

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

601 PA AVE NW NORTH BLDG STE 700

☐Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00353227

3. IS THIS  
REPORT☐NEW  
(N)**OR**☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

10

14

2010

through

11

22

2010

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

Type or Print Name of Treasurer

John Robert Jordan

Signature of Treasurer

Electronically Filed by John Robert Jordan

Date

05

18

2011

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

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

A. Form/Schedule : **F3XA**  
Transaction ID :

Amended to update missing donor information and independent expenditure information. All donors missing employer and/or occupation have been contacted, either by mail, email or phone to obtain this information.

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	0.00
(b) Cash on Hand at Beginning of Reporting Period .....	72454.15	
(c) Total Receipts (from Line 19) .....	264098.26	675899.74
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	336552.41	675899.74
7. Total Disbursements (from Line 31) .....	213991.65	553338.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	122560.76	122560.76
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

### For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	127084.00	356042.00
(ii) Unitemized .....	137014.26	319099.13
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	264098.26	675141.13
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	264098.26	675141.13
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	758.61
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	264098.26	675899.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	264098.26	675899.74

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	-120732.54	38383.74	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	-120732.54	38383.74	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	9911.87	
24. Independent Expenditure (use Schedule E) .....	334554.19	500663.37	
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 .....	170.00	4380.00	
(b) Political Party Committees .....	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	170.00	4380.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	213991.65	553338.98	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	213991.65	553338.98	

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) .....	264098.26	675141.13
34. Total Contribution Refunds (from Line 28(d)) .....	170.00	4380.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	263928.26	670761.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	-120732.54	38383.74
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	758.61
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-120732.54	37625.13

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

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

FOR LINE NUMBER: PAGE 7 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Golda Aders

Mailing Address P.O. BOX 108

City

Bristow

State

IN

Zip Code

47515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.15235

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Greg Anders

Mailing Address 2950 Newmarket PI #101-251

City

Bellingham

State

WA

Zip Code

98226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heritage Flight Museum

Occupation

Executive Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.12933

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James K. Anderson

Mailing Address P. O. Box 1188

City

Norman

State

OK

Zip Code

73070-1188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Oil & Gas Explor & Prod

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.15963

Amount of Each Receipt this Period

250.00

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

1100.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Atherton

Mailing Address 16 Coachlight Dr

City

Poughkeepsie

State

NY

Zip Code

12603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chapel Hill Corp

Occupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.11192

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Kay Bacheller

Mailing Address P.O. BOX 160

City

Boynton Beach

State

FL

Zip Code

33425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.15215

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Brad Barrett

Mailing Address 51 Country Clud Dr

City

Canyon

State

TX

Zip Code

79015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Barrett & Crofoot

Occupation  
Cattle Feeding

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.15025

Amount of Each Receipt this Period

1000.00

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

2200.00

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Paul Barrow

Mailing Address 44 Breezy Hill Rd

City

Harwinton

State

CT

Zip Code

06791

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.12095

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Loren L. Bartels

Mailing Address 9718 52Nd Avenue, E.

City

Tacoma

State

WA

Zip Code

98446-5409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.11257

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Jane Bate

Mailing Address 454 Riverside Dr

City

Cheshire

State

CT

Zip Code

06410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Musician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.15561

Amount of Each Receipt this Period

500.00

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

800.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. John N. Bathurst

Mailing Address 2196 Sw 12th Ave

City

Boynton Beach

State

FL

Zip Code

33426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.15808

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Beavers

Mailing Address 609 Woodland Drive Address 2

City

Greensboro

State

NC

Zip Code

27408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.12314

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Margie Berry

Mailing Address 637 Greencove Terr. #140

City

Altamonte Springs

State

FL

Zip Code

32714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Leesburg Regional Medical  
Center

Occupation

Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.11885

Amount of Each Receipt this Period

100.00

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

750.00

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

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

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FOR LINE NUMBER: PAGE 11 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Omer Bishop

Mailing Address 4620 Cherrywood Dr

City

Midland

State

TX

Zip Code

79707-2606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
B-line Filter & Supply

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.13128

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Paul Bonn

Mailing Address 56 East Palm Lane

City

Phoenix

State

AZ

Zip Code

85004-1529

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: SA11AI.12055

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Maria Borghesi

Mailing Address 134 Windtree St.

