing Address 3535 BLUE CROSS RD PO BOX 64676	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D1</div> <div>^D7</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y1</div> <div>^Y0</div> </div>
City ST PAUL State MN Zip Code 55164	Amount of Each Disbursement this Period
Purpose of Disbursement INSURANCE	<div>2777.00</div>
Candidate Name	<div>Category/ Type</div>
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)

8137.00

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 101 / 147

<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 First PAC

A.

Full Name (Last, First, Middle Initial)
BLUEFRONT STRATEGIES LLC

Mailing Address 44 CANAL CENTER PLAZA STE G1

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING/TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.67

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6267.22

B.

Full Name (Last, First, Middle Initial)
BRYAN CAVE LLP

Mailing Address PO BOX 503089

City ST LOUIS State MO Zip Code 63150

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.40

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5128.22

C.

Full Name (Last, First, Middle Initial)
BRYAN CAVE LLP

Mailing Address PO BOX 503089

City ST LOUIS State MO Zip Code 63150

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.41

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5172.60

SUBTOTAL of Disbursements This Page (optional)

16568.04

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 102 / 147

<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 First PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) CAPITOL COMMUNICATIONS</p> <p>Mailing Address 10969 PIERCE ST NE</p> <p>City BLAINE State MN Zip Code 55434</p> <p>Purpose of Disbursement MEDIA</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: SB21.42</p> <p>Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1667.73</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) CARGILL INCORPORATED</p> <p>Mailing Address PO BOX 9300 MS 18</p> <p>City MINNEAPOLIS State MN Zip Code 55440</p> <p>Purpose of Disbursement FACILITY RENTAL</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: SB21.21</p> <p>Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) CLASSIC PARKING INC</p> <p>Mailing Address PO BOX 9</p> <p>City WAYZATA State MN Zip Code 55391</p> <p>Purpose of Disbursement PARKING SERVICE</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: SB21.45</p> <p>Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 467.06</p>

SUBTOTAL of Disbursements This Page (optional)

2384.79

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 103 / 147

<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 First PAC

A.

Full Name (Last, First, Middle Initial)
CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
DATA MANAGEMENT SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.20

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6591.28

B.

Full Name (Last, First, Middle Initial)

COMPLIANCE CONSULTING COMPANY OF VA LLC

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.15

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 96385

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.55

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1819.63

SUBTOTAL of Disbursements This Page (optional)

10910.91

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 104 / 147

<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 First PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) DIMORA RESTAURANT</p> <p>Mailing Address 100 PIERMONT RD</p> <p>City NORWOOD State NJ Zip Code 07648</p> <p>Purpose of Disbursement CATERING</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: SB21.8 Date of Disbursement <div>10 / 20 / 2010</div></p> <p>Amount of Each Disbursement this Period <div>898.00</div></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) ELAVON</p> <p>Mailing Address 7300 CHAPMAN HWY</p> <p>City KNOXVILLE State TN Zip Code 37920</p> <p>Purpose of Disbursement CREDIT CARD MERCHANT FEE</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: SB21.16 Date of Disbursement <div>11 / 02 / 2010</div></p> <p>Amount of Each Disbursement this Period <div>99.10</div></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) ELAVON</p> <p>Mailing Address 7300 CHAPMAN HWY</p> <p>City KNOXVILLE State TN Zip Code 37920</p> <p>Purpose of Disbursement CREDIT CARD MERCHANT FEE</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: SB21.17 Date of Disbursement <div>11 / 02 / 2010</div></p> <p>Amount of Each Disbursement this Period <div>1330.59</div></p>

SUBTOTAL of Disbursements This Page (optional)

2327.69

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 105 / 147

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

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NAME OF COMMITTEE (In Full)
 Freedom First PAC

A. Full Name (Last, First, Middle Initial) ENGAGE LLC	Transaction ID: SB21.79 Date of Disbursement
Mailing Address 707 8TH ST SE STE 200	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 2 / 2 0 1 0</div> </div>
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement WEB SERVICE	<div>5000.00</div>
Candidate Name	<div>Category/Type</div>
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) ENGAGE LLC	Transaction ID: SB21.81 Date of Disbursement
Mailing Address 707 8TH ST SE STE 200	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 2 2 / 2 0 1 0</div> </div>
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement WEB SERVICE	<div>5000.00</div>
Candidate Name	<div>Category/Type</div>
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) ENGAGE LLC	Transaction ID: SB21.83 Date of Disbursement
Mailing Address 707 8TH ST SE STE 200	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 9 / 2 0 1 0</div> </div>
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement WEB SERVICE	<div>675.00</div>
Candidate Name	<div>Category/Type</div>
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)

10675.00

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 106 / 147

<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 First PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) FLS CONNECT LLC</p> <p>Mailing Address 7300 HUDSON BLVD STE 270</p> <p>City SAINT PAUL State MN Zip Code 55128</p> <p>Purpose of Disbursement FUNDRAISING PHONE CALLS</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: SB21.25</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="11031.25"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) FLS CONNECT LLC</p> <p>Mailing Address 7300 HUDSON BLVD STE 270</p> <p>City SAINT PAUL State MN Zip Code 55128</p> <p>Purpose of Disbursement FUNDRAISING PHONE CALLS</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: SB21.27</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4144.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) FLS CONNECT LLC</p> <p>Mailing Address 7300 HUDSON BLVD STE 270</p> <p>City SAINT PAUL State MN Zip Code 55128</p> <p>Purpose of Disbursement FUNDRAISING PHONE CALLS</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: SB21.29</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5113.00"/></p>

SUBTOTAL of Disbursements This Page (optional)

20288.25

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 107 / 147

<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 First PAC

A.

Full Name (Last, First, Middle Initial)

FOTOWATIO RENEWABLE VENTURES INC

Mailing Address 44 MONTGOMERY ST STE 2200

City State Zip Code
SAN FRANCISCO CA 94104

Purpose of Disbursement
OFFICE RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.44

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4000.00

B.

Full Name (Last, First, Middle Initial)

FOTOWATIO RENEWABLE VENTURES INC

Mailing Address 44 MONTGOMERY ST STE 2200

City State Zip Code
SAN FRANCISCO CA 94104

Purpose of Disbursement
OFFICE RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.71

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4000.00

C.

