

**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

01

2010

through

10

13

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

10

21

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 / 50

Write or Type Committee Name  
Freedom First PAC

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	0

D	D
1	3

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	2010	884075.19
(b) Cash on Hand at Beginning of Reporting Period .....	597762.99	
(c) Total Receipts (from Line 19) .....	36369.86	1897499.80
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	634132.85	2781574.99
7. Total Disbursements (from Line 31) .....	117321.28	2264763.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	516811.57	516811.57
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	542.25	
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)

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Write or Type Committee Name

Freedom First PAC

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	0

D	D
1	3

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) .....	15400.00	1508959.94
(ii) Unitemized .....	18266.00	339807.13
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	33666.00	1848767.07
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	1000.00	33265.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	34666.00	1882032.07
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) .....	1604.07	14756.96
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	99.79	710.77
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)) .....	36369.86	1897499.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	36369.86	1897499.80

## DETAILED SUMMARY PAGE

of Disbursements

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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.....	97411.28	2007754.67	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	97411.28	2007754.67	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13410.00	192435.57	
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.....	6500.00	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))..	117321.28	2264763.42	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	117321.28	2264763.42	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	34666.00	1882032.07
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	11225.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	34666.00	1870807.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	97411.28	2007754.67
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1604.07	14756.96
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	95807.21	1992997.71

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

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

FOR LINE NUMBER: PAGE 6 / 50

(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)

MS. LOIS J. ANDERSON

Mailing Address 12600 MARION LANE W.  
APARTMENT 614

City State Zip Code  
MINNETONKA MN 55305-1350

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 1 / 2 0 1 0

Transaction ID: SA11.14467

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TERRY R. BECKER

Mailing Address 5119 GREEN FARMS ROAD

City State Zip Code  
EDINA MN 55436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RIVERWAY, L.L.C.

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 1 / 2 0 1 0

Transaction ID: SA11.14438

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KJELL BERGH

Mailing Address 4950 NEAL AVENUE N.

City State Zip Code  
STILLWATER MN 55082-1071

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BORTON VOLVO

Occupation  
BUSINESS

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 / 0 6 / 2 0 1 0

Transaction ID: SA11.14430

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

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

2550.00

**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 / 50

(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. KURTIS FECHTMEYER

Mailing Address 5132 PROCTOR AVENUE

City

OAKLAND

State

CA

Zip Code

94618-2712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SILVERFERN GROUP

Occupation

INVESTMENT 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 1 / 2 0 1 0

Transaction ID: SA11.14372

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RODGER FETTERS

Mailing Address 2305 North 36th St

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

H6MN06074

Name of Employer  
Retired

Occupation

Us Army

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

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

Transaction ID: SA11COND.28

Amount of Each Receipt this Period

10.00

EARMARKED FOR MICHELE BACHMANN

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARILYN GRINWIS GRAY

Mailing Address 1808 MEWS DRIVE

City

WILMINGTON

State

NC

Zip Code

28405-4038

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 / 0 4 / 2 0 1 0

Transaction ID: SA11.14016

Amount of Each Receipt this Period

150.00

CONTRIBUTION

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

260.00

**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 / 50

(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. GREG GRAZZINI

Mailing Address 1251 HESSE FARM CIRCLE

City

CHASKA

State

MN

Zip Code

55318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GRAZZINI BROS.

Occupation

CONSTRUCTION CONTRACTOR

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 1 / 2 0 1 0

Transaction ID: SA11.14436

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RICHARD GRUVER

Mailing Address 105 OLIVE BRANCH

City

GEORGETOWN

State

TX

Zip Code

78633-1918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EXCALIBUR ALMAZ USA, INC

Occupation

FINANCE/CFO

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 / 0 6 / 2 0 1 0

Transaction ID: SA11.14173

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT HEYWOOD

Mailing Address 916 VAN LEER DR

City

NASHVILLE

State

TN

Zip Code

37220-1116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

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

Transaction ID: SA11.13883

Amount of Each Receipt this Period

35.00

CONTRIBUTION

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

535.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 50

(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. ROBERT HEYWOOD

Mailing Address 916 VAN LEER DR

City

NASHVILLE

State

TN

Zip Code

37220-1116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

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

Transaction ID: SA11.14364

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM A. HODDER

Mailing Address 11 CIRCLE W.

