

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines

TO ORGANIZE A MAJORITY PAC (TOMPAC)

ADDRESS (number and street) PO BOX 752 DES MOINES IA 50303

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00385732

3. IS THIS REPORT NEW OR AMENDED

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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12G)

Election on in the State of

- (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on in the State of

5. Covering Period 01 01 2007 through 03 31 2007

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

Type or Print Name of Treasurer Theresa Kehoe

Signature of Treasurer Electronically Filed by Theresa Kehoe Date 04 07 2007

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

Table with 7 columns and 1 row for Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">43667.58</td></tr></table>	43667.58
Y	Y	Y	Y									
2	0	0	7									
43667.58												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">43667.58</td></tr></table>	43667.58										
43667.58												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">23715.40</td></tr></table>	23715.40	<table border="1" style="width: 100%;"><tr><td align="right">23715.40</td></tr></table>	23715.40								
23715.40												
23715.40												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="right">67382.98</td></tr></table>	67382.98	<table border="1" style="width: 100%;"><tr><td align="right">67382.98</td></tr></table>	67382.98								
67382.98												
67382.98												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">45564.90</td></tr></table>	45564.90	<table border="1" style="width: 100%;"><tr><td align="right">45564.90</td></tr></table>	45564.90								
45564.90												
45564.90												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="right">21818.08</td></tr></table>	21818.08	<table border="1" style="width: 100%;"><tr><td align="right">21818.08</td></tr></table>	21818.08								
21818.08												
21818.08												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	17500.00	17500.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	17500.00	17500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	6000.00	6000.00
(c) Other Political Committees (such as PACs)	23500.00	23500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	215.40	215.40
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	23715.40	23715.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	23715.40	23715.40

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	28064.90	28064.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	28064.90	28064.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	17500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	45564.90	45564.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	45564.90	45564.90

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	23500.00	23500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23500.00	23500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	28064.90	28064.90
37. Offsets to Operating Expenditures (from Line 15, page 3)	215.40	215.40
38. Net Operating Expenditures (subtract Line 37 from Line 36)	27849.50	27849.50

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A. Full Name (Last, First, Middle Initial) Florence Eng Mailing Address 135 Central Park W Apt 11N City State Zip Code New York NY 10023 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7 Transaction ID: SA11A1.11901 Amount of Each Receipt this Period 5000.00
Name of Employer Occupation Self Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		

B. Full Name (Last, First, Middle Initial) Joe Hilliard Mailing Address 5500 Flaghole Rd City State Zip Code Clewiston FL 33440 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7 Transaction ID: SA11A1.11894 Amount of Each Receipt this Period 500.00
Name of Employer Occupation Hilliard Farms Rancher Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Joe Hilliard Mailing Address 5500 Flaghole Rd City State Zip Code Clewiston FL 33440 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7 Transaction ID: SA11A1.11895 Amount of Each Receipt this Period 2000.00
Name of Employer Occupation Hilliard Farms Rancher Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		

SUBTOTAL of Receipts This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

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

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

Full Name (Last, First, Middle Initial) A. Dinakar Singh		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 1 / 2 0 0 7	
Mailing Address 135 Central Park W Apt 11N		Transaction ID: SA11A1.11899	
City State Zip Code New York NY 10023	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer TPG-AXON Capital	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. Vishwa Singh		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 5 / 2 0 0 7	
Mailing Address 135 Central Park W Apt 5SR		Transaction ID: SA11A1.11897	
City State Zip Code New York NY 10023	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶	17500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 16
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

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

Mailing Address 460 POINT SAN BRUNO BLVD

City State Zip Code
SO SAN FRANCISCO CA 94080

FEC ID number of contributing federal political committee. **C** C00199257

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2007

Transaction ID: SA11C.11905

Amount of Each Receipt this Period
1000.00

C00199257

B. Full Name (Last, First, Middle Initial)
NEW YORK MERCANTILE EXCHANGE POLITICAL ACTION COMMITTEE

Mailing Address One North End Ave
14th Floor

City State Zip Code
New York NY 10282

FEC ID number of contributing federal political committee. **C** C00230185

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 16 / 2007

Transaction ID: SA11C.11903

Amount of Each Receipt this Period
5000.00

C00230185

SUBTOTAL of Receipts This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	6000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 16	
	(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"/> 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)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

A. Full Name (Last, First, Middle Initial)
Democratic Senatorial Campaign Committee

Mailing Address 430 S Capitol St SE

City	State	Zip Code
Washington	DC	20003

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	0	7

Transaction ID: SA15.11911

Amount of Each Receipt this Period
215.40

reimb. for travel expenses

SUBTOTAL of Receipts This Page (optional)	▶	215.40
TOTAL This Period (last page this line number only)	▶	215.40

