



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
FREEDOM PROJECT; THE

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		119660.20
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	250752.84									
(c) Total Receipts (from Line 19) .....	117055.00	943037.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	367807.84	1062697.30								
7. Total Disbursements (from Line 31) .....	118130.06	813019.52								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	249677.78	249677.78								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....										
10. Debts and Obligations owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
FREEDOM PROJECT; THE

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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) .....	22500.00	198400.00
(ii) Unitemized .....	1305.00	10082.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	23805.00	208482.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	93250.00	703000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	117055.00	911482.00
12. Transfers From Affiliated/Other Party Committees .....		0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	26079.50
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	5475.60
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)) .....	117055.00	943037.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	117055.00	943037.10

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	78130.06	499107.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	78130.06	499107.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	253412.20
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	2900.00
(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	7900.00
29. Other Disbursements.....	5000.00	52599.77
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))..	118130.06	813019.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	118130.06	813019.52

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	117055.00	911482.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	7900.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	117055.00	903582.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	78130.06	499107.55
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	26079.50
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	78130.06	473028.05

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

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

FOR LINE NUMBER: PAGE 6 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

**A.** Full Name (Last, First, Middle Initial)  
Dick Alderson

Mailing Address 8222 Lesourdsville West Chester Ro

City State Zip Code  
West Chester OH 45069-1932

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 ▼ 2500.00

Date of Receipt M M / D D / Y Y Y Y Y  
09 / 30 / 2009

Transaction ID: SA11AI-4130-21256-c

Amount of Each Receipt this Period 1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Samuel Baptista

Mailing Address 2015 Lorraine Avenue

City State Zip Code  
Mc Lean VA 22101-5331

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

Name of Employer The Baptista Group Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt M M / D D / Y Y Y Y Y  
09 / 23 / 2009

Transaction ID: SA11AI-5597-21196-c

Amount of Each Receipt this Period 1000.00

Contribution

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

Mailing Address 325 7th Street NW

City State Zip Code  
Washington DC 20004-2818

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

Name of Employer National Retail Federation Occupation Government Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt M M / D D / Y Y Y Y Y  
09 / 23 / 2009

Transaction ID: SA11AI-4129-21198-c

Amount of Each Receipt this Period 2000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 7 / 41
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

<b>A.</b>	Full Name (Last, First, Middle Initial) Tom Green		Date of Receipt
	Mailing Address 7236 Wetherington Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2009
	City	State	Zip Code
	West Chester	OH	45069-4681
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI-11277-21260-c
Name of Employer Wolverine World Wide		Occupation Sales Representative	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Gregg Hartley		Date of Receipt
	Mailing Address 857 Cedar Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 23 / 2009
	City	State	Zip Code
	Deale	MD	20751-9613
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI-4022-21202-c
Name of Employer Cassidy & Associates		Occupation Vice Chairman & COO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 3000.00
			Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Arnold I. Havens		Date of Receipt
	Mailing Address 8105 Ridings Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 23 / 2009
	City	State	Zip Code
	Mclean	VA	22102-1747
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI-9648-21197-c
Name of Employer Jones Walker		Occupation Attorney, Govt. Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 8 / 41
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

<b>A.</b>	Full Name (Last, First, Middle Initial) Edward Kutler	Date of Receipt MM / DD / YYYY 09 / 23 / 2009
	Mailing Address 6405 Tree Top Circle	<b>Transaction ID:</b> SA11AI-6410-21201-c
	City State Zip Code Columbia MD 21045-2895	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Clark & Weinstock Lobbyist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sean McKay	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 7178 Paul Lane	<b>Transaction ID:</b> SA11AI-11275-21257-c
	City State Zip Code Liberty Twp OH 45044-8985	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation TBD Investments Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Barona Band of Mission Indians	Date of Receipt MM / DD / YYYY 09 / 23 / 2009
	Mailing Address 1095 Barona Road	<b>Transaction ID:</b> SA11AI-9368-21214-c
	City State Zip Code Lakeside CA 92040-1541	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Indian Tribe Indian Tribe	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