Full Name (Last, First, Middle Initial)

GREENCASTLE CONSULTING LLC

Mailing Address PO BOX 16504

City State Zip Code
ALEXANDRIA VA 22302

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.62

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8500.00

SUBTOTAL of Disbursements This Page (optional)

16500.00

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 108 / 147

<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 First PAC

A.

Full Name (Last, First, Middle Initial)
HANEY'S PHOTOGRAPHY

Mailing Address 1610 MAIN AVE

City MOORHEAD State MN Zip Code 56560

Purpose of Disbursement
PHOTOGRAPHY SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.59

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

534.38

B.

Full Name (Last, First, Middle Initial)
HYNES COMMUNICATIONS LLC

Mailing Address 121 BOW ST STE 6

City PORTSMOUTH State NH Zip Code 03801

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.60

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
HYNES COMMUNICATIONS LLC

Mailing Address 121 BOW ST STE 6

City PORTSMOUTH State NH Zip Code 03801

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.65

Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10534.38

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 109 / 147

<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 First PAC

A.

Full Name (Last, First, Middle Initial)
INTERNAL REVENUE SERVICE

Mailing Address 1111 CONSTITUTION AVE NW

City WASHINGTON State DC Zip Code 20224

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.56

Date of Disbursement

10 / 29 / 2010

Amount of Each Disbursement this Period

11710.90

B.

Full Name (Last, First, Middle Initial)
INTUIT PAYCYCLE

Mailing Address 2800 E COMMERCE CENTER PL

City TUCSON State AZ Zip Code 85706

Purpose of Disbursement
PAYROLL SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.53

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

59.49

C.

Full Name (Last, First, Middle Initial)
LATITUDE LLC

Mailing Address 3105 WHITE DAISY PL

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.61

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

7500.00

SUBTOTAL of Disbursements This Page (optional)

19270.39

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 110 / 147

<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 First PAC

A.

Full Name (Last, First, Middle Initial)
LATITUDE LLC

Mailing Address 3105 WHITE DAISY PL

City State Zip Code
FAIRFAX VA 22031

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.66

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
LSN INC

Mailing Address DEPT. AT 953016

City State Zip Code
ATLANTA GA 31192

Purpose of Disbursement
TELEPHONE SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.73

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
LSN INC

Mailing Address DEPT. AT 953016

City State Zip Code
ATLANTA GA 31192

Purpose of Disbursement
WEB SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.78

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

8097.00

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 111 / 147

<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 First PAC

A.

Full Name (Last, First, Middle Initial)
MARRIOTT GROUP

Mailing Address 113 SOUTH SAINT ASAPH ST STE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PHOTOGRAPHY SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.58

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.00

B.

Full Name (Last, First, Middle Initial)
MINNEAPOLIS CLUB

Mailing Address 729-2ND AVE SOUTH

City MINNEAPOLIS State MN Zip Code 55402

Purpose of Disbursement
CATERING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.14

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1620.34

C.

Full Name (Last, First, Middle Initial)
MINNEAPOLIS CLUB

Mailing Address 729-2ND AVE SOUTH

City MINNEAPOLIS State MN Zip Code 55402

Purpose of Disbursement
CATERING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.9

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3581.27

SUBTOTAL of Disbursements This Page (optional)

5551.61

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 112 / 147

<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 First PAC

A.

Full Name (Last, First, Middle Initial)

MINNESOTA DEPARTMENT OF REVENUE

Mailing Address 600 NORTH ROBERT ST

City ST PAUL State MN Zip Code 55101

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.54

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

430.52

B.

Full Name (Last, First, Middle Initial)

MOBY DICK AIRWAYS

Mailing Address PO BOX 77518

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.76

Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

NEW FRONTIER STRATEGY

Mailing Address 315 KENTUCKY AVE

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.63

Date of Disbursement

11 / 15 / 2010

Amount of Each Disbursement this Period

19323.90

SUBTOTAL of Disbursements This Page (optional)

20254.42

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 113 / 147

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

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NAME OF COMMITTEE (In Full)
 Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
 PINNACLE DIRECT INC

Mailing Address 15260 113TH ST NORTH

City State Zip Code
 STILLWATER MN 55082

Purpose of Disbursement
 PRINTING/POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.70

Date of Disbursement

/ /

Amount of Each Disbursement this Period

13541.40

B.

Full Name (Last, First, Middle Initial)
 PKL CONSULTING LLC

Mailing Address 621 THORNWOOD LN

City State Zip Code
 NORTHFIELD IL 60093

Purpose of Disbursement
 FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.23

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4000.00

C.

Full Name (Last, First, Middle Initial)
 SHADOWTV INC

Mailing Address 630 NINTH AVE STE 1000 10TH FL

City State Zip Code
 NEW YORK NY 10036

Purpose of Disbursement
 SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.72

Date of Disbursement

/ /

Amount of Each Disbursement this Period

900.00

SUBTOTAL of Disbursements This Page (optional)

18441.40

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 114 / 147

<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 First PAC

A.

Full Name (Last, First, Middle Initial)
SHANNA WOODBURY CONSULTING LLC

Mailing Address PO BOX 120697

City ST PAUL State MN Zip Code 55112

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.24

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
SILVERLEAF RESORTS INC

Mailing Address 1221 RIVER BEND DR STE 120

City DALLAS State TX Zip Code 75247

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.74

Date of Disbursement

/ /

Amount of Each Disbursement this Period

716.80

C.