City

EDINA

State

MN

Zip Code

55436-1312

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 ▼

6500.00

Date of Receipt

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

Transaction ID: SA11.14432

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

REATTRIBUTION REQUESTED

**C.**

Full Name (Last, First, Middle Initial)

MR. RONALD JOHNSEY

Mailing Address 14800 LANDMARK BLVD STE 640

City

DALLAS

State

TX

Zip Code

75254-7094

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AXIO METRICS INC

Occupation

REAL ESTATE AGENT

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 / 0 8 / 2 0 1 0

Transaction ID: SA11.14314

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

1850.00

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

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

FOR LINE NUMBER: PAGE 10 / 50

(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. ALLEN D. KAHLER

Mailing Address 883 70TH AVENUE

City

SHERBURN

State

MN

Zip Code

56171-1203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
FARMER

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	1		2	0	1	0

Transaction ID: SA11.14468

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVE KOCH

Mailing Address 4200 DAHLBERG DRIVE

City

MINNEAPOLIS

State

MN

Zip Code

55422-4840

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	1		2	0	1	0

Transaction ID: SA11.14433

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MURIEL LUND-MICHEL

Mailing Address 1621 S. VINE AVENUE

City

PARK RIDGE

State

IL

Zip Code

60068-5472

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		0	8		2	0	1	0

Transaction ID: SA11.14325

Amount of Each Receipt this Period

225.00

CONTRIBUTION

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

1775.00

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 / 50

(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)

WHITNEY MACMILLAN, JR.

Mailing Address P.O. BOX 5628 DEPT. 28

City

MINNEAPOLIS

State

MN

Zip Code

55440

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 ▼

5000.00

Date of Receipt

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

Transaction ID: SA11.14435

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN MARVIN

Mailing Address P.O. BOX 100

City

WARROAD

State

MN

Zip Code

56763-0100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
C.E.O.

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 1 / 2 0 1 0

Transaction ID: SA11.14573

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

M.D. MCVAY

Mailing Address 2201 ISENGARD STREET

City

MINNETONKA

State

MN

Zip Code

55305

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 Y  
1 0 / 1 1 / 2 0 1 0

Transaction ID: SA11.14434

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

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

7000.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 50

(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. SCOTT NEWMAN

Mailing Address 10055 205TH STREET W.

City

LAKEVILLE

State

MN

Zip Code

55044-7864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEWMAN FINANCIAL SERVICES

Occupation  
C.F.O.

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 1 / 2 0 1 0

Transaction ID: SA11.14472

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LIANE O'BRIEN

Mailing Address 8133 WACOBEE DRIVE

City

MYRTLE BEACH

State

SC

Zip Code

29579-5230

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 / 0 8 / 2 0 1 0

Transaction ID: SA11.14322

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TERRY RICE

Mailing Address 14800 SUMMIT OAKS DRIVE

City

BURNSVILLE

State

MN

Zip Code

55337-4787

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DELTA AIRLINES

Occupation  
PILOT

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 1 / 2 0 1 0

Transaction ID: SA11.14569

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

250.00

**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 / 50

(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. 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 ▼

217.00

Date of Receipt

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

Transaction ID: SA11.14319

Amount of Each Receipt this Period

130.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. HUNTER SMITH

Mailing Address 1160 TENNIS ROAD

City

CHARLOTTESVILLE

State

VA

Zip Code

22901-5031

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 1 / 2 0 1 0

Transaction ID: SA11.14526

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RONALD A. TSCHETTER

Mailing Address 2645 PARKVIEW DRIVE

City

WHITE BEAR TOWNSHI

State

MN

Zip Code

55110-5778

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 / 1 1 / 2 0 1 0

Transaction ID: SA11.14461

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

680.00

**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 / 50

(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. ROGER WAHL DICK

Mailing Address 5510 RIVER BLUFF DRIVE

City

BLOOMINGTON

State

MN

Zip Code

55437-3611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

REAL ESTATE

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 1 / 2 0 1 0

Transaction ID: SA11.14503

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

500.00

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

15400.00

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

FOR LINE NUMBER: PAGE 15 / 50

(check only one)

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

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)

WESTERN &amp; SOUTHERN PAC

Mailing Address 400 BROADWAY

City

CINCINNATI

State

OH

Zip Code

45202

FEC ID number of contributing  
federal political committee.**C** C00258228

Name of Employer

Occupation

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.14431

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

1000.00

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

1000.00

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

FOR LINE NUMBER: PAGE 16 / 50

(check only one)

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

MICHIGAN REPUBLICAN PARTY

Mailing Address 520 SEYMOUR ST

City

LANSING

State

MI

Zip Code

55438

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

C00041160

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1604.07

Date of Receipt

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

Transaction ID: SA15.1

Amount of Each Receipt this Period

1604.07

REIMBURSEMENT- TRAVEL

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

1604.07

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

1604.07



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

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

FOR LINE NUMBER: PAGE 17 / 50

(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)