City

Torrington

State

CT

Zip Code

06790

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Young Living Essential Oi-  
Is

Occupation  
Distributor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.14352

Amount of Each Receipt this Period

500.00

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

2000.00

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

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

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FOR LINE NUMBER: PAGE 12 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Maria Borghesi

Mailing Address 134 Windtree St.

City

Torrington

State

CT

Zip Code

06790

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Young Living Essential Oi-  
lsOccupation  
Distributor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.14353

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Rev. Lloyd Bowden

Mailing Address 115 N. May Street

City

Joliet

State

IL

Zip Code

60435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Diocese of JolietOccupation  
Reverend

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.11219

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Sharon Brewer

Mailing Address 405 Brookefield Farm Road

City

Ashland

State

KY

Zip Code

41102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AEPOccupation  
IT Support Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.13607

Amount of Each Receipt this Period

50.00

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

750.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Tim Brewer

Mailing Address 4908 Wayland Avenue

City

San Jose

State

CA

Zip Code

95118-2628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Info Requested

Occupation

Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.13263

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Bert Bridges

Mailing Address 217 Commerce Drive

City

Brandon

State

MS

Zip Code

39042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bert E. Bridges

Occupation

Certified Public Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: SA11AI.13234

Amount of Each Receipt this Period

4000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert Bronder

Mailing Address 2411 Rockaway Ln

City

San Antonio

State

TX

Zip Code

78232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cps Energy

Occupation

Troubleshooter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.13249

Amount of Each Receipt this Period

50.00

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

4250.00

**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 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Bronder

Mailing Address 2411 Rockaway Ln

City

San Antonio

State

TX

Zip Code

78232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cps Energy

Occupation

Troubleshooter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.13250

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Vivian Brooks

Mailing Address 4 Winged Foot Court

City

Lufkin

State

TX

Zip Code

75901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.11721

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Vivian Brooks

Mailing Address 4 Winged Foot Court

City

Lufkin

State

TX

Zip Code

75901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.11722

Amount of Each Receipt this Period

100.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Diane Brown

Mailing Address 11 Marthas Ct.

City

Missoula

State

MT

Zip Code

59803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DQ-MT/ND LLC

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.12635

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Karen Brown

Mailing Address 7854 142nd Ave Nw

City

Ramsey

State

MN

Zip Code

55303

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 ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.13699

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Karen Brown

Mailing Address 7854 142nd Ave Nw

City

Ramsey

State

MN

Zip Code

55303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.13700

Amount of Each Receipt this Period

75.00

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

425.00

**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 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Virginia W. Brown

Mailing Address 828 Van Buren St

City

Herndon

State

VA

Zip Code

20170

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.16090

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Scott Bueling

Mailing Address 10604 Deerberry Dr

City

Land O Lakes

State

FL

Zip Code

34638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Fundraising Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.12453

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Mary M. Buerger

Mailing Address 115 Stony Ridge Ct

City

Hillsdale

State

MI

Zip Code

49242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.14957

Amount of Each Receipt this Period

1000.00

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

2000.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Samuel Burns

Mailing Address 3617 Cedar Lane

City

Farmers Branch

State

TX

Zip Code

75234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

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

Transaction ID: SA11AI.13800

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Miriam Bush

Mailing Address 8 Fiddlers Way

City

Hilton Head Island

State

SC

Zip Code

29926-1943

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 ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.11168

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James J. Callan

Mailing Address 1711 E Dean Road

City

Fox Point

State

WI

Zip Code

53217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
James Gallen Inc

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.15409

Amount of Each Receipt this Period

2500.00

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

2650.00

**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 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Con Campbell

Mailing Address 502n. Fifth, Po Box 337

City

Ashkum

State

IL

Zip Code

60911

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.12659

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Con Campbell

Mailing Address 502n. Fifth, Po Box 337

City

Ashkum

State

IL

Zip Code

60911

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.14467

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Deanna Caraway

Mailing Address 131 Winwood Rd

City

Kerrville

State

TX

Zip Code

78028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Bookkeeper

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.13092

Amount of Each Receipt this Period

1000.00

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

1800.00

**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 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Deanna Caraway

Mailing Address 131 Winwood Rd

City

Kerrville

State

TX

Zip Code

78028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Bookkeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID: SA11AI.14215

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Cervin, Jr.