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 10 / 16

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

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

Full Name (Last, First, Middle Initial) A. Carroll Travel		Transaction ID: SB21B.11885 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 7
Mailing Address 201 Mass Ave NE		Amount of Each Disbursement this Period 346.99
City Washington State DC Zip Code 20002	Purpose of Disbursement travel expenses airfare for TOMPAC Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Carter Printing		Transaction ID: SB21B.11867 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address 1739 E Grand Ave		Amount of Each Disbursement this Period 5461.55
City Des Moines State IA Zip Code 50316	Purpose of Disbursement printing holiday cards for TOMPAC Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Chesapeake Graphics		Transaction ID: SB21B.11868 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address 1002 Butterworth Court		Amount of Each Disbursement this Period 593.25
City Stevensville State MD Zip Code 21666	Purpose of Disbursement items for fundraising event for TOMPAC Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	6401.79
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 16

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

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

Full Name (Last, First, Middle Initial) A. DiNino Associates LLC		Transaction ID: SB21B.11863 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 210 Whitestone Road		Amount of Each Disbursement this Period 4000.00
City Silver Spring State MD Zip Code 20901	Purpose of Disbursement fundraising retainer for TOMPAC Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. DiNino Associates LLC		Transaction ID: SB21B.11880 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 210 Whitestone Road		Amount of Each Disbursement this Period 8000.00
City Silver Spring State MD Zip Code 20901	Purpose of Disbursement fundraising retainer for TOMPAC Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Flowers by Anthony		Transaction ID: SB21B.11869 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address 3300 SW 9th St		Amount of Each Disbursement this Period 5451.60
City Des Moines State IA Zip Code 50315	Purpose of Disbursement flowers - TOMPAC exp. Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	17451.60
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 16

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

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

Full Name (Last, First, Middle Initial) A. Jeremy Gold		Transaction ID: SB21B.11864 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 2801 Quebec St NW #444		Amount of Each Disbursement this Period 221.00
City Washington State DC Zip Code 20008	Category/ Type	
Purpose of Disbursement travel expenses for fundraising for TOM		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jeremy Gold		Transaction ID: SB21B.11872 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7
Mailing Address 2801 Quebec St NW #444		Amount of Each Disbursement this Period 212.57
City Washington State DC Zip Code 20008	Category/ Type	
Purpose of Disbursement travel expenses for TOMPAC		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jeremy Gold		Transaction ID: SB21B.11877 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 7
Mailing Address 2801 Quebec St NW #444		Amount of Each Disbursement this Period 674.36
City Washington State DC Zip Code 20008	Category/ Type	
Purpose of Disbursement travel expenses for fundraising for TOM		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1107.93
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 13 / 16

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

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

Full Name (Last, First, Middle Initial) A. Theresa Kehoe		Transaction ID: SB21B.11865 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 1314 42nd Street		Amount of Each Disbursement this Period 500.00
City Des Moines State IA Zip Code 50311	Purpose of Disbursement contract services compliance TOMPAC Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Theresa Kehoe		Transaction ID: SB21B.11871 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address 1314 42nd Street		Amount of Each Disbursement this Period 500.00
City Des Moines State IA Zip Code 50311	Purpose of Disbursement contract services compliance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Theresa Kehoe		Transaction ID: SB21B.11876 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 7
Mailing Address 1314 42nd Street		Amount of Each Disbursement this Period 500.00
City Des Moines State IA Zip Code 50311	Purpose of Disbursement contract services compliance TOMPAC Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

Full Name (Last, First, Middle Initial) A. USPO		Transaction ID: SB21B.11875 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 7
Mailing Address 2nd Avenue		Amount of Each Disbursement this Period 160.00
City Des Moines State IA Zip Code 50318	Purpose of Disbursement postage fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. USPO		Transaction ID: SB21B.11879 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 7
Mailing Address 2nd Avenue		Amount of Each Disbursement this Period 500.00
City Des Moines State IA Zip Code 50318	Purpose of Disbursement postage fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional)

660.00

TOTAL This Period (last page this line number only)

27121.32

**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)
TO ORGANIZE A MAJORITY PAC (TOMPAC)

Full Name (Last, First, Middle Initial)
A. TIM JOHNSON FOR SOUTH DAKOTA INC

Transaction ID: SB23.11916

Date of Disbursement

Mailing Address PO BOX 1859

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	0	7

City	State	Zip Code
SIOUX FALLS	SD	57101

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
TIM JOHNSON

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: SD District: 00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

17500.00