Full Name (Last, First, Middle Initial)
SODEXO

Mailing Address 15615 MCGINTY RD WEST

City WAYZATA State MN Zip Code 55391

Purpose of Disbursement
CATERING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.10

Date of Disbursement

/ /

Amount of Each Disbursement this Period

823.31

SUBTOTAL of Disbursements This Page (optional)

6540.11

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 115 / 147

<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 First PAC

A. Full Name (Last, First, Middle Initial) SODEXO INC & AFFILIATES	Transaction ID: SB21.11 Date of Disbursement																				
Mailing Address 4880 PAYSPHERE CIRCLE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City CHICAGO State IL Zip Code 60674	Amount of Each Disbursement this Period																				
Purpose of Disbursement CATERING	<table border="1"> <tr> <td>1883.05</td> </tr> </table>	1883.05																			
1883.05																					
Candidate Name	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) STAR INSURANCE COMPANY	Transaction ID: SB21.32 Date of Disbursement																				
Mailing Address PO BOX 31130	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	5		2	0	1	0												
City TAMPA State FL Zip Code 33631	Amount of Each Disbursement this Period																				
Purpose of Disbursement INSURANCE	<table border="1"> <tr> <td>417.00</td> </tr> </table>	417.00																			
417.00																					
Candidate Name	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) STRATEGIC FUNDRAISING	Transaction ID: SB21.26 Date of Disbursement																				
Mailing Address 7591 9TH ST NORTH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	2		2	0	1	0												
City ST PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period																				
Purpose of Disbursement FUNDRAISING PHONE CALLS	<table border="1"> <tr> <td>8912.95</td> </tr> </table>	8912.95																			
8912.95																					
Candidate Name	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)

11213.00

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 116 / 147

<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 First PAC

A. Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING	Transaction ID: SB21.28 Date of Disbursement																				
Mailing Address 7591 9TH ST NORTH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	9		2	0	1	0												
City ST PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period																				
Purpose of Disbursement FUNDRAISING PHONE CALLS	<table border="1"> <tr> <td>12051.90</td> </tr> </table>	12051.90																			
12051.90																					
Candidate Name	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) STRATEGIC FUNDRAISING	Transaction ID: SB21.30 Date of Disbursement																				
Mailing Address 7591 9TH ST NORTH	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	2		2	0	1	0												
City ST PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period																				
Purpose of Disbursement FUNDRAISING PHONE CALLS	<table border="1"> <tr> <td>15177.95</td> </tr> </table>	15177.95																			
15177.95																					
Candidate Name	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) TERRA ECLIPSE	Transaction ID: SB21.80 Date of Disbursement																				
Mailing Address 9043 SOQUEL DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	2		2	0	1	0												
City APTOS State CA Zip Code 95003	Amount of Each Disbursement this Period																				
Purpose of Disbursement WEB SERVICE	<table border="1"> <tr> <td>1937.50</td> </tr> </table>	1937.50																			
1937.50																					
Candidate Name	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)

29167.35

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 117 / 147

<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 First PAC

A.

Full Name (Last, First, Middle Initial)

TERRA ECLIPSE

Mailing Address 9043 SOQUEL DR

City
APTOS

State
CA

Zip Code
95003

Purpose of Disbursement
WEB SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.82

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2200.00

B.

Full Name (Last, First, Middle Initial)

THE MINIKAHDA CLUB

Mailing Address 3205 EXCELSIOR BLVD

City
MINNEAPOLIS

State
MN

Zip Code
55416

Purpose of Disbursement
CATERING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.13

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2530.56

C.

Full Name (Last, First, Middle Initial)

USPS

Mailing Address 408 SAINT PETER ST

City
SAINT PAUL

State
MN

Zip Code
55102

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21.68

Date of Disbursement

/ /

Amount of Each Disbursement this Period

770.00

SUBTOTAL of Disbursements This Page (optional)

5500.56

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 118 / 147

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
WELLS FARGO

Mailing Address PO BOX 63750

City State Zip Code
SAN FRANCISCO CA 94163

Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.00

B.

Full Name (Last, First, Middle Initial)
WELLS FARGO

Mailing Address PO BOX 63750

City State Zip Code
SAN FRANCISCO CA 94163

Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.3

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3.00

C.

Full Name (Last, First, Middle Initial)
WELLS FARGO

Mailing Address PO BOX 63750

City State Zip Code
SAN FRANCISCO CA 94163

Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.4

Date of Disbursement

/ /

Amount of Each Disbursement this Period

29.00

SUBTOTAL of Disbursements This Page (optional)

42.00

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 119 / 147

<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 First PAC

A.

Full Name (Last, First, Middle Initial)

WELLS FARGO

Mailing Address PO BOX 63750

City State Zip Code
SAN FRANCISCO CA 94163

Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.6

Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

29.00

B.

Full Name (Last, First, Middle Initial)

WELLS FARGO

Mailing Address PO BOX 63750

City State Zip Code
SAN FRANCISCO CA 94163

Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21.7

Date of Disbursement

10 / 29 / 2010

Amount of Each Disbursement this Period

15.00

SUBTOTAL of Disbursements This Page (optional)

44.00

TOTAL This Period (last page this line number only)

297751.05

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 120 / 147

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

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NAME OF COMMITTEE (In Full)
 Freedom First PAC

A. Full Name (Last, First, Middle Initial)
 (AARON) SCHOCK FOR CONGRESS

Mailing Address PO BOX 10555

City PEORIA State IL Zip Code 61612

Purpose of Disbursement
 CONTRIBUTION

Candidate Name
 AARON SCHOCK

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 18

Transaction ID: SB23.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
 CARLY FOR CALIFORNIA INC

Mailing Address 520 CAPITOL MALL STE 220

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement
 EARMARKED FROM MARK HAGEMEISTER

Candidate Name
 CARLY FIORINA

Category/
 Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 00

Transaction ID: SB23.19

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.00

C. Full Name (Last, First, Middle Initial)
 CRAVAACK FOR CONGRESS CAMPAIGN COMM

Mailing Address PO BOX 951

City NORTH BRANCH State MN Zip Code 55056

Purpose of Disbursement
 EARMARKED FROM MARK HAGEMEISTER

Candidate Name
 CHIP CRAVAACK

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 08

Transaction ID: SB23.20

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)

2020.00

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 121 / 147

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
DEMME FOR CONGRESS

Mailing Address 502 2ND ST NE PO BOX 6

City State Zip Code
HAYFIELD MN 55940

Purpose of Disbursement
EARMARKED FROM MARK HAGEMEISTER

Candidate Name
RANDY DEMME

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 01

Transaction ID: SB23.21

Date of Disbursement

M M / D D / Y Y Y Y
10 31 2010

Amount of Each Disbursement this Period

10.00

B.