WELLS FARGO

Mailing Address PO BOX 63750

City

SAN FRANCISCO

State

CA

Zip Code

94163

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

518.12

Date of Receipt

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

Transaction ID: SA17.6

Amount of Each Receipt this Period

99.79

INTEREST EARNINGS

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

99.79

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

99.79

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 50

<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)  
TRISHA HAMM

Mailing Address 2495 RYAN AVE E

City ST PAUL State MN Zip Code 55109

Purpose of Disbursement  
TRAVEL

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

Transaction ID: SB21.20

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

521.50

**B.**

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

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

Transaction ID: SB21.12

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

200.00

**C.**

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

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

Transaction ID: SB21.13

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

200.00

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

921.50

**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 19 / 50

<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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>AMERICAN EXPRESS</b> <hr/> Mailing Address <b>PO BOX 1270</b>	<b>Transaction ID:</b> SB21.3 <b>Date of Disbursement</b> <div> <div>10</div> <div>05</div> <div>2010</div> </div>
<div> <div>City <b>NEWARK</b></div> <div>State <b>NJ</b></div> <div>Zip Code <b>07101</b></div> </div> <div> <div>Purpose of Disbursement <b>CC MERCHANT FEES</b></div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>State:</div> <div>District: <b>00</b></div> </div>	<b>Amount of Each Disbursement this Period</b> <div>874.16</div>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>BB&amp;T VISA BUSINESS CARD</b> <hr/> Mailing Address <b>PO BOX 24747</b>	<b>Transaction ID:</b> SB21CCP.1 <b>Date of Disbursement</b> <div> <div>10</div> <div>05</div> <div>2010</div> </div>
<div> <div>City <b>TAMPA</b></div> <div>State <b>FL</b></div> <div>Zip Code <b>33623</b></div> </div> <div> <div>Purpose of Disbursement <b>CREDIT CARD PAYMENT</b></div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>State:</div> <div>District: <b>00</b></div> </div>	<b>Amount of Each Disbursement this Period</b> <div>26485.11</div>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>2CO.COMLYDOMAINS</b> <hr/> Mailing Address <b>1785 O'BRIEN RD</b>	<b>Transaction ID:</b> SB21CCD.6 <b>Date of Disbursement</b> <div> <div>10</div> <div>05</div> <div>2010</div> </div>
<div> <div>City <b>COLUMBUS</b></div> <div>State <b>OH</b></div> <div>Zip Code <b>43228</b></div> </div> <div> <div>Purpose of Disbursement <b>WEB SERVICE</b></div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>State:</div> <div>District: <b>00</b></div> </div>	<b>Amount of Each Disbursement this Period</b> <div>75.00</div>

[MEMO ITEM]

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

**27359.27**

**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 20 / 50

<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)  
AIRCELL GOGO INFLIGHT

Mailing Address 1250 N ARLINGTON HEIGHTS RD STE 50

City ITASCA State IL Zip Code 60143

Purpose of Disbursement  
WEB SERVICE

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

Transaction ID: SB21CCD.7

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

9.90

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
AIRTRAN

Mailing Address 9955 AIRTRAN BLVD

City ORLANDO State FL Zip Code 32827

Purpose of Disbursement  
TRAVEL

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

Transaction ID: SB21CCD.8

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

391.10

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
AMELIA'S

Mailing Address 111 HARVARD ST

City CAMBRIDGE State MA Zip Code 02139

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

Transaction ID: SB21CCD.9

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

32.65

[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 21 / 50

<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

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN AIRLINES	<b>Transaction ID:</b> SB21CCD.10 <b>Date of Disbursement</b>																				
Mailing Address 4333 AMON CARTER 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>0</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	0		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	1	0												
City FT WORTH State TX Zip Code 76155	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td colspan="10">1198.40</td> </tr> </table>	1198.40																			
1198.40																					
Candidate Name	<table border="1"> <tr> <td>000</td> </tr> </table> Category/ Type	000																			
000																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMTRAK	<b>Transaction ID:</b> SB21CCD.11 <b>Date of Disbursement</b>																				
Mailing Address 60 MASSACHUSETTS 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>0</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	0		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	1	0												
City WASHINGTON State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td colspan="10">134.00</td> </tr> </table>	134.00																			
134.00																					
Candidate Name	<table border="1"> <tr> <td>000</td> </tr> </table> Category/ Type	000																			
000																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AT&T	<b>Transaction ID:</b> SB21CCD.12 <b>Date of Disbursement</b>																				
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>0</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	0		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	1	0												
City DALLAS State TX Zip Code 75202	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEPHONE SERVICE	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name	<table border="1"> <tr> <td>000</td> </tr> </table> Category/ Type	000																			
000																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	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 22 / 50

<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

<b>A.</b> Full Name (Last, First, Middle Initial) AT&T	<b>Transaction ID:</b> SB21CCD.13 <b>Date of Disbursement</b>
Mailing Address ONE AT&T PLAZA	<div> <div>10</div> <div>05</div> <div>2010</div> </div>
City DALLAS State TX Zip Code 75202	Amount of Each Disbursement this Period
Purpose of Disbursement TELEPHONE SERVICE	<div>262.70</div>
Candidate Name	<div>000</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) BEST WESTERN	<b>Transaction ID:</b> SB21CCD.14 <b>Date of Disbursement</b>
Mailing Address 6201 N 24 TH PARKWAY	<div> <div>10</div> <div>05</div> <div>2010</div> </div>
City PHOENIX State AZ Zip Code 85016	Amount of Each Disbursement this Period
Purpose of Disbursement TRAVEL	<div>758.64</div>
Candidate Name	<div>000</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) BLT STEAK	<b>Transaction ID:</b> SB21CCD.15 <b>Date of Disbursement</b>
Mailing Address 1625 EYE ST NW	<div> <div>10</div> <div>05</div> <div>2010</div> </div>
City WASHINGTON State DC Zip Code 20006	Amount of Each Disbursement this Period
Purpose of Disbursement FOOD/BEVERAGES	<div>95.00</div>
Candidate Name	<div>000</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	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 23 / 50