<b>A.</b>	Full Name (Last, First, Middle Initial) Mashantucket Pequot Tribal Nation		Date of Receipt
	Mailing Address PO Box 3008		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 23 / 2009
	City	State	Zip Code
	Mashantucket	CT	06338-3008
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI-9816-21211-c
		Amount of Each Receipt this Period	<input type="text"/> 5000.00
Name of Employer Indian Tribe		Occupation Indian Tribe	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) James Schmalz		Date of Receipt
	Mailing Address 5956 Hamilton Lebanon Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2009
	City	State	Zip Code
	Middletown	OH	45044-9706
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI-11274-21255-c
		Amount of Each Receipt this Period	<input type="text"/> 1000.00
Name of Employer Back Porch Saloon		Occupation Owner	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) William Schmidt, IV		Date of Receipt
	Mailing Address 7177 Paul Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2009
	City	State	Zip Code
	Liberty Twp	OH	45044-8985
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI-11276-21258-c
		Amount of Each Receipt this Period	<input type="text"/> 1000.00
Name of Employer TSB Investments		Occupation Partner	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

**A.** Full Name (Last, First, Middle Initial)  
Raymond A. Shiver

Mailing Address 4742 Raynor Court

City State Zip Code  
Mason OH 45040-4635

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

Name of Employer Sonitrol of SW Ohio      Occupation Owner

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1000.00

Date of Receipt  

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

**Transaction ID:** SA11AI-9658-21259-c

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Steven Watson

Mailing Address 1455 Pennsylvania Avenue NW  
Suite 300

City State Zip Code  
Washington DC 20004-1008

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

Name of Employer MLBAS, Inc.      Occupation Vice President, Government Affairs

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1000.00

Date of Receipt  

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

**Transaction ID:** SA11AI-11257-21203-c

Amount of Each Receipt this Period  
1000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	22500.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 41  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

**A.** Full Name (Last, First, Middle Initial)  
AIRBORNE FREIGHT CORPORATION POLITICAL ACTION COMMITTEE (ABXPAC)

Mailing Address 145 Hunter Drive

City State Zip Code  
Wilmington OH 45177-9550

FEC ID number of contributing federal political committee. **C** C00238311

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  
09 / 30 / 2009

**Transaction ID:** SA11C-8311-21240-c

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN BAKERS ASSOCIATION AMERICAN BAKERS POLITICAL ACTION COMMITTEE

Mailing Address 1300 I Street NW  
Suite 700

City State Zip Code  
Washington DC 20005-3314

FEC ID number of contributing federal political committee. **C** C00016386

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2009

**Transaction ID:** SA11C-4043-21245-c

Amount of Each Receipt this Period  
1250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN FINANCIAL SERVICES ASSOCIATION PAC (AFSA PAC)

Mailing Address 919 18th Street NW

City State Zip Code  
Washington DC 20006-5503

FEC ID number of contributing federal political committee. **C** C00038604

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  
09 / 23 / 2009

**Transaction ID:** SA11C-4241-21199-c

Amount of Each Receipt this Period  
5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11250.00**

**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 / 41  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN GAMING ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1299 Pennsylvania Ave NW  
Suite 1175

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00309146

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
0	9	/	3	0	/	2	0	0	9

**Transaction ID:** SA11C-9312-21248-c

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN HOTEL AND LODGING ASSOCIATION PAC

Mailing Address 1201 New York Avenue NW  
Floor 6

City State Zip Code  
Washington DC 20005-3917

FEC ID number of contributing federal political committee. **C** C00001198

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
0	9	/	2	3	/	2	0	0	9

**Transaction ID:** SA11C-4262-21204-c

Amount of Each Receipt this Period  
5000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
BOEING POLITICAL ACTION COMMITTEE

Mailing Address 1200 Wilson Boulevard

City State Zip Code  
Arlington VA 22209-2305

FEC ID number of contributing federal political committee. **C** C00142711

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
0	9	/	3	0	/	2	0	0	9

**Transaction ID:** SA11C-3968-21254-c

Amount of Each Receipt this Period  
2500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **12500.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 41  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

**A.** Full Name (Last, First, Middle Initial)  
Brinker International Inc Political Action Committee

Mailing Address 6820 LBJ Freeway

City State Zip Code  
DALLAS TX 75240

FEC ID number of contributing federal political committee. **C** C00241851

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

**Transaction ID:** SA11C-11271-21246-c

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
DIAGEO NORTH AMERICA INC. EMPLOYEES POLITICAL PARTICIPATION COMMITTEE

Mailing Address 1301 K Street NW  
Suite 1000

City State Zip Code  
Washington DC 20005-3317

FEC ID number of contributing federal political committee. **C** C00034470

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

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

**Transaction ID:** SA11C-3698-21239-c

Amount of Each Receipt this Period  
2000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
DICKSTEIN SHAPIRO LLP POLITICAL ACTION COMMITTEE