Mailing Address 815A Hilltop Ave Ext

City

Abingdon

State

MD

Zip Code

21009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.11932

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Chain

Mailing Address 220 W 27th St

City

Scottsbluff

State

NE

Zip Code

69361-4306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.15962

Amount of Each Receipt this Period

250.00

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

1350.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Steven G Chapman

Mailing Address 12221 Hammock Creek Way

City State Zip Code  
**Fort Myers FL 33905**

FEC ID number of contributing federal political committee.

C

Name of Employer  
Smith Barney-CitigroupOccupation  
Wealth management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.12433

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Wendell W. Clements

Mailing Address 922 South Tigres Trl.

City State Zip Code  
**Cottonwood AZ 86326-6348**

FEC ID number of contributing federal political committee.

C

Name of Employer  
Los Angeles Police- RetiredOccupation  
Forensic Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.15176

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mike &amp; Connie Coopersmith

Mailing Address PO BOX 456

City State Zip Code  
**Mead WA 99021**

FEC ID number of contributing federal political committee.

C

Name of Employer  
Safeway/retiredOccupation  
Pharmacist/ Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.11714

Amount of Each Receipt this Period

250.00

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

850.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard H Cox

Mailing Address 1951 Kakela Dr.

City

Honolulu

State

HI

Zip Code

96822-2156

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 ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.12983

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Brenda Crawford

Mailing Address 700 Sw 9th St

City

Plainville

State

KS

Zip Code

67663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.14976

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John H. Crawford

Mailing Address 20128 Chateau Dr

City

Saratoga

State

CA

Zip Code

95070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Intel Corp.

Occupation  
Computer Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: SA11AI.15981

Amount of Each Receipt this Period

1000.00

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

2200.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

P A Currey

Mailing Address 137 Newbury Street

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Robert M. Currey & Associ-  
ates, Inc.

Occupation

Senior Vice President & Cfo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.13272

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Herbert L. Davis

Mailing Address P.O. BOX 5

City

Bowdoin

State

ME

Zip Code

04287

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.14578

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Kaye Davis

Mailing Address P.O. BOX 130

City

Crozier

State

VA

Zip Code

23039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ridge Dog Shop

Occupation

Small Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.14366

Amount of Each Receipt this Period

200.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Virginia L. Dekker

Mailing Address 24 Iroquois Dr.

City

Hendersonville

State

NC

Zip Code

28791-1834

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 ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.11167

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Don Drury

Mailing Address 837 Lane 29 1/4 Lane

City

Pueblo

State

CO

Zip Code

81006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drury Bros Roofing

Occupation  
Owner Roofing Company

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.15880

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

R Fahrenkrug

Mailing Address 8365 Indian Hill Rd

City

Manlius

State

NY

Zip Code

13104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.11910

Amount of Each Receipt this Period

1000.00

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

1550.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. James Fisher

Mailing Address 3040 Java Road

City

Costa Mesa

State

CA

Zip Code

92626-3506

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 ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.15980

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth A Fox

Mailing Address PO Box 608

City

Stevensville

State

MT

Zip Code

59870

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: SA11AI.14188

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Carol Fulton

Mailing Address 3507 County Road M

City

Orland

State

CA

Zip Code

95963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.15731

Amount of Each Receipt this Period

1000.00

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

1600.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Jeanne Gabel

Mailing Address 25700 S Us Hwy 87

City

Canyon

State

TX

Zip Code

79015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Cattle Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.14385

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Gerald Galbraith

Mailing Address 3929 Little Valley Road

City

Sunol

State

CA

Zip Code

94586

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Berhan Language Institute

Occupation

Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.14443

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Lewis Gardner

Mailing Address 4412 Chippoke Road

City

Chester

State

VA

Zip Code

23831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Philip Morris

Occupation

E/i Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.11730

Amount of Each Receipt this Period

500.00

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

850.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Robert Gardner

Mailing Address 3 Split Rock Road

City

The Woodlands

State

TX

Zip Code

77381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.11676

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Norman Gavin

Mailing Address 173 Church Street

City

Wallingford

State

CT

Zip Code

06492

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.15754

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Phillips Geraghty

Mailing Address 4 Highfield Rd

City

Harrison

State

NY

Zip Code

10528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Entrepreneur

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.14640

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Gilchrist

Mailing Address 4747 Oakwood Ln

City

Nazareth

State

PA

Zip Code

18064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.15778

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Joyce B. Goetz

Mailing Address 3480 Streamside Ln Apt M201

City

Thousand Oaks

State

CA

Zip Code

91360-8430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.14077

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

John Goodloe

Mailing Address P.O. Box 691

City

Luray

State

VA

Zip Code

22835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Us Census Bureau

Occupation

Statistician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

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

Transaction ID: SA11AI.13439

Amount of Each Receipt this Period

50.00

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

1300.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 28 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles F. Gorder, Sr.