<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)  
BOSTON CAB ASSOCIATION

Mailing Address 60 KILMARNOCK ST

City BOSTON State MA Zip Code 02115

Purpose of Disbursement  
TRAVEL

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

Transaction ID: SB21CCD.16

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

22.40

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
BOSTON CAB ASSOCIATION

Mailing Address 60 KILMARNOCK ST

City BOSTON State MA Zip Code 02115

Purpose of Disbursement  
TRAVEL

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

Transaction ID: SB21CCD.37

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

31.93

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
CITY OF MANCHESTER

Mailing Address ONE CITY HALL PLAZA

City MANCHESTER State NH Zip Code 03101

Purpose of Disbursement  
PARKING SERVICE

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

Transaction ID: SB21CCD.17

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

2.25

[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 24 / 50

<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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) CONTINENTAL AIRLINES</p> <p>Mailing Address 1600 SMITH ST</p> <p>City HOUSTON State TX Zip Code 77002</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: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.18</p> <p><b>Date of Disbursement</b>  <div> <div>10</div> <div>05</div> <div>2010</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>168.90</div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) CVS</p> <p>Mailing Address 1 CVS DR</p> <p>City WOONSOCKET State RI Zip Code 92895</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.19</p> <p><b>Date of Disbursement</b>  <div> <div>10</div> <div>05</div> <div>2010</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>2.11</div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) DELTA AIRLINES</p> <p>Mailing Address PO BOX 20706</p> <p>City ATLANTA State GA Zip Code 30320</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: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.21</p> <p><b>Date of Disbursement</b>  <div> <div>10</div> <div>05</div> <div>2010</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>6773.70</div> </p> <p><b>[MEMO ITEM]</b></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 PageFOR LINE NUMBER:  
(check only one)

PAGE 25 / 50

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>DOLLAR RENT A CAR</b>	<b>Transaction ID:</b> SB21CCD.22 <b>Date of Disbursement</b> MM / DD / YYYY 10 / 05 / 2010
	Mailing Address PO BOX 33167	
	City TULSA State OK Zip Code 74153	Amount of Each Disbursement this Period 645.27
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	<b>[MEMO ITEM]</b>	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>DOUBLETREE HOTELS</b>	<b>Transaction ID:</b> SB21CCD.23 <b>Date of Disbursement</b> MM / DD / YYYY 10 / 05 / 2010
	Mailing Address 7930 JONES BRANCH DR STE 1100	
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 188.45
	Purpose of Disbursement TRAVEL Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	<b>[MEMO ITEM]</b>	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>DUNKIN DONUTS</b>	<b>Transaction ID:</b> SB21CCD.24 <b>Date of Disbursement</b> MM / DD / YYYY 10 / 05 / 2010
	Mailing Address 130 ROYALL ST	
	City CANTON State MA Zip Code 02021	Amount of Each Disbursement this Period 111.21
	Purpose of Disbursement FOOD/BEVERAGES Candidate Name	000 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	<b>[MEMO ITEM]</b>	
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		0.00
<b>TOTAL</b> This Period (last page this line number only) .....		

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) EXXON	<b>Transaction ID:</b> SB21CCD.25 <b>Date of Disbursement</b>																				
Mailing Address 5959 LAS COLINAS 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>0</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	0		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	1	0												
City IRVING State TX Zip Code 75039	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td colspan="10">2.98</td> </tr> </table>	2.98																			
2.98																					
Candidate Name	<table border="1"> <tr> <td>000</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	000	Category/ Type																		
000																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) FACEBOOK	<b>Transaction ID:</b> SB21CCD.26 <b>Date of Disbursement</b>																				
Mailing Address 1601 S CALIFORNIA 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>0</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	0		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	1	0												
City PALO ALTO State CA Zip Code 94304	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement WEB SERVICE	<table border="1"> <tr> <td colspan="10">4823.95</td> </tr> </table>	4823.95																			
4823.95																					
Candidate Name	<table border="1"> <tr> <td>000</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	000	Category/ Type																		
000																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) FEDEX	<b>Transaction ID:</b> SB21CCD.27 <b>Date of Disbursement</b>																				
Mailing Address 942 SOUTH SHADY GROVE 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>0</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	0		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	1	0												
City MEMPHIS State TN Zip Code 38120	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement DELIVERY	<table border="1"> <tr> <td colspan="10">526.89</td> </tr> </table>	526.89																			
526.89																					
Candidate Name	<table border="1"> <tr> <td>000</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	000	Category/ Type																		
000																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>																				

**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 27 / 50

<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)  
GETAROOM.COM

Mailing Address 3010 LBJ FREEWAY STE 1550

City DALLAS State TX Zip Code 75234

Purpose of Disbursement  
TRAVEL

Candidate Name

000

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

State: District: 00

Transaction ID: SB21CCD.28

Date of Disbursement

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

Amount of Each Disbursement this Period

1024.52

[MEMO ITEM]

B.