Mailing Address 1825 I Street NW

City State Zip Code  
Washington DC 20006-5403

FEC ID number of contributing federal political committee. **C** C00110197

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

**Transaction ID:** SA11C-8817-21200-c

Amount of Each Receipt this Period  
5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **12000.00**

**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 / 41  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

**A.**

Full Name (Last, First, Middle Initial)  
Eastmanpac - Political Action Committee Of Eastman Chemical Company

Mailing Address PO Box 431

City Kingsport State TN Zip Code 37662-0431

FEC ID number of contributing federal political committee. **C** C00113159

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 09 / 23 / 2009  
**Transaction ID:** SA11C-11258-21208-c  
Amount of Each Receipt this Period: 5000.00  
Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Emergent Biosolutions Employees PAC

Mailing Address 2273 Research Boulevard

City Rockville State MD Zip Code 20850-3264

FEC ID number of contributing federal political committee. **C** C00380303

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 09 / 30 / 2009  
**Transaction ID:** SA11C-4398-21247-c  
Amount of Each Receipt this Period: 2500.00  
Contribution

**C.**

Full Name (Last, First, Middle Initial)  
FEDERAL EXPRESS POLITICAL ACTION COMMITTEE

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120-4117

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 09 / 23 / 2009  
**Transaction ID:** SA11C-3842-21212-c  
Amount of Each Receipt this Period: 5000.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 12500.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 41  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

**A.** Full Name (Last, First, Middle Initial)  
GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1299 Pennsylvania Avenue NW  
Suite 900W

City Washington State DC Zip Code 20004-2400

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2009  
**Transaction ID:** SA11C-4174-21253-c  
 Amount of Each Receipt this Period 1000.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
GlaxoSmithKline Political Action Committee

Mailing Address Five Moore Drive

City Research Triangle State NC Zip Code 27709

FEC ID number of contributing federal political committee. **C** C00199703

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2009  
**Transaction ID:** SA11C-5238-21252-c  
 Amount of Each Receipt this Period 5000.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
INDEPENDENT ELECTRICAL CONTRACTORS INC PAC (IEC PRIDE PAC)

Mailing Address 4401 Ford Avenue  
Suite 1100

City Alexandria State VA Zip Code 22302-1432

FEC ID number of contributing federal political committee. **C** C00332031

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 30 / 2009  
**Transaction ID:** SA11C-3736-21249-c  
 Amount of Each Receipt this Period 1500.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7500.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 41  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

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

Mailing Address 600 Travis Street  
Suite 3400

City State Zip Code  
Houston TX 77002-2926

FEC ID number of contributing federal political committee. **C** C00117861

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
0	9	/	2	3	/	2	0	0	9

**Transaction ID:** SA11C-10226-21213-c

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mastercard International Inc. Employees' Pac

Mailing Address 2000 Purchase Street

City State Zip Code  
Purchase NY 10577-2405

FEC ID number of contributing federal political committee. **C** C00410274

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4500.00

Date of Receipt  

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

**Transaction ID:** SA11C-10159-21241-c

Amount of Each Receipt this Period  
2000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
National Association Of Mutual Insurance Companies Pac

Mailing Address PO Box 68700

City State Zip Code  
Indianapolis IN 46268-0700

FEC ID number of contributing federal political committee. **C** C00170258

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
0	9	/	3	0	/	2	0	0	9

**Transaction ID:** SA11C-11270-21243-c

Amount of Each Receipt this Period  
5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **12000.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 41  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL VENTURE CAPITAL ASSOCIATION VENTUREPAC

Mailing Address 1655 Fort Myer Drive

City State Zip Code  
Arlington VA 22209-3113

FEC ID number of contributing federal political committee. **C** C00150367

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 23 / 2009

**Transaction ID:** SA11C-4115-21207-c

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Nuclear Energy Institute Federal Political Action Committee

Mailing Address 1776 I Street NW  
Floor 4

City State Zip Code  
Washington DC 20006-3700

FEC ID number of contributing federal political committee. **C** C00239848

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2009

**Transaction ID:** SA11C-11273-21251-c

Amount of Each Receipt this Period  
2500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Property Casualty Insurers Assoc. of America (PCIPAC)