Mailing Address 5526 Toyon Rd.

City

San Diego

State

CA

Zip Code

92115-1020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.11186

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John D. Gray

Mailing Address 3820 Beech St

City

Cincinnati

State

OH

Zip Code

45227-3602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.15165

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Matthew Gray

Mailing Address 223 El Diente Dr.

City

Durango

State

CO

Zip Code

81301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Peak Energy Resources, Llc

Occupation

Landman

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.14224

Amount of Each Receipt this Period

500.00

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Catherine Greenlaw

Mailing Address 904 E South St

City

Lindale

State

TX

Zip Code

75771

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Rn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.11755

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ned Gregerson

Mailing Address Unit 149  
3052 No. Snow Canyon Parkway

City

St. George

State

UT

Zip Code

84770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.13100

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Paulette Grocer

Mailing Address 14888 S Ave 5e

City

Yuma

State

AZ

Zip Code

85365

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.13918

Amount of Each Receipt this Period

250.00

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. F D. Halladay

Mailing Address 707 Orange Grove Terrace

City

South Pasadena

State

CA

Zip Code

91030-1620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.15180

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul R. Hamilton

Mailing Address 413 W Creek St

City

Fredericksburg

State

TX

Zip Code

78624-3113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.14494

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Hargett

Mailing Address 13307 Virginia Willow Drive

City

Fairfax

State

VA

Zip Code

22033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gategroup

Occupation

Corporate Finance

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.11782

Amount of Each Receipt this Period

500.00

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

6000.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Marilyn Harris

Mailing Address 407 Adams St

City

Denver

State

CO

Zip Code

80206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.13876

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Leroy R. Hayden

Mailing Address 739 W. Oak Estates Dr.

City

San Antonio

State

TX

Zip Code

78260-6806

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.15969

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Chris Heck

Mailing Address 440 North Wabash Ave. Unit 2307

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kirkland & Ellis LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.11840

Amount of Each Receipt this Period

1000.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Hedger

Mailing Address 2202 Nw Far Country Lane

City

Issaquah

State

WA

Zip Code

98027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Company President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.12922

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Nancy Herlong

Mailing Address P.O. Box 1307

City

Montgomery

State

TX

Zip Code

77356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.13833

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Elizabeth Hill

Mailing Address 685 Lake Drive

City

Vero Beach

State

FL

Zip Code

32963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.12397

Amount of Each Receipt this Period

500.00

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

1250.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ronald Hoffman

Mailing Address 236 East 47th St  
21f

City State Zip Code  
New York NY 10017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.12126

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Shirley Host

Mailing Address 26670 Rookery Lake Drive

City State Zip Code  
Bonita Springs FL 34134

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.15615

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Johanna and Alfred Hurley

Mailing Address 3505 Turtle Creek Blvd Apt 6a

City State Zip Code  
Dallas TX 75219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.14382

Amount of Each Receipt this Period

1000.00

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Daniel C. Hurst

Mailing Address 25841 Delmar Rd

City

Mardela Springs

State

MD

Zip Code

21837

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Prmc

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.16072

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Heidi Hurst

Mailing Address 701 W Jackson, #503

City

Chicago

State

IL

Zip Code

60661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BP

Occupation

OPS Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.12657

Amount of Each Receipt this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Marc Iverson

Mailing Address 6037 Sharon Rd

City

Charlotte

State

NC

Zip Code

28210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Disabled

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.11585

Amount of Each Receipt this Period

2000.00

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

3750.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Marc Iverson

Mailing Address 6037 Sharon Rd

City

Charlotte

State

NC

Zip Code

28210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Disabled

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: SA11AI.13489

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Conway Ivy

Mailing Address P.O. Box 1408

City

Beaufort

State

SC

Zip Code

29901-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

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

Transaction ID: SA11AI.11206

Amount of Each Receipt this Period

4700.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Conway Ivy

Mailing Address P.O. Box 1408

City

Beaufort

State

SC

Zip Code

29901-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.11264

Amount of Each Receipt this Period

-1000.00

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

4700.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Diane Ivy

Mailing Address P.O. BOX 1408

City

Beauort

State

SC

Zip Code

29901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.11205

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Roy P. Jackson

Mailing Address 26 Chatham Court

City

Newport Beach

State

CA

Zip Code

92660-4226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Asset Management

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.16109

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia Jasper

Mailing Address 14907 Sun Harbor Dr.