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

Mailing Address 1600 AMPHITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
WEB SERVICE

Candidate Name

000

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

State: District: 00

Transaction ID: SB21CCD.29

Date of Disbursement

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

Amount of Each Disbursement this Period

2107.49

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
GULF OIL

Mailing Address 100 CROSSING BLVD

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement  
TRAVEL

Candidate Name

000

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

State: District: 00

Transaction ID: SB21CCD.30

Date of Disbursement

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

Amount of Each Disbursement this Period

25.59

[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 28 / 50

<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)  
HERTZ RENT A CAR

Mailing Address 225 BRAE BLVD

City State Zip Code  
PARK RIDGE NJ 07656

Purpose of Disbursement  
TRAVEL

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

Transaction ID: SB21CCD.31

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

86.97

[MEMO ITEM]

**B.**

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

Mailing Address 7930 JONES BRANCH DR STE 1100

City State Zip Code  
MCLEAN VA 22102

Purpose of Disbursement  
TRAVEL

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

Transaction ID: SB21CCD.32

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

370.30

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
HYATT

Mailing Address 71 S WACKER DR 12TH FL

City State Zip Code  
CHICAGO IL 60606

Purpose of Disbursement  
TRAVEL

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

Transaction ID: SB21CCD.33

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

852.90

[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 29 / 50

<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)  
J2 EFAX PLUS SERVICE

Mailing Address 6922 HOLLYWOOD BLVD 5TH FL

City LOS ANGELES State CA Zip Code 90028

Purpose of Disbursement  
FAX SERVICE

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

Transaction ID: SB21CCD.34

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

16.95

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
MCDONALDS

Mailing Address 2111 MCDONALDS DR

City OAK BROOK State IL Zip Code 60523

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

Transaction ID: SB21CCD.35

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

41.89

[MEMO ITEM]

**C.**

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

Mailing Address 6744 SOUTH HOWELL AVE

City OAK CREEK State WI Zip Code 53154

Purpose of Disbursement  
TRAVEL

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

Transaction ID: SB21CCD.36

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

214.40

[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 30 / 50

<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)  
OFFICE MAX

Mailing Address 263 SHUMAN BLVD

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

000

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

State: District: 00

Transaction ID: SB21CCD.38

Date of Disbursement

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

Amount of Each Disbursement this Period

89.93

[MEMO ITEM]

**B.**Full Name (Last, First, Middle Initial)  
OLYMPIC NEWS

Mailing Address PO BOX 8766

City BALTIMORE State MD Zip Code 21240

Purpose of Disbursement  
TRAVEL

Candidate Name

000

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

State: District: 00

Transaction ID: SB21CCD.39

Date of Disbursement

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

Amount of Each Disbursement this Period

8.75

[MEMO ITEM]

**C.**Full Name (Last, First, Middle Initial)  
OUTBACK

Mailing Address 2202 N WEST SHORE BLVD

City TAMPA State FL Zip Code 33607

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

000

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

State: District: 00

Transaction ID: SB21CCD.40

Date of Disbursement

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

Amount of Each Disbursement this Period

64.00

[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)

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

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
PAYPAL

Mailing Address 2211 N 1ST ST

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

Transaction ID: SB21CCD.41

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

129.00

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
PIZZERIA REGINA

Mailing Address 11 THATCHER CT

City BOSTON State MA Zip Code 02113

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

Transaction ID: SB21CCD.42

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

49.06

[MEMO ITEM]

**C.**

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  
TRAVEL

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

Transaction ID: SB21CCD.43

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

15.00

[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 32 / 50

<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)  
PMI INC

Mailing Address 1725 DESALES ST NW STE 200

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
PARKING SERVICE

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

Transaction ID: SB21CCD.44

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

82.00

[MEMO ITEM]

**B.**

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

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

Transaction ID: SB21CCD.1

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

38.97

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
QWEST

Mailing Address 1801 CALIFORNIA ST

City DENVER State CO Zip Code 80202

Purpose of Disbursement  
TELEPHONE SERVICE

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

Transaction ID: SB21CCD.2

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

87.64

[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)

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

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
REAGAN NATIONAL AIRPORT

Mailing Address 1 AVIATION CIRCLE

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
TRAVEL

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

Transaction ID: SB21CCD.20

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

68.00

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
RIVERWALK ROASTERS

Mailing Address 35 RAILROAD SQ

City NASHUA State NH Zip Code 03064

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

Transaction ID: SB21CCD.3

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

17.34

[MEMO ITEM]