Mailing Address 2600 S River Road

City State Zip Code  
Des Plaines IL 60018-3203

FEC ID number of contributing federal political committee. **C** C00066472

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2009

**Transaction ID:** SA11C-9427-21244-c

Amount of Each Receipt this Period  
2500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 41  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

**A.** Full Name (Last, First, Middle Initial)  
PRUDENTIAL FINANCIAL INC. POLITICAL ACTION COMMITTEE (AKA - PRUDENTIAL PAC)

Mailing Address 751 Broad Street  
Floor 3

City State Zip Code  
Newark NJ 07102-3714

FEC ID number of contributing federal political committee. **C** C00127779

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID:** SA11C-3738-21261-c

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Southern Company Employees PAC

Mailing Address 241 Ralph McGill Boulevard NE

City State Zip Code  
Atlanta GA 30308-3374

FEC ID number of contributing federal political committee. **C** C00144774

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2009

**Transaction ID:** SA11C-6926-21210-c

Amount of Each Receipt this Period  
2500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Sprint Nextel Political Action Committee

Mailing Address 2001 Edmund Halley Drive

City State Zip Code  
Reston VA 20191-3436

FEC ID number of contributing federal political committee. **C** C00089342

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID:** SA11C-5487-21242-c

Amount of Each Receipt this Period  
2000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **9500.00**

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

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

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

FOR LINE NUMBER: PAGE 19 / 41  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

**A.** Full Name (Last, First, Middle Initial)  
THE COCA-COLA COMPANY NONPARTISAN COMMITTEE FOR GOOD GOVERNMENT

Mailing Address PO Box 1734

City State Zip Code  
Atlanta GA 30301-1734

FEC ID number of contributing federal political committee. **C** C00250134

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2009

**Transaction ID:** SA11C-4133-21209-c

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
UNITEDHEALTH GROUP INCORPORATED PAC (UNITED FOR HEALTH)

Mailing Address 9900 Bren Road E

City State Zip Code  
Minnetonka MN 55343-9664

FEC ID number of contributing federal political committee. **C** C00274431

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID:** SA11C-5443-21262-c

Amount of Each Receipt this Period  
1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

**TOTAL** This Period (last page this line number only) ..... ► **93250.00**

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

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

<b>A.</b> Full Name (Last, First, Middle Initial) Bogart Associates, Inc. <hr/> Mailing Address 1200 Trinity Drive <hr/> City Alexandria State VA Zip Code 22314-4724 <hr/> Purpose of Disbursement Gen. fund., consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-9972-21235-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 205.03
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Chain Bridge Bank <hr/> Mailing Address 1445 Laughlin Avenue Suite A <hr/> City Mclean State VA Zip Code 22101-5737 <hr/> Purpose of Disbursement Payroll taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-10391-21224-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1501.34
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Chain Bridge Bank <hr/> Mailing Address 1445 Laughlin Avenue Suite A <hr/> City Mclean State VA Zip Code 22101-5737 <hr/> Purpose of Disbursement Payroll taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-10391-21184-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1501.34
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3207.71

**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 21 / 41

<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

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

NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Chain Bridge Bank	Transaction ID: SB21B-10391-21237-e
	Mailing Address 1445 Laughlin Avenue Suite A	Date of Disbursement 09 / 30 / 2009
	City Mclean State VA Zip Code 22101-5737	Amount of Each Disbursement this Period 76.90
	Purpose of Disbursement Bank fees Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Clark, Schaefer, Hackett & Company	Transaction ID: SB21B-6282-21177-e
	Mailing Address 160 N Breiel Boulevard	Date of Disbursement 09 / 15 / 2009
	City Middletown State OH Zip Code 45042-3806	Amount of Each Disbursement this Period 55.00
	Purpose of Disbursement Payroll processing Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Clark, Schaefer, Hackett & Company	Transaction ID: SB21B-6282-21265-e
	Mailing Address 160 N Breiel Boulevard	Date of Disbursement 09 / 30 / 2009
	City Middletown State OH Zip Code 45042-3806	Amount of Each Disbursement this Period 65.00
	Purpose of Disbursement Payroll processing Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	196.90
<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)

<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

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

NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

<b>A.</b> Full Name (Last, First, Middle Initial) Commonwealth of Virginia <hr/> Mailing Address PO Box 27264 <hr/> City Richmond State VA Zip Code 23261-7264 Purpose of Disbursement Payroll taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-8564-21266-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 348.58
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Direct TV <hr/> Mailing Address PO Box 60036 <hr/> City Los Angeles State CA Zip Code 90060-0036 Purpose of Disbursement Utilities Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-11147-21222-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 72.14
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Direct TV <hr/> Mailing Address PO Box 60036 <hr/> City Los Angeles State CA Zip Code 90060-0036 Purpose of Disbursement Utilities Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-11147-21232-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 74.64
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	495.36
<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)