City

Houston

State

TX

Zip Code

77062

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 ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.12764

Amount of Each Receipt this Period

200.00

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

10200.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 37 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Patricia Jasper

Mailing Address 14907 Sun Harbor Dr.

City

Houston

State

TX

Zip Code

77062

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 ▼

425.00

Date of Receipt

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

Transaction ID: SA11AI.14203

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ambassador Eric M Javits

Mailing Address 150 Bradley Place  
Apt. 407

City

Palm Beach

State

FL

Zip Code

33480

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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.12413

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Jensen

Mailing Address 2615 Elmhurst Ln

City

Portsmouth

State

VA

Zip Code

23701-2736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jensen Apparel

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.11239

Amount of Each Receipt this Period

1000.00

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

2100.00

**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  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Paige Jones

Mailing Address 9521 Houston Hill Road

City

Fort Worth

State

TX

Zip Code

76179

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.12755

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. R. Roy Jones, II

Mailing Address 1210 W Laurel

City

San Antonio

State

TX

Zip Code

78201-6431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rw Jones & Sons, Inc

Occupation  
Construction

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.12053

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William Russell Jones, Jr.

Mailing Address 6161 River Rd Apt 47

City

Richmond

State

VA

Zip Code

23226-3334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.15494

Amount of Each Receipt this Period

250.00

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

750.00

**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  
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FOR LINE NUMBER: PAGE 39 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Royce Keilers

Mailing Address 6326 Rocky Creek Rd

City

La Grange

State

TX

Zip Code

78945

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.12790

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Linda Kinnett

Mailing Address 7248 Hilltop Way

City

Boise

State

ID

Zip Code

83709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.12012

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Amy Knickerbocker

Mailing Address 1101 Wayland Drive

City

Arlington

State

TX

Zip Code

76012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
A3k Advertising, Inc.

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.13809

Amount of Each Receipt this Period

500.00

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

950.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Johnnie Kramer

Mailing Address 5356 Penway Dr.

City

Orlando

State

FL

Zip Code

32814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ascend It Solutions, Inc.

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.13541

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Walter Lake

Mailing Address P.O. BOX 2248

City

Bakersfield

State

CA

Zip Code

93303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western Oilfields Supply

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.11225

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Ethel Langford

Mailing Address 1725 10 Rd

City

Mack

State

CO

Zip Code

81525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.13885

Amount of Each Receipt this Period

25.00

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

825.00

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



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

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

FOR LINE NUMBER: PAGE 41 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Ethel Langford

Mailing Address 1725 10 Rd

City

Mack

State

CO

Zip Code

81525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.16170

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Douglas Laukaitis

Mailing Address 1 Conklin Street

City

North Babylon

State

NY

Zip Code

11703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Master Craft Finishers Inc

Occupation

Mfg. V.p.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.14657

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Marie Lett

Mailing Address 3940 Lett Lane

City

Burleson

State

TX

Zip Code

76028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lett Arabian Ranch

Occupation

Rancher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.15678

Amount of Each Receipt this Period

1000.00

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

1075.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles W. Loufek, Jr.

Mailing Address 6600 Interlachen Blvd

City

Minneapolis

State

MN

Zip Code

55436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.15652

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Francis Lyon

Mailing Address 25401 W River Rd

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Small Businessman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.11886

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Lex Mahler

Mailing Address 11240 Queens Way

City

Theodore

State

AL

Zip Code

36582

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.13587

Amount of Each Receipt this Period

50.00

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

850.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Aaron Major

Mailing Address 1523 N Pine Bark Lane Address 2

City

Charleston

State

SC

Zip Code

29407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.14368

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Mallinckrodt-bryden

Mailing Address 1 W, 67th St.

City

New York

State

NY

Zip Code

11023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

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

Transaction ID: SA11AI.12134

Amount of Each Receipt this Period

1005.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Mallinckrodt-bryden

Mailing Address 1 W, 67th St.