**C.**

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

Mailing Address PO BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
TRAVEL

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

Transaction ID: SB21CCD.4

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

1727.30

[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 34 / 50

<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)  
ST PAUL HOTEL

Mailing Address 350 MARKET ST

City ST PAUL State MN Zip Code 55102

Purpose of Disbursement  
FOOD/BEVERAGES

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

Transaction ID: SB21CCD.46

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

42.82

[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

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

Transaction ID: SB21CCD.5

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

523.09

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
STATE FARM

Mailing Address 1001 CONNECTICUT AVE NW STE 201

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
INSURANCE

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

Transaction ID: SB21CCD.45

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

106.16

[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)

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

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>THE YARD RESTAURANT</b>	<b>Transaction ID:</b> SB21CCD.48 <b>Date of Disbursement</b> MM / DD / YYYY 10 / 05 / 2010
	Mailing Address 1211 S MAMMOTH RD	
	City MANCHESTER State NH Zip Code 03109	Amount of Each Disbursement this Period 13.11
	Purpose of Disbursement FOOD/BEVERAGES	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>UPS STORE</b>	<b>Transaction ID:</b> SB21CCD.47 <b>Date of Disbursement</b> MM / DD / YYYY 10 / 05 / 2010
	Mailing Address 55 GLENLAKE PKWY NE	
	City ATLANTA State GA Zip Code 30328	Amount of Each Disbursement this Period 10.66
	Purpose of Disbursement DELIVERY	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>USPS</b>	<b>Transaction ID:</b> SB21CCD.49 <b>Date of Disbursement</b> MM / DD / YYYY 10 / 05 / 2010
	Mailing Address 408 SAINT PETER ST	
	City SAINT PAUL State MN Zip Code 55102	Amount of Each Disbursement this Period 814.32
	Purpose of Disbursement DELIVERY	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		0.00
<b>TOTAL</b> This Period (last page this line number only) .....		

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) VERIZON	<b>Transaction ID:</b> SB21CCD.50 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 660720	<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>0</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	0		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	1	0												
City DALLAS State TX Zip Code 75266	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEPHONE SERVICE	<table border="1"> <tr> <td colspan="10">372.48</td> </tr> </table>	372.48																			
372.48																					
Candidate Name	<table border="1"> <tr> <td>000</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	000	Category/ Type																		
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Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	<b>[MEMO ITEM]</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON	<b>Transaction ID:</b> SB21CCD.52 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 660720	<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>0</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	0		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	1	0												
City DALLAS State TX Zip Code 75266	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEPHONE SERVICE	<table border="1"> <tr> <td colspan="10">651.39</td> </tr> </table>	651.39																			
651.39																					
Candidate Name	<table border="1"> <tr> <td>000</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	000	Category/ Type																		
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Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	<b>[MEMO ITEM]</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) VERTICAL RESPONSE INC	<b>Transaction ID:</b> SB21CCD.51 <b>Date of Disbursement</b>																				
Mailing Address 501 2ND 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>0</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	0		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	1	0												
City SAN FRANCISCO State CA Zip Code 94107	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement WEB SERVICE	<table border="1"> <tr> <td colspan="10">507.67</td> </tr> </table>	507.67																			
507.67																					
Candidate Name	<table border="1"> <tr> <td>000</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	000	Category/ Type																		
000																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	<b>[MEMO ITEM]</b>																				

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) WALGREENS</p> <p>Mailing Address 200 WILMOT RD</p> <p>City DEERFIELD State IL Zip Code 60015</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: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.53</p> <p><b>Date of Disbursement</b>  <div> <div>10</div> <div>05</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>2.43</div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) WESTIN</p> <p>Mailing Address 1111 WESTCHESTER AVE</p> <p>City WHITE PLAINS State NY Zip Code 10604</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: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21CCD.54</p> <p><b>Date of Disbursement</b>  <div> <div>10</div> <div>05</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>40.55</div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) CAPITOL DIRECT</p> <p>Mailing Address 2915 COMMERS DR STE 1000</p> <p>City EAGAN State MN Zip Code 55121</p> <p>Purpose of Disbursement PRINTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.17</p> <p><b>Date of Disbursement</b>  <div> <div>10</div> <div>07</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>557.58</div> </p>