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

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

A. Full Name (Last, First, Middle Initial) EDONATION	Transaction ID: SB21B-10939-21206-e	
	Date of Disbursement 09 / 23 / 2009	
Mailing Address 118 N. Asaph Street	Amount of Each Disbursement this Period 4.00	
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Website contribution processing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) EDONATION	Transaction ID: SB21B-10939-21434-e	
	Date of Disbursement 09 / 30 / 2009	
Mailing Address 118 N. Asaph Street	Amount of Each Disbursement this Period 394.37	
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Website contribution processing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Google Inc., Advertising Programs	Transaction ID: SB21B-11085-10731-V	
	Date of Disbursement 09 / 25 / 2009	
Mailing Address 1600 Amphitheatre Parkway	Amount of Each Disbursement this Period 1633.54	
City Mountain View State CA Zip Code 94043-1351	Purpose of Disbursement Gen.fund. website advertising Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**[MEMO ITEM]**  
Subitemization of Mastercard

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>398.37</b>
<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)

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

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Facebook Advertising	Transaction ID: SB21B-11148-10743-V Date of Disbursement
	Mailing Address 1601 S California Avenue	<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City Palo Alto State CA Zip Code 94304-1111	Amount of Each Disbursement this Period
	Purpose of Disbursement Gen.fund. website advertising Candidate Name	<input type="text" value="116.93"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Subitemization of Mastercard
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Mastercard	Transaction ID: SB21B-3605-21264-e Date of Disbursement
	Mailing Address PO Box 42070	<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City Middletown State OH Zip Code 45042-0070	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit card (see memo entries) Candidate Name	<input type="text" value="9017.24"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Subitemization of Mastercard
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Occasions Caterers	Transaction ID: SB21B-4089-10742-V Date of Disbursement
	Mailing Address 5458 3rd Street NE	<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20011-6316	Amount of Each Disbursement this Period
	Purpose of Disbursement Gen. fund. food & bev. Candidate Name	<input type="text" value="2794.03"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Subitemization of Mastercard
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="9017.24"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B-5079-10737-V
	Mailing Address PO Box 693	Date of Disbursement 09 / 25 / 2009
	City Memphis State TN Zip Code 38101-0693	Amount of Each Disbursement this Period 100.07
	Purpose of Disbursement Shipping Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> Subitemization of Mastercard

B.	Full Name (Last, First, Middle Initial) The Monocle	Transaction ID: SB21B-5323-10741-V
	Mailing Address 107 D Street NE	Date of Disbursement 09 / 25 / 2009
	City Washington State DC Zip Code 20002-5613	Amount of Each Disbursement this Period 173.48
	Purpose of Disbursement Mtg. exp. food & bev. Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> Subitemization of Mastercard

C.	Full Name (Last, First, Middle Initial) Capitol Hill Club	Transaction ID: SB21B-5501-10740-V
	Mailing Address 300 1st Street SE	Date of Disbursement 09 / 25 / 2009
	City Washington State DC Zip Code 20003-1801	Amount of Each Disbursement this Period 163.60
	Purpose of Disbursement Mtg. exp. food & bev. Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> Subitemization of Mastercard

<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)

PAGE 26 / 41

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

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Congressional Liquors	Transaction ID: SB21B-6678-10732-V
	Mailing Address 404 1st Street SE	Date of Disbursement 09 / 25 / 2009
	City Washington State DC Zip Code 20003-1826	Amount of Each Disbursement this Period 402.09
	Purpose of Disbursement Gen. fund. food & bev. Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> Subitemization of Mastercard

B.	Full Name (Last, First, Middle Initial) Bullfeathers Restaurant	Transaction ID: SB21B-7136-10744-V
	Mailing Address 410 1st Street SE	Date of Disbursement 09 / 25 / 2009
	City Washington State DC Zip Code 20003-1819	Amount of Each Disbursement this Period 62.94
	Purpose of Disbursement Mtg. exp. food & bev. Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> Subitemization of Mastercard