Full Name (Last, First, Middle Initial)
FRIENDS OF KELLY AYOTTE

Mailing Address 101 CHARLES ST

City State Zip Code
MANCHESTER NH 03101

Purpose of Disbursement
EARMARKED FROM STEVEN SCHMIDT

Candidate Name
KELLY AYOTTE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.22

Date of Disbursement

M M / D D / Y Y Y Y
10 30 2010

Amount of Each Disbursement this Period

50.00

C.

Full Name (Last, First, Middle Initial)
FRIENDS OF KELLY AYOTTE

Mailing Address 101 CHARLES ST

City State Zip Code
MANCHESTER NH 03101

Purpose of Disbursement
EARMARKED FROM WESTON EDWARDS

Candidate Name
KELLY AYOTTE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.23

Date of Disbursement

M M / D D / Y Y Y Y
10 30 2010

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)

70.00

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 122 / 147

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) FRIENDS OF KELLY AYOTTE Mailing Address 101 CHARLES ST	Transaction ID: SB23.24 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div>
City MANCHESTER State NH Zip Code 03101 Purpose of Disbursement EARMARKED FROM CAROLINA CASPERSON Candidate Name KELLY AYOTTE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>50.00</div>
B. Full Name (Last, First, Middle Initial) FRIENDS OF KELLY AYOTTE Mailing Address 101 CHARLES ST City MANCHESTER State NH Zip Code 03101 Purpose of Disbursement EARMARKED FROM NANCY BORDSON Candidate Name KELLY AYOTTE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.25 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div>
C. Full Name (Last, First, Middle Initial) FRIENDS OF KELLY AYOTTE Mailing Address 101 CHARLES ST City MANCHESTER State NH Zip Code 03101 Purpose of Disbursement EARMARKED FROM MAY HALLER Candidate Name KELLY AYOTTE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.26 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>5.00</div>

SUBTOTAL of Disbursements This Page (optional)

75.00

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 123 / 147

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
FRIENDS OF KELLY AYOTTE

Mailing Address 101 CHARLES ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EARMARKED FROM DAVID BIPPUS

Candidate Name
KELLY AYOTTE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.27

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.00

B.

Full Name (Last, First, Middle Initial)
FRIENDS OF KELLY AYOTTE

Mailing Address 101 CHARLES ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EARMARKED FROM CAROL ZIEMIAN

Candidate Name
KELLY AYOTTE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.28

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.00

C.

Full Name (Last, First, Middle Initial)
FRIENDS OF KELLY AYOTTE

Mailing Address 101 CHARLES ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EARMARKED FROM JOHN BEHRINGER

Candidate Name
KELLY AYOTTE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB23.29

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)

45.00

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 124 / 147

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) FRIENDS OF KELLY AYOTTE Mailing Address 101 CHARLES ST	Transaction ID: SB23.30 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div>
City MANCHESTER State NH Zip Code 03101 Purpose of Disbursement EARMARKED FROM SHARON HOWE Candidate Name KELLY AYOTTE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NH District: 00	Amount of Each Disbursement this Period <div>5.00</div>
B. Full Name (Last, First, Middle Initial) FRIENDS OF KELLY AYOTTE Mailing Address 101 CHARLES ST City MANCHESTER State NH Zip Code 03101 Purpose of Disbursement EARMARKED FROM JIM BENDTSEN Candidate Name KELLY AYOTTE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NH District: 00	Transaction ID: SB23.31 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>25.00</div>
C. Full Name (Last, First, Middle Initial) FRIENDS OF KELLY AYOTTE Mailing Address 101 CHARLES ST City MANCHESTER State NH Zip Code 03101 Purpose of Disbursement EARMARKED FROM HEIDI BROWNLEE Candidate Name KELLY AYOTTE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NH District: 00	Transaction ID: SB23.32 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>50.00</div>

SUBTOTAL of Disbursements This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

PAGE 125 / 147

<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 First PAC

A.

Full Name (Last, First, Middle Initial)
FRIENDS OF KELLY AYOTTE

Mailing Address 101 CHARLES ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EARMARKED FROM RALPH DOUCETTECandidate Name
KELLY AYOTTECategory/
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	2010
	<input checked="" type="checkbox"/> Senate	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: NH	District: 00		

Transaction ID: SB23.33

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	0

Amount of Each Disbursement this Period

20.00

B.

Full Name (Last, First, Middle Initial)
FRIENDS OF KELLY AYOTTE

Mailing Address 101 CHARLES ST

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement
EARMARKED FROM JOHN SCHOENBERGERCandidate Name
KELLY AYOTTECategory/
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	2010
	<input checked="" type="checkbox"/> Senate	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: NH	District: 00		

Transaction ID: SB23.34

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	0

Amount of Each Disbursement this Period

25.00

C.

Full Name (Last, First, Middle Initial)
JUSTIN AMASH FOR CONGRESS

Mailing Address 1500 E BELTLINE AVE SW STE 250

City GRAND RAPIDS State MI Zip Code 49506

Purpose of Disbursement
CONTRIBUTIONCandidate Name
JUSTIN AMASHCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House	Disbursement For:	2010
	<input type="checkbox"/> Senate	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: MI	District: 03		

Transaction ID: SB23.2

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1045.00

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 126 / 147

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) KIRK FOR SENATE	Transaction ID: SB23.35 Date of Disbursement
Mailing Address PO BOX 8	<div> <div>10</div> <div>30</div> <div>2010</div> </div>
City WINNETKA State IL Zip Code 60093	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED FROM STEVEN SCHMIDT	<div>50.00</div>
Candidate Name MARK KIRK	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 00	
B. Full Name (Last, First, Middle Initial) KIRK FOR SENATE	Transaction ID: SB23.36 Date of Disbursement
Mailing Address PO BOX 8	<div> <div>10</div> <div>30</div> <div>2010</div> </div>
City WINNETKA State IL Zip Code 60093	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED FROM WESTON EDWARDS	<div>10.00</div>
Candidate Name MARK KIRK	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 00	
C. Full Name (Last, First, Middle Initial) KIRK FOR SENATE	Transaction ID: SB23.37 Date of Disbursement
Mailing Address PO BOX 8	<div> <div>10</div> <div>30</div> <div>2010</div> </div>
City WINNETKA State IL Zip Code 60093	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED FROM CAROLINA CASPERSON	<div>50.00</div>
Candidate Name MARK KIRK	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 00	