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

**557.58**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 50

<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  
DATABASE MANAGEMENT SVC

Candidate Name

000  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

**Transaction ID:** SB21.6

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

5331.35

**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

000  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

**Transaction ID:** SB21.5

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

CONTINENTAL RESOURCES INC

Mailing Address PO BOX 1032 302 N INDEPENDENCE

City ENID State OK Zip Code 73702

Purpose of Disbursement  
TRAVEL

Candidate Name

000  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

**Transaction ID:** SB21.22

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

1902.30

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

9733.65

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) EAGLE PUBLISHING</p> <p>Mailing Address ONE MASSACHUSETTS AVE 6TH FL</p> <p>City WASHINGTON State DC Zip Code 20001</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: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.23</p> <p>Date of Disbursement</p> <p>10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period</p> <p>3960.00</p> <p>000 Category/ Type</p>
<p><b>B.</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 CC MERCHANT FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.2</p> <p>Date of Disbursement</p> <p>10 / 04 / 2010</p> <p>Amount of Each Disbursement this Period</p> <p>2363.15</p> <p>000 Category/ Type</p>
<p><b>C.</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 CC MERCHANT FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.4</p> <p>Date of Disbursement</p> <p>10 / 13 / 2010</p> <p>Amount of Each Disbursement this Period</p> <p>75.60</p> <p>000 Category/ Type</p>

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

6398.75

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

<p><b>A.</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: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.11</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <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="5582.25"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) GREENCASTLE CONSULTING LLC</p> <p>Mailing Address PO BOX 16504</p> <p>City ALEXANDRIA State VA Zip Code 22302</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: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.21</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <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="467.86"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) LATITUDE LLC</p> <p>Mailing Address 3105 WHITE DAISY PL</p> <p>City FAIRFAX State VA Zip Code 22031</p> <p>Purpose of Disbursement POLITICAL STRATEGY CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21.16</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <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="7470.00"/></p>

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

**13520.11**

**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)

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

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NAME OF COMMITTEE (In Full)  
Freedom 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  
VOID CHECK

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

**Transaction ID:** SB21.16B

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

-7500.00

**B.**

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

Mailing Address DEPT. AT 953016

City State Zip Code  
ATLANTA GA 31192

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

**Transaction ID:** SB21.15

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

199.00

**C.**

Full Name (Last, First, Middle Initial)  
MINNESOTA DEPARTMENT OF REVENUE

Mailing Address 600 NORTH ROBERT ST

City State Zip Code  
ST PAUL MN 55101

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

**Transaction ID:** SB21.14

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

85.00

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

-7216.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

<b>A.</b> Full Name (Last, First, Middle Initial) PINNACLE DIRECT INC	<b>Transaction ID:</b> SB21.18 <b>Date of Disbursement</b>																				
Mailing Address 15260 113TH 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>0</td><td>7</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		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	1	0												
City STILLWATER State MN Zip Code 55082	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PRINTING/POSTAGE Candidate Name	<table border="1"> <tr> <td colspan="10">8424.85</td> </tr> </table>	8424.85																			
8424.85																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) PKL CONSULTING LLC	<b>Transaction ID:</b> SB21.9 <b>Date of Disbursement</b>																				
Mailing Address 621 THORNWOOD LN	<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>0</td><td>7</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		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	1	0												
City NORTHFIELD State IL Zip Code 60093	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement FINANCE CONSULTING/OFFICE SUPPLIES Candidate Name	<table border="1"> <tr> <td colspan="10">4118.51</td> </tr> </table>	4118.51																			
4118.51																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) RESONATE NETWORKS	<b>Transaction ID:</b> SB21.24 <b>Date of Disbursement</b>																				
Mailing Address ONE DISCOVERY SQUARE 12010 SUNSET	<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>1</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		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	1	0												
City RESTON State VA Zip Code 20190	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement WEB SERVICE Candidate Name	<table border="1"> <tr> <td colspan="10">20000.00</td> </tr> </table>	20000.00																			
20000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

**32543.36**

**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 43 / 50

<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

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

**Transaction ID:** SB21.8

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
STATE OF MINNESOTA

Mailing Address 130 STATE CAPITOL 75 REV DR MARTIN

City ST PAUL State MN Zip Code 55155

Purpose of Disbursement  
TRAVEL

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

**Transaction ID:** SB21.19

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

168.18

**C.**

Full Name (Last, First, Middle Initial)  
STRATEGIC FUNDRAISING

Mailing Address 7591 9TH ST NORTH

City ST PAUL State MN Zip Code 55128

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

**Transaction ID:** SB21.10

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

6337.75

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

11505.93

**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 44 / 50

<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 ST. REGIS

Mailing Address RSZ CATERING DEPARTMENT 2 EAST 55T

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

000  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District: 00

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

Transaction ID: SB21.7

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

2084.13

**B.**

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

Mailing Address PO BOX 63750

City SAN FRANCISCO State CA Zip Code 94163

Purpose of Disbursement  
BANK FEES

Candidate Name

000  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District: 00

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

Transaction ID: SB21.1

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

3.00

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

2087.13

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

97411.28

# **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 45 / 50

<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)  
(BILL) HUIZENGA FOR CONGRESS

Mailing Address 441 WILLIAM CT

City State Zip Code  
ZEELAND MI 49464

Purpose of Disbursement  
CONTRIBUTION- GENERAL

Candidate Name  
WILLIAM HUIZENGA

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 02

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

**Transaction ID:** SB23.7

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
(DAN) BENISHEK FOR CONGRESS