C.	Full Name (Last, First, Middle Initial) Mortons	Transaction ID: SB21B-11278-10733-V
	Mailing Address 1050 Connecticut Avenue NW	Date of Disbursement 09 / 25 / 2009
	City Washington State DC Zip Code 20036-5303	Amount of Each Disbursement this Period 503.40
	Purpose of Disbursement Mtg. exp. food & bev. Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> Subitemization of Mastercard

<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)

PAGE 27 / 41

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

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

<b>A.</b> Full Name (Last, First, Middle Initial) Jordan's Grill <hr/> Mailing Address 523 *th Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Gen. fund. food & bev. Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-11281-10747-V Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	<b>[MEMO ITEM]</b> Subitemization of Mastercard
	Category/Type 003
<b>B.</b> Full Name (Last, First, Middle Initial) Epiphany Productions <hr/> Mailing Address 104 Hume Avenue <hr/> City Alexandria State VA Zip Code 22301-1015 <hr/> Purpose of Disbursement Gen. fund. consulting, food & bev. Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-8930-10739-V Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 940.60
	<b>[MEMO ITEM]</b> Subitemization of Mastercard
	Category/Type 003
<b>C.</b> Full Name (Last, First, Middle Initial) 123 Together.com <hr/> Mailing Address 111 S Bedford Street Suite 200 <hr/> City Burlington State MA Zip Code 01803-5145 <hr/> Purpose of Disbursement Internet Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-10075-10746-V Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 191.96
	<b>[MEMO ITEM]</b> Subitemization of Mastercard
	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	0.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 41

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

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

<b>A.</b> Full Name (Last, First, Middle Initial) Guapos Mailing Address 4036 28th Street S City Arlington State VA Zip Code 22206-2202 Purpose of Disbursement Gen. fund. food & bev. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-10172-10738-V Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 503.40 [MEMO ITEM] Subitemization of Mastercard

<b>B.</b> Full Name (Last, First, Middle Initial) Extra Virgin Mailing Address 4053 28th Street S City Arlington State VA Zip Code 22206-2201 Purpose of Disbursement Mtg. exp. food & bev. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-10222-10736-V Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 148.07 [MEMO ITEM] Subitemization of Mastercard

<b>C.</b> Full Name (Last, First, Middle Initial) Muirfield Village Golf Club Mailing Address PO Box 565 City Dublin State OH Zip Code 43017-0565 Purpose of Disbursement Gen. fund. food, beverage and golf Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-5518-21263-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 29501.20

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

29501.20

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 29 / 41

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

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) National Republican Congressional Committee	Transaction ID: SB21B-7991-21236-e Date of Disbursement
	Mailing Address 320 1st Street SE	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003-1838	Amount of Each Disbursement this Period
	Purpose of Disbursement Gen. fund. travel Candidate Name	<input type="text" value="4316.19"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="003"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) New Media Communications	Transaction ID: SB21B-7123-21176-e Date of Disbursement
	Mailing Address 3046 Brecksville Road	<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City Richfield State OH Zip Code 44286-9399	Amount of Each Disbursement this Period
	Purpose of Disbursement Website development Candidate Name	<input type="text" value="9696.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="001"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) New Media Communications	Transaction ID: SB21B-7123-21286-e Date of Disbursement
	Mailing Address 3046 Brecksville Road	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Richfield State OH Zip Code 44286-9399	Amount of Each Disbursement this Period
	Purpose of Disbursement Website contribution processing Candidate Name	<input type="text" value="14.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="003"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="14026.19"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 41

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

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

<b>A.</b>	Full Name (Last, First, Middle Initial) Office of Tax and Revenue  Mailing Address PO Box 96385  City Washington State DC Zip Code 20090-6385 Purpose of Disbursement Payroll taxes Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-4077-21267-e Date of Disbursement 09 / 30 / 2009  Amount of Each Disbursement this Period 163.00  001 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Reflections Properties  Mailing Address 631 Pennsylvania Avenue SE  City Washington State DC Zip Code 20003-4303 Purpose of Disbursement Office rent Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-11115-21215-e Date of Disbursement 09 / 08 / 2009  Amount of Each Disbursement this Period 2235.00  001 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Todd France Outfitters  Mailing Address PO Box 824  City Ennis State MT Zip Code 59729-0824 Purpose of Disbursement Gen. fund. donor event, fishing Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-11259-21216-e Date of Disbursement 09 / 10 / 2009  Amount of Each Disbursement this Period 956.00  001 Category/ Type