SUBTOTAL of Disbursements This Page (optional)

110.00

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 127 / 147

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) KIRK FOR SENATE	Transaction ID: SB23.38 Date of Disbursement
Mailing Address PO BOX 8	<div> <div>10</div> <div>30</div> <div>2010</div> </div>
City WINNETKA State IL Zip Code 60093	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED FROM NANCY BORDSON	<div>20.00</div>
Candidate Name MARK KIRK	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 00	
B. Full Name (Last, First, Middle Initial) KIRK FOR SENATE	Transaction ID: SB23.39 Date of Disbursement
Mailing Address PO BOX 8	<div> <div>10</div> <div>30</div> <div>2010</div> </div>
City WINNETKA State IL Zip Code 60093	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED FROM MAY HALLER	<div>5.00</div>
Candidate Name MARK KIRK	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 00	
C. Full Name (Last, First, Middle Initial) KIRK FOR SENATE	Transaction ID: SB23.40 Date of Disbursement
Mailing Address PO BOX 8	<div> <div>10</div> <div>30</div> <div>2010</div> </div>
City WINNETKA State IL Zip Code 60093	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED FROM MARK HAGEMEISTER	<div>10.00</div>
Candidate Name MARK KIRK	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 00	

SUBTOTAL of Disbursements This Page (optional)

35.00

TOTAL This Period (last page this line number only)

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

PAGE 128 / 147

<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 First PAC**A.**Full Name (Last, First, Middle Initial)
KIRK FOR SENATE

Mailing Address PO BOX 8

City WINNETKA State IL Zip Code 60093

Purpose of Disbursement
EARMARKED FROM GARY LAINERCandidate Name
MARK KIRKCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 00

Transaction ID: SB23.41

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	0

Amount of Each Disbursement this Period

100.00

B.Full Name (Last, First, Middle Initial)
KIRK FOR SENATE

Mailing Address PO BOX 8

City WINNETKA State IL Zip Code 60093

Purpose of Disbursement
EARMARKED FROM DAVID BIPPUSCandidate Name
MARK KIRKCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 00

Transaction ID: SB23.42

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	0

Amount of Each Disbursement this Period

10.00

C.Full Name (Last, First, Middle Initial)
KIRK FOR SENATE

Mailing Address PO BOX 8

City WINNETKA State IL Zip Code 60093

Purpose of Disbursement
EARMARKED FROM CAROL ZIEMIANCandidate Name
MARK KIRKCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 00

Transaction ID: SB23.43

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	0

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)

135.00

TOTAL This Period (last page this line number only)

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

PAGE 129 / 147

<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 First PAC

A. Full Name (Last, First, Middle Initial) KIRK FOR SENATE Mailing Address PO BOX 8	Transaction ID: SB23.44 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div>
City WINNETKA State IL Zip Code 60093 Purpose of Disbursement EARMARKED FROM JOHN BEHRINGER Candidate Name MARK KIRK Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 00	Amount of Each Disbursement this Period <div>10.00</div>
B. Full Name (Last, First, Middle Initial) KIRK FOR SENATE Mailing Address PO BOX 8 City WINNETKA State IL Zip Code 60093 Purpose of Disbursement EARMARKED FROM SHARON HOWE Candidate Name MARK KIRK Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 00	Transaction ID: SB23.45 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>5.00</div>
C. Full Name (Last, First, Middle Initial) KIRK FOR SENATE Mailing Address PO BOX 8 City WINNETKA State IL Zip Code 60093 Purpose of Disbursement EARMARKED FROM JIM BENDTSEN Candidate Name MARK KIRK Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 00	Transaction ID: SB23.46 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>25.00</div>

SUBTOTAL of Disbursements This Page (optional)

40.00

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 130 / 147

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) KIRK FOR SENATE	Transaction ID: SB23.47 Date of Disbursement
Mailing Address PO BOX 8	<div> <div>10</div> <div>30</div> <div>2010</div> </div>
City WINNETKA State IL Zip Code 60093	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED FROM HEIDI BROWNLEE	<div>50.00</div>
Candidate Name MARK KIRK	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) KIRK FOR SENATE	Transaction ID: SB23.48 Date of Disbursement
Mailing Address PO BOX 8	<div> <div>10</div> <div>30</div> <div>2010</div> </div>
City WINNETKA State IL Zip Code 60093	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED FROM RALPH DOUCETTE	<div>20.00</div>
Candidate Name MARK KIRK	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) KIRK FOR SENATE	Transaction ID: SB23.49 Date of Disbursement
Mailing Address PO BOX 8	<div> <div>10</div> <div>20</div> <div>2010</div> </div>
City WINNETKA State IL Zip Code 60093	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED FROM CECILIA SHANTA	<div>25.00</div>
Candidate Name MARK KIRK	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

95.00

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 131 / 147

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) RAESE FOR SENATE COMMITTEE	Transaction ID: SB23.10 Date of Disbursement
Mailing Address PO BOX 262	<div> <div>10</div> <div>31</div> <div>2010</div> </div>
City MORGANTOWN State WV Zip Code 26507	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED FROM WILLIAM MCELHENY	<div>50.00</div>
Candidate Name JOHN RAESE	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) RAESE FOR SENATE COMMITTEE	Transaction ID: SB23.11 Date of Disbursement
Mailing Address PO BOX 262	<div> <div>10</div> <div>31</div> <div>2010</div> </div>
City MORGANTOWN State WV Zip Code 26507	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED FROM DAVID BIPPUS	<div>10.00</div>
Candidate Name JOHN RAESE	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) RAESE FOR SENATE COMMITTEE	Transaction ID: SB23.12 Date of Disbursement
Mailing Address PO BOX 262	<div> <div>10</div> <div>31</div> <div>2010</div> </div>
City MORGANTOWN State WV Zip Code 26507	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED FROM JOHN BEHRINGER	<div>10.00</div>
Candidate Name JOHN RAESE	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

70.00

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 132 / 147

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

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NAME OF COMMITTEE (In Full)
 Freedom First PAC

A. Full Name (Last, First, Middle Initial)
 RAESE FOR SENATE COMMITTEE

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement
 EARMARKED FROM SHARON HOWE