City

New York

State

NY

Zip Code

11023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1310.00

Date of Receipt

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

Transaction ID: SA11AI.16033

Amount of Each Receipt this Period

305.00

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

1560.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas May

Mailing Address 4303 Altamirano Way

City

San Diego

State

CA

Zip Code

92103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.11704

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Marshall Glen Mayes

Mailing Address 2709 Sloane St.

City

Norman

State

OK

Zip Code

73072

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 ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.14982

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert Mayfield

Mailing Address 11309 Pickfair

City

austin

State

TX

Zip Code

78750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Dq

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: SA11AI.11896

Amount of Each Receipt this Period

1000.00

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

1700.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jackson T. McBroom

Mailing Address 1661 River Rdg

City

Williamsburg

State

VA

Zip Code

23185

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Mathematics Teacher

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.11140

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Elaine McClaren

Mailing Address 511 South Oak Street

City

Hinsdale

State

IL

Zip Code

60521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.12651

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

H Bruce McClaren

Mailing Address Suite 26  
201 East Ogden Ave

City

Hinsdale

State

IL

Zip Code

60521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pcrm Inc.

Occupation

Real Estate

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.12653

Amount of Each Receipt this Period

1000.00

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

1700.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Mary Bowman McColgan

Mailing Address PO Box 640

City

Bokeelia

State

FL

Zip Code

33922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.14155

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark McColl

Mailing Address 210 Monterey PI

City

Birmingham

State

AL

Zip Code

35216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pass, Inc.

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1405.00

Date of Receipt

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

Transaction ID: SA11AI.11606

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James McConnell Clark

Mailing Address 350 Seaspray Avenue

City

Palm Beach

State

FL

Zip Code

33480-4231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.15942

Amount of Each Receipt this Period

1000.00

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

2250.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 47 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. David McKellar

Mailing Address 179 Churchwell Rd

City

Purvis

State

MS

Zip Code

39475

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pain Consultants of So.  
MS

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.15631

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John T. McKiernan

Mailing Address 67726 Gleason Street

City

Richmond

State

MI

Zip Code

48062-1322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.15738

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Matthew McKinley

Mailing Address 1917 Green View Lane

City

LaVerne

State

CA

Zip Code

91750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Covina Valley USD

Occupation  
Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.14466

Amount of Each Receipt this Period

250.00

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

5350.00

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

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Art McWilliams

Mailing Address 1109 Tyne Blvd

City

Nashville

State

TN

Zip Code

37220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cornerstone Cres

Occupation

Real Estate Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.14163

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Edward Melendez

Mailing Address 8800 Somerset Blvd

City

Paramount

State

CA

Zip Code

90723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ehafrn Inc

Occupation

Mgr Eng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.12028

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Stephanie Migliardi

Mailing Address 275 Abbots Grove Ct

City

High Point

State

NC

Zip Code

27265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.13462

Amount of Each Receipt this Period

300.00

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

1600.00

**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  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Joseph Miller

Mailing Address 906 Davis Rd

City

League City

State

TX

Zip Code

77573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

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

Transaction ID: SA11AI.13843

Amount of Each Receipt this Period

355.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Patricia A. Miller-saliba

Mailing Address 280 Opportunity Way

City

Lagrange

State

OH

Zip Code

44050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Space Bound, Inc

Occupation  
Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.14528

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Luis R. Mola

Mailing Address 2509 Castilla Isle

City

Fort Lauderdale

State

FL

Zip Code

33301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.14860

Amount of Each Receipt this Period

250.00

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

1605.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Craig Morgan, M.d.

Mailing Address 1611 13th Ave.

City

Huntington

State

WV

Zip Code

25701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eye Consultants of Huntin-  
gton

Occupation  
M.d.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.16189

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William R. Morgan

Mailing Address P.O. Box 666

City

Princeton

State

KY

Zip Code

42445-0666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.11171

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Alan Morris

Mailing Address 1 Westdale Ave

City

Daly City

State

CA

Zip Code

94015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harb Levy Weiland

Occupation  
Cpa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

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

Transaction ID: SA11AI.13978

Amount of Each Receipt this Period

100.00

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

400.00

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

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

FOR LINE NUMBER: PAGE 51 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Morton

Mailing Address 3031 S Arizona Ave

City

Douglas

State

WY

Zip Code

82633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.11689

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. &amp; Mrs. Denise Mullin

Mailing Address 18 Winchester Drive

City

Glen Head

State

NY

Zip Code

11545

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.11529

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Frances B. Nelson

Mailing Address 115 Oakford Rd

City

Woodside

State

CA

Zip Code

94062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bohannon Development Comp-  
anyOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.15900