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

**3354.00**

**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 31 / 41

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

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB21B-8324-21195-e
	Mailing Address PO Box 17577	Date of Disbursement 09 / 14 / 2009
	City Baltimore State MD Zip Code 21297-0513	Amount of Each Disbursement this Period 1365.93
	Purpose of Disbursement Telephone Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB21B-8324-21218-e
	Mailing Address PO Box 17577	Date of Disbursement 09 / 14 / 2009
	City Baltimore State MD Zip Code 21297-0513	Amount of Each Disbursement this Period 842.27
	Purpose of Disbursement Telephone Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Washington Courier	Transaction ID: SB21B-9969-21158-e
	Mailing Address 5520 Cherokee Avenue Suite 120	Date of Disbursement 09 / 14 / 2009
	City Alexandria State VA Zip Code 22312-2319	Amount of Each Disbursement this Period 80.98
	Purpose of Disbursement Courier Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2289.18
<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 PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Washington Courier	Transaction ID: SB21B-9969-21234-e Date of Disbursement
	Mailing Address 5520 Cherokee Avenue Suite 120	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22312-2319	Amount of Each Disbursement this Period
	Purpose of Disbursement Courier	<input type="text" value="40.49"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Wiley Rein LLP	Transaction ID: SB21B-3634-21160-e Date of Disbursement
	Mailing Address 1776 K Street NW	<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20006-2304	Amount of Each Disbursement this Period
	Purpose of Disbursement Legal services	<input type="text" value="3000.00"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Wiley Rein LLP	Transaction ID: SB21B-3634-21287-e Date of Disbursement
	Mailing Address 1776 K Street NW	<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20006-2304	Amount of Each Disbursement this Period
	Purpose of Disbursement Legal services	<input type="text" value="3000.00"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6040.49"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER: (check only one)

PAGE 33 / 41

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

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Whitaker Askew	Transaction ID: SB21B-3802-21178-e
	Mailing Address 3044 R Street NW	Date of Disbursement 09 / 15 / 2009
	City Washington State DC Zip Code 20007-2962	Amount of Each Disbursement this Period 1377.56
	Purpose of Disbursement Salary Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Whitaker Askew	Transaction ID: SB21B-3802-21268-e
	Mailing Address 3044 R Street NW	Date of Disbursement 09 / 30 / 2009
	City Washington State DC Zip Code 20007-2962	Amount of Each Disbursement this Period 1377.56
	Purpose of Disbursement Salary Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) John Criscuolo	Transaction ID: SB21B-10858-21276-e
	Mailing Address 1845 A Street SE	Date of Disbursement 09 / 15 / 2009
	City Washington State DC Zip Code 20003-1706	Amount of Each Disbursement this Period 191.07
	Purpose of Disbursement Salary Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2946.19
<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)

PAGE 34 / 41

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

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) John Criscuolo</p> <p>Mailing Address 1845 A Street SE</p> <p>City Washington State DC Zip Code 20003-1706</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-10858-21269-e <b>Date of Disbursement</b></p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p><b>Amount of Each Disbursement this Period</b></p> <p style="text-align: center;"><input type="text" value="191.06"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Johnny DeStefano</p> <p>Mailing Address 1000 New Jersey Ave., SE #1011</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-10021-21180-e <b>Date of Disbursement</b></p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p><b>Amount of Each Disbursement this Period</b></p> <p style="text-align: center;"><input type="text" value="602.03"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Johnny DeStefano</p> <p>Mailing Address 1000 New Jersey Ave., SE #1011</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-10021-21270-e <b>Date of Disbursement</b></p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p><b>Amount of Each Disbursement this Period</b></p> <p style="text-align: center;"><input type="text" value="602.04"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1395.13"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

A.	Full Name (Last, First, Middle Initial) Curtis Isakson	Transaction ID: SB21B-11116-21181-e Date of Disbursement
	Mailing Address 1201 N Garfield Street Apt. 618	<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Arlington State VA Zip Code 22201-6812	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="443.54"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Curtis Isakson	Transaction ID: SB21B-11116-21271-e Date of Disbursement
	Mailing Address 1201 N Garfield Street Apt. 618	<input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Arlington State VA Zip Code 22201-6812	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="443.54"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Kevin Mcgrann	Transaction ID: SB21B-4052-21279-e Date of Disbursement
	Mailing Address 150 N Carolina Avenue SE	<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20003-1841	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="829.46"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 41