Candidate Name
 JOHN RAESE

Category/
 Type

Office Sought: ☐ House ☒ Senate ☐ President
 Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: WV District: 00

Transaction ID: SB23.13

Date of Disbursement

10 / 31 / 2010

Amount of Each Disbursement this Period

5.00

B. Full Name (Last, First, Middle Initial)
 RAESE FOR SENATE COMMITTEE

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement
 EARMARKED FROM JIM BENDTSEN

Candidate Name
 JOHN RAESE

Category/
 Type

Office Sought: ☐ House ☒ Senate ☐ President
 Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: WV District: 00

Transaction ID: SB23.14

Date of Disbursement

10 / 31 / 2010

Amount of Each Disbursement this Period

25.00

C. Full Name (Last, First, Middle Initial)
 RAESE FOR SENATE COMMITTEE

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement
 EARMARKED FROM HEIDI BROWNLEE

Candidate Name
 JOHN RAESE

Category/
 Type

Office Sought: ☐ House ☒ Senate ☐ President
 Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: WV District: 00

Transaction ID: SB23.15

Date of Disbursement

10 / 31 / 2010

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

80.00

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 133 / 147

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

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NAME OF COMMITTEE (In Full)
 Freedom First PAC

A. Full Name (Last, First, Middle Initial) **RAESE FOR SENATE COMMITTEE**

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement
 EARMARKED FROM RALPH DOUCETTE

Candidate Name
 JOHN RAESE

Category/
 Type

Office Sought: ☐ House ☒ Senate ☐ President
 Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: WV District: 00

Transaction ID: SB23.16

Date of Disbursement

10 / 31 / 2010

Amount of Each Disbursement this Period

20.00

B. Full Name (Last, First, Middle Initial) **RAESE FOR SENATE COMMITTEE**

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement
 EARMARKED FROM JOHN SCHOENBERGER

Candidate Name
 JOHN RAESE

Category/
 Type

Office Sought: ☐ House ☒ Senate ☐ President
 Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: WV District: 00

Transaction ID: SB23.17

Date of Disbursement

10 / 31 / 2010

Amount of Each Disbursement this Period

25.00

C. Full Name (Last, First, Middle Initial) **RAESE FOR SENATE COMMITTEE**

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement
 EARMARKED FROM CECILIA SHANTA

Candidate Name
 JOHN RAESE

Category/
 Type

Office Sought: ☐ House ☒ Senate ☐ President
 Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: WV District: 00

Transaction ID: SB23.18

Date of Disbursement

10 / 31 / 2010

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)

70.00

TOTAL This Period (last page this line number only)

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

PAGE 134 / 147

<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 First PAC**A. Full Name (Last, First, Middle Initial)
RAESE FOR SENATE COMMITTEE**

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement
EARMARKED FROM STEVEN SCHMIDTCandidate Name
JOHN RAESECategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WV District: 00

Transaction ID: SB23.3

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	0

Amount of Each Disbursement this Period

50.00

**B. Full Name (Last, First, Middle Initial)
RAESE FOR SENATE COMMITTEE**

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement
EARMARKED FROM WESTON EDWARDSCandidate Name
JOHN RAESECategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WV District: 00

Transaction ID: SB23.4

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	0

Amount of Each Disbursement this Period

10.00

**C. Full Name (Last, First, Middle Initial)
RAESE FOR SENATE COMMITTEE**

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement
EARMARKED FROM CAROLINA CASPERSONCandidate Name
JOHN RAESECategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WV District: 00

Transaction ID: SB23.5

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	0

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

110.00

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 135 / 147

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

<p>A. Full Name (Last, First, Middle Initial) RAESE FOR SENATE COMMITTEE</p> <p>Mailing Address PO BOX 262</p> <p>City MORGANTOWN State WV Zip Code 26507</p> <p>Purpose of Disbursement EARMARKED FROM NANCY BORDSON</p> <p>Candidate Name JOHN RAESE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WV District: 00</p>	<p>Transaction ID: SB23.6 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 1 0 3 1 2 0 1 0 </div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div> </p>
<p>B. Full Name (Last, First, Middle Initial) RAESE FOR SENATE COMMITTEE</p> <p>Mailing Address PO BOX 262</p> <p>City MORGANTOWN State WV Zip Code 26507</p> <p>Purpose of Disbursement EARMARKED FROM MAY HALLER</p> <p>Candidate Name JOHN RAESE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WV District: 00</p>	<p>Transaction ID: SB23.7 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 1 0 3 1 2 0 1 0 </div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">5.00</div> </p>
<p>C. Full Name (Last, First, Middle Initial) RAESE FOR SENATE COMMITTEE</p> <p>Mailing Address PO BOX 262</p> <p>City MORGANTOWN State WV Zip Code 26507</p> <p>Purpose of Disbursement EARMARKED FROM GARY LAINER</p> <p>Candidate Name JOHN RAESE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WV District: 00</p>	<p>Transaction ID: SB23.8 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 1 0 3 1 2 0 1 0 </div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">100.00</div> </p>

SUBTOTAL of Disbursements This Page (optional)

125.00

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 136 / 147

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) **RAESE FOR SENATE COMMITTEE**

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement
EARMARKED FROM POLY CLINE

Candidate Name
JOHN RAESE

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
 Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: WV District: 00

Transaction ID: SB23.9

Date of Disbursement

10 / 31 / 2010

Amount of Each Disbursement this Period

50.00

B. Full Name (Last, First, Middle Initial) **RON JOHNSON FOR SENATE INC**

Mailing Address 601 OREGON ST STE A

City OSHKISH State WI Zip Code 54902

Purpose of Disbursement
EARMARKED FROM STEVEN SCHMIDT

Candidate Name
RONALD JOHNSON

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
 Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 00

Transaction ID: SB23.50

Date of Disbursement

10 / 31 / 2010

Amount of Each Disbursement this Period

50.00

C. Full Name (Last, First, Middle Initial) **RON JOHNSON FOR SENATE INC**

Mailing Address 601 OREGON ST STE A

City OSHKISH State WI Zip Code 54902

Purpose of Disbursement
EARMARKED FROM WESTON EDWARDS

Candidate Name
RONALD JOHNSON

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
 Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 00