Mailing Address 802 PENTOGA TRAIL

City State Zip Code  
CRYSTAL FALLS MI 49920

Purpose of Disbursement  
CONTRIBUTION- GENERAL

Candidate Name  
DANIEL BENISHEK

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 01

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

**Transaction ID:** SB23.6

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
(DINO) ROSSI FOR SENATE

Mailing Address PO BOX 50713

City State Zip Code  
BELLEVUE WA 98015

Purpose of Disbursement  
CONTRIBUTION- GENERAL

Candidate Name  
DINO ROSSI

Office Sought: ☐ House  
☒ Senate  
☐ President

State: WA District: 00

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

**Transaction ID:** SB23.3

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**3000.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 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)  
(THAD) MCCOTTER CONGRESSIONAL COMMITTEE

Mailing Address PO BOX 530788

City LIVONIA State MI Zip Code 48153

Purpose of Disbursement  
CONTRIBUTION- GENERAL

Candidate Name  
THADDEUS MCCOTTER

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 11

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

**Transaction ID:** SB23.10

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

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

Mailing Address PO BOX 25950

City WOODBURY State MN Zip Code 55125

Purpose of Disbursement  
EARMARKED FROM RODGER FETTERS

Candidate Name  
MICHELE BACHMANN

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MN District: 06

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

**Transaction ID:** SB23.1

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)  
DAVE CAMP FOR CONGRESS 2010

Mailing Address 5915 EASTMAN AVE

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement  
CONTRIBUTION- GENERAL

Candidate Name  
DAVID CAMP

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 04

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

**Transaction ID:** SB23.8

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 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)  
GRASSLEY COMMITTEE INC

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement  
CONTRIBUTION- GENERAL

Candidate Name  
CHARLES GRASSLEY

Office Sought: ☐ House  
☒ Senate  
☐ President

State: IA District: 00

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

Transaction ID: SB23.4

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2400.00

B.

Full Name (Last, First, Middle Initial)  
LEN BRITTON FOR VERMONT

Mailing Address PO BOX 10

City TAFTSVILLE State VT Zip Code 05073

Purpose of Disbursement  
CONTRIBUTION- GENERAL

Candidate Name  
LEONARD BRITTON

Office Sought: ☐ House  
☒ Senate  
☐ President

State: VT District: 00

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

Transaction ID: SB23.5

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)  
ROB STEELE FOR CONGRESS

Mailing Address 320 N MAIL ST STE 104

City ANN ARBOR State MI Zip Code 48104

Purpose of Disbursement  
CONTRIBUTION- GENERAL

Candidate Name  
ROBERT STEELE

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 15

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

Transaction ID: SB23.11

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

3900.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.**

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

Mailing Address 34122 WOODWARD AVE

City BIRMINGHAM State MI Zip Code 48009

Purpose of Disbursement  
CONTRIBUTION- GENERAL

Candidate Name  
ANDREW RACKOWSKI

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 09

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

**Transaction ID:** SB23.9

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)  
THE PEOPLE FOR JON GOLNIK

Mailing Address PO BOX 16

City CARLISLE State MA Zip Code 01741

Purpose of Disbursement  
CONTRIBUTION- GENERAL

Candidate Name  
JONATHAN GOLNIK

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MA District: 05

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

**Transaction ID:** SB23.12

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)  
MASSACHUSETTS REPUBLICAN PARTY VICTORY 2010

Mailing Address 85 MERRIMAC ST STE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
CONTRIBUTION- FEDERAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

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

**Transaction ID:** SB23.2

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**4500.00**

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

**13410.00**



# **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)

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

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NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
(NATHAN) DEAL FOR GOVERNOR

Mailing Address 1660 PALMOUR DR STE AA7

City Gainesville State GA Zip Code 30501

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District: 00

**Transaction ID:** SB29.3

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)  
DAVID RALSTON COMMITTEE

Mailing Address PO BOX 1196

City BLUE RIDGE State GA Zip Code 30513

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District: 00

**Transaction ID:** SB29.2

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)  
CORNERSTONE ACTION

Mailing Address PO BOX 4386

City MANCHESTER State NH Zip Code 03108

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

000

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District: 00

**Transaction ID:** SB29.1

Date of Disbursement

10 / 09 / 2010

Amount of Each Disbursement this Period

2000.00

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

6500.00

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

6500.00

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

PAGE 50 / 50

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CITIZENS FOR BILL BRADY

Nature 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

0.00

Outstanding Balance at Close of This Period

542.25

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MICHIGAN REPUBLICAN PARTY

Nature of Debt (Purpose):  
TRAVEL

Mailing Address 520 SEYMOUR ST

City	State	ZIP Code
LANSING	MI	55438

Outstanding Balance Beginning This Period

1604.07

Transaction ID: SD9.2

Amount Incurred This Period

0.00

Payment This Period

1604.07

Outstanding Balance at Close of This Period

0.00

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

542.25

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

542.25

**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)

542.25