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

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

<b>A.</b> Full Name (Last, First, Middle Initial) Kevin Mcgrann <hr/> Mailing Address 150 N Carolina Avenue SE <hr/> City Washington State DC Zip Code 20003-1841 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-4052-21272-e <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 829.47
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Donald Seymour <hr/> Mailing Address 401 Holland Lane #609 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-10022-21183-e <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1258.05
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Donald Seymour <hr/> Mailing Address 401 Holland Lane #609 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-10022-21273-e <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1258.04
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3345.56

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

77930.06

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends For Adam</p> <p>Mailing Address 1209 N Oak Street</p> <p>City Bloomington State IL Zip Code 61701-1650</p> <p>Purpose of Disbursement Contribution <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Adam Kinzinger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 11</p>	<p><b>Transaction ID:</b> SB23-11261-21225-e <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">5000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Dennis Ross</p> <p>Mailing Address PO Box 7310</p> <p>City Lakeland State FL Zip Code 33807-7310</p> <p>Purpose of Disbursement Contribution <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Dennis Alan Ross</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 12</p>	<p><b>Transaction ID:</b> SB23-11263-21227-e <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">5000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Martha Roby for Congress</p> <p>Mailing Address PO Box 195</p> <p>City Montgomery State AL Zip Code 36101-0195</p> <p>Purpose of Disbursement Contribution <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Martha Roby</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 02</p>	<p><b>Transaction ID:</b> SB23-11268-21238-e <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">5000.00</span></p>

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

**15000.00**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

A.

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

Mailing Address PO Box 2696

City Hobbs State NM Zip Code 88241-2696

Purpose of Disbursement  
Contribution

Candidate Name  
Steve Pearce

Office Sought:  House  
 Senate  
 President

State: NM District: 02

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23-8747-21231-e  
Date of Disbursement

09 / 23 / 2009

Amount of Each Disbursement this Period

5000.00

011  
Category/  
Type

B.

Full Name (Last, First, Middle Initial)  
Portman For Senate Committee

Mailing Address 8331 Little Harbor Drive

City Cincinnati State OH Zip Code 45244-2768

Purpose of Disbursement  
Contribution

Candidate Name  
Rob Portman

Office Sought:  House  
 Senate  
 President

State: OH District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23-11265-21228-e  
Date of Disbursement

09 / 23 / 2009

Amount of Each Disbursement this Period

5000.00

011  
Category/  
Type

C.

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

Mailing Address 81 S 5th Street

City Columbus State OH Zip Code 43215-4323

Purpose of Disbursement  
Contribution

Candidate Name  
Steve Stivers

Office Sought:  House  
 Senate  
 President

State: OH District: 15

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23-10197-21226-e  
Date of Disbursement

09 / 23 / 2009

Amount of Each Disbursement this Period

5000.00

011  
Category/  
Type

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

15000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 41

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

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

A.

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

Transaction ID: SB23-7994-21229-e  
Date of Disbursement

Mailing Address 2021 E Dublin Granville Road  
Suite 2000

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

City State Zip Code  
Columbus OH 43229-3572

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Contribution

011
Category/ Type

Candidate Name  
Patrick J Tiberi

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00
---------

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

35000.00
----------

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 41

<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 PROJECT; THE

A.

Full Name (Last, First, Middle Initial)  
McDonnell for Governor

Transaction ID: SB29-11266-21230-e  
Date of Disbursement

Mailing Address 2819 N Parham Road  
Suite 210

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

City Richmond State VA Zip Code 23294-4425

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Non federal contribution

012
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

5000.00
---------

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

5000.00
---------



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 41 / 41	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Wiley Rein LLP	Nature of Debt (Purpose): Administrative/Salary/Ove- rhead: Legal services
Mailing Address 1776 K Street NW	
City State ZIP Code Washington DC 20006-2304	

Outstanding Balance Beginning This Period 3000.00	<b>Transaction ID: SD10-DEBT21160</b>	
Amount Incurred This Period 0.00	Payment This Period 3000.00	Outstanding Balance at Close of This Period 0.00

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Verizon	Nature of Debt (Purpose): Administrative/Salary/Ove- rhead: Telephone
Mailing Address PO Box 17577	
City State ZIP Code Baltimore MD 21297-0513	

Outstanding Balance Beginning This Period 1365.93	<b>Transaction ID: SD10-DEBT21195</b>	
Amount Incurred This Period 0.00	Payment This Period 1365.93	Outstanding Balance at Close of This Period 0.00

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