Transaction ID: SB23.51

Date of Disbursement

10 / 31 / 2010

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

PAGE 137 / 147

<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 First PAC**A.**Full Name (Last, First, Middle Initial)
RON JOHNSON FOR SENATE INC

Mailing Address 601 OREGON ST STE A

City OSHKISH State WI Zip Code 54902

Purpose of Disbursement
EARMARKED FROM CAROLINA CASPERSONCandidate Name
RONALD JOHNSONCategory/
TypeOffice Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: WI District: 00

Transaction ID: SB23.52

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	0

Amount of Each Disbursement this Period

50.00

B.Full Name (Last, First, Middle Initial)
RON JOHNSON FOR SENATE INC

Mailing Address 601 OREGON ST STE A

City OSHKISH State WI Zip Code 54902

Purpose of Disbursement
EARMARKED FROM NANCY BORDSONCandidate Name
RONALD JOHNSONCategory/
TypeOffice Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: WI District: 00

Transaction ID: SB23.53

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	0

Amount of Each Disbursement this Period

20.00

C.Full Name (Last, First, Middle Initial)
RON JOHNSON FOR SENATE INC

Mailing Address 601 OREGON ST STE A

City OSHKISH State WI Zip Code 54902

Purpose of Disbursement
EARMARKED FROM MAY HALLERCandidate Name
RONALD JOHNSONCategory/
TypeOffice Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: WI District: 00

Transaction ID: SB23.54

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	0

Amount of Each Disbursement this Period

5.00

SUBTOTAL of Disbursements This Page (optional)

75.00

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 138 / 147

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
RON JOHNSON FOR SENATE INC

Mailing Address 601 OREGON ST STE A

City OSHKISH State WI Zip Code 54902

Purpose of Disbursement
EARMARKED FROM ANDRE AUDETTE

Candidate Name
RONALD JOHNSON

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: WI District: 00

Transaction ID: SB23.55

Date of Disbursement

10 / 31 / 2010

Amount of Each Disbursement this Period

25.00

B.

Full Name (Last, First, Middle Initial)
RON JOHNSON FOR SENATE INC

Mailing Address 601 OREGON ST STE A

City OSHKISH State WI Zip Code 54902

Purpose of Disbursement
EARMARKED FROM DAVID BIPPUS

Candidate Name
RONALD JOHNSON

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: WI District: 00

Transaction ID: SB23.56

Date of Disbursement

10 / 31 / 2010

Amount of Each Disbursement this Period

10.00

C.

Full Name (Last, First, Middle Initial)
RON JOHNSON FOR SENATE INC

Mailing Address 601 OREGON ST STE A

City OSHKISH State WI Zip Code 54902

Purpose of Disbursement
EARMARKED FROM JOHN BEHRINGER

Candidate Name
RONALD JOHNSON

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: WI District: 00

Transaction ID: SB23.57

Date of Disbursement

10 / 31 / 2010

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)

45.00

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 139 / 147

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
RON JOHNSON FOR SENATE INC

Mailing Address 601 OREGON ST STE A

City OSHKISH State WI Zip Code 54902

Purpose of Disbursement
EARMARKED FROM SHARON HOWE

Candidate Name
RONALD JOHNSON

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 00

Transaction ID: SB23.58

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5.00

B. Full Name (Last, First, Middle Initial)
RON JOHNSON FOR SENATE INC

Mailing Address 601 OREGON ST STE A

City OSHKISH State WI Zip Code 54902

Purpose of Disbursement
EARMARKED FROM JIM BENDTSEN

Candidate Name
RONALD JOHNSON

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 00

Transaction ID: SB23.59

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.00

C. Full Name (Last, First, Middle Initial)
RON JOHNSON FOR SENATE INC

Mailing Address 601 OREGON ST STE A

City OSHKISH State WI Zip Code 54902

Purpose of Disbursement
EARMARKED FROM HEIDI BROWNLEE

Candidate Name
RONALD JOHNSON

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 00

Transaction ID: SB23.60

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

80.00

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 140 / 147

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
RON JOHNSON FOR SENATE INC

Mailing Address 601 OREGON ST STE A

City OSHKISH State WI Zip Code 54902

Purpose of Disbursement
EARMARKED FROM TIM COLLINS

Candidate Name
RONALD JOHNSON

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 00

Transaction ID: SB23.61

Date of Disbursement

10 / 31 / 2010

Amount of Each Disbursement this Period

25.00

B. Full Name (Last, First, Middle Initial)
RON JOHNSON FOR SENATE INC

Mailing Address 601 OREGON ST STE A

City OSHKISH State WI Zip Code 54902

Purpose of Disbursement
EARMARKED FROM RALPH DOUCETTE

Candidate Name
RONALD JOHNSON

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 00

Transaction ID: SB23.62

Date of Disbursement

10 / 31 / 2010

Amount of Each Disbursement this Period

20.00

C. Full Name (Last, First, Middle Initial)
RON JOHNSON FOR SENATE INC

Mailing Address 601 OREGON ST STE A

City OSHKISH State WI Zip Code 54902

Purpose of Disbursement
EARMARKED FROM JOHN SCHOENBERGER

Candidate Name
RONALD JOHNSON

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 00

Transaction ID: SB23.63

Date of Disbursement

10 / 31 / 2010

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)

70.00

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 141 / 147

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
TERESA COLLETT FOR CONGRESS

Mailing Address 1824 STANFORD AVE

City State Zip Code
ST PAUL MN 55105

Purpose of Disbursement
EARMARKED FROM MARK HAGEMEISTER

Candidate Name
TERESSA COLLETT

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MN District: 04

Transaction ID: SB23.64

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.00

B.

Full Name (Last, First, Middle Initial)
TOOMEY FOR SENATE COMMITTEE

Mailing Address 2720 JORDAN RD

City State Zip Code
OREFIELD PA 18069

Purpose of Disbursement
EARMARKED FROM STEVEN SCHMIDT

Candidate Name
PATRICK TOOMEY

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: PA District: 00

Transaction ID: SB23.65

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

C.

Full Name (Last, First, Middle Initial)
TOOMEY FOR SENATE COMMITTEE

Mailing Address 2720 JORDAN RD

City State Zip Code
OREFIELD PA 18069

Purpose of Disbursement
EARMARKED FROM WESTON EDWARDS

Candidate Name
PATRICK TOOMEY

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: PA District: 00

Transaction ID: SB23.66

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)

70.00

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 142 / 147

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial)
TOOMEY FOR SENATE COMMITTEE

Mailing Address 2720 JORDAN RD

City OREFIELD State PA Zip Code 18069

Purpose of Disbursement
EARMARKED FROM CAROLINA CASPERSON

Candidate Name
PATRICK TOOMEY

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 00

Transaction ID: SB23.67

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

B. Full Name (Last, First, Middle Initial)
TOOMEY FOR SENATE COMMITTEE

Mailing Address 2720 JORDAN RD

City OREFIELD State PA Zip Code 18069

Purpose of Disbursement
EARMARKED FROM NANCY BORDSON

Candidate Name
PATRICK TOOMEY

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 00

Transaction ID: SB23.68

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.00

C. Full Name (Last, First, Middle Initial)
TOOMEY FOR SENATE COMMITTEE

Mailing Address 2720 JORDAN RD

City OREFIELD State PA Zip Code 18069

Purpose of Disbursement
EARMARKED FROM MAY HALLER

Candidate Name
PATRICK TOOMEY

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 00

Transaction ID: SB23.69

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5.00

SUBTOTAL of Disbursements This Page (optional)

75.00

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 143 / 147

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) TOOMEY FOR SENATE COMMITTEE	Transaction ID: SB23.70 Date of Disbursement
Mailing Address 2720 JORDAN RD	<div> <div>10</div> <div>31</div> <div>2010</div> </div>
City OREFIELD State PA Zip Code 18069	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED FROM DAVID BIPPUS	<div>10.00</div>
Candidate Name PATRICK TOOMEY	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) TOOMEY FOR SENATE COMMITTEE	Transaction ID: SB23.71 Date of Disbursement
Mailing Address 2720 JORDAN RD	<div> <div>10</div> <div>31</div> <div>2010</div> </div>
City OREFIELD State PA Zip Code 18069	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED FROM JOHN BEHRINGER	<div>10.00</div>
Candidate Name PATRICK TOOMEY	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) TOOMEY FOR SENATE COMMITTEE	Transaction ID: SB23.72 Date of Disbursement
Mailing Address 2720 JORDAN RD	<div> <div>10</div> <div>31</div> <div>2010</div> </div>
City OREFIELD State PA Zip Code 18069	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED FROM SHARON HOWE	<div>5.00</div>
Candidate Name PATRICK TOOMEY	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

25.00

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 144 / 147

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A. Full Name (Last, First, Middle Initial) TOOMEY FOR SENATE COMMITTEE	Transaction ID: SB23.73 Date of Disbursement
Mailing Address 2720 JORDAN RD	<div> <div>10</div> <div>31</div> <div>2010</div> </div>
City OREFIELD State PA Zip Code 18069	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED FROM JIM BENDTSEN	<div>25.00</div>
Candidate Name PATRICK TOOMEY	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) TOOMEY FOR SENATE COMMITTEE	Transaction ID: SB23.74 Date of Disbursement
Mailing Address 2720 JORDAN RD	<div> <div>10</div> <div>31</div> <div>2010</div> </div>
City OREFIELD State PA Zip Code 18069	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED FROM HEIDI BROWNLEE	<div>50.00</div>
Candidate Name PATRICK TOOMEY	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) TOOMEY FOR SENATE COMMITTEE	Transaction ID: SB23.75 Date of Disbursement
Mailing Address 2720 JORDAN RD	<div> <div>10</div> <div>31</div> <div>2010</div> </div>
City OREFIELD State PA Zip Code 18069	Amount of Each Disbursement this Period
Purpose of Disbursement EARMARKED FROM RALPH DOUCETTE	<div>20.00</div>
Candidate Name PATRICK TOOMEY	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

95.00

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 145 / 147

<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 First PAC

A.

Full Name (Last, First, Middle Initial)
TOOMEY FOR SENATE COMMITTEE

Mailing Address 2720 JORDAN RD

City OREFIELD State PA Zip Code 18069

Purpose of Disbursement
EARMARKED FROM JOHN SCHOENBERGER

Candidate Name
PATRICK TOOMEY

Office Sought: ☐ House
☒ Senate
☐ President

State: PA District: 00

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.76

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)

25.00

TOTAL This Period (last page this line number only)

4875.00

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 146 / 147

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

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NAME OF COMMITTEE (In Full)
Freedom First PAC

A.

Full Name (Last, First, Middle Initial)
RICK SCOTT FOR FLORIDA

Mailing Address 1400 GULF SHORE BLVD. N

City State Zip Code
NAPLES FL 34102

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name
RICK SCOTT FOR FLORIDA

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB23.IK2

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 2 0 / 2 0 1 0

Amount of Each Disbursement this Period

468.36

[MEMO ITEM]
TRAVEL EXPENSES

B.

Full Name (Last, First, Middle Initial)
GOPAC, INC.

Mailing Address 1101 16th St. NW #400

City State Zip Code
WASHINGTON DC 20036

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

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

State: District:

Transaction ID: SB23.IK1

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Amount of Each Disbursement this Period

3067.42

[MEMO ITEM]
TRAVEL EXPENSES

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

0.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 147 / 147

FOR LINE NUMBER:
(check only one)☒ 9
☐ 10NAME OF COMMITTEE (In Full)
Freedom First PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
CITIZENS FOR BILL BRADYNature of Debt (Purpose):
TRAVEL

Mailing Address 500 W MONROE ST 1ST FL NE

City State ZIP Code
SPRINGFIELD IL 62704

Outstanding Balance Beginning This Period

542.25

Transaction ID: SD9.1

Amount Incurred This Period

0.00

Payment This Period

542.25

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
FREEDOM FIRST PAC- IOWANature of Debt (Purpose):
TRAVEL

Mailing Address PO BOX 9190

City State ZIP Code
ST PAUL MN 55109

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD9.2

Amount Incurred This Period

8939.98

Payment This Period

0.00

Outstanding Balance at Close of This Period

8939.98

1) **SUBTOTALS** This Period This Page (optional).....

8939.98

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

8939.98

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)

8939.98