Amount of Each Receipt this Period

500.00

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Nelson

Mailing Address 81 Crestwood Drive, Apt. 16

City

State

Zip Code

Daly City

CA

94015-3224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: SA11AI.11189

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Scott Newby

Mailing Address 2112 Tremont Ave

City

State

Zip Code

Ft Worth

TX

76107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southwest Airlines

Occupation

Pilot

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.11843

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Scott Newby

Mailing Address 2112 Tremont Ave

City

State

Zip Code

Ft Worth

TX

76107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southwest Airlines

Occupation

Pilot

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.11844

Amount of Each Receipt this Period

50.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 53 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Warren Newell

Mailing Address 224 Thompson St # 128

City

Hendersonville

State

NC

Zip Code

28792

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dream Promotions

Occupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.13499

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Dale Nicholson

Mailing Address 920 E Hwy 66

City

Gallup

State

NM

Zip Code

87301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartan

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.13256

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mark Niemela

Mailing Address 14500 Lafarnier St.

City

Baraga

State

MI

Zip Code

49908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northern Tool & Engineeri-  
ng, Inc.

Occupation  
Precision Sheet Metal Shop

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.13055

Amount of Each Receipt this Period

200.00

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mark Niemela

Mailing Address 14500 Lafernier St.

City

Baraga

State

MI

Zip Code

49908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northern Tool & Engineeri-  
ng, Inc.

Occupation

Precision Sheet Metal Shop

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: SA11AI.14184

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

PJ Noe

Mailing Address 1060 Purple Martin Dr

City

Naples

State

FL

Zip Code

34120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Handyman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.13570

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

John Obidienzo

Mailing Address 11 42 129st 1

City

College Point

State

NY

Zip Code

11356

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.00

Date of Receipt

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

Transaction ID: SA11AI.11908

Amount of Each Receipt this Period

100.00

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

700.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Teresa Olson

Mailing Address 24200 8th Plw

City

Bothell

State

WA

Zip Code

98021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.11491

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Nicola Opdycke

Mailing Address 218 Prairie Smoke Circle

City

Whitefish

State

MT

Zip Code

59937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Retired

Occupation

Psychologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.11422

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Nicola Opdycke

Mailing Address 218 Prairie Smoke Circle

City

Whitefish

State

MT

Zip Code

59937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Retired

Occupation

Psychologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.13718

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 56 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

George Pardo

Mailing Address 2795 Pebble Beach Lane

City

Evergreen

State

CO

Zip Code

80439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.13878

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Dorothy Parks

Mailing Address 3519 Cardinal Drive SW

City

Warren

State

OH

Zip Code

44481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.11145

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Shirley Patterson

Mailing Address 9531 Mountain Lake Dr

City

Ooltewah

State

TN

Zip Code

37363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.13589

Amount of Each Receipt this Period

250.00

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

600.00

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



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

FOR LINE NUMBER: PAGE 57 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Gloria Peck

Mailing Address 2930 Cleveland Blvd

City

Lorain

State

OH

Zip Code

44052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼☐ General

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.13153

Amount of Each Receipt this Period

89.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John G. Penson

Mailing Address 1201 Elm Street Suite 4240

City

Dallas

State

TX

Zip Code

75270-2024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Penson Properties

Occupation

Investments

Receipt For:

☐ Primary  
☐ Other (specify) ▼☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.15965

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Kurt Perl

Mailing Address 20 Shrewsbury Drive

City

Rumson

State

NJ

Zip Code

07760

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Divemasters, Inc

Occupation

Merchant Marine Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.14278

Amount of Each Receipt this Period

250.00

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

2839.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Krystal Pescatore

Mailing Address 3416 Parkway Drive

City

Baldwin

State

NY

Zip Code

11510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Plumbing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.11293

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jay Peters

Mailing Address 3811 Darwin Rd

City

Durham

State

NC

Zip Code

27707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Durham Technical Community  
College

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.13477

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Tony Phillips

Mailing Address 2307 Nicole Drive

City

Hampton

State

GA

Zip Code

30228-6272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CVS

Occupation  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.12957

Amount of Each Receipt this Period

500.00

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

1100.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Stirling Pitcairn

Mailing Address 3487 Paper Mill Road

City

Huntingdon Valley

State

PA

Zip Code

19006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
REtired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.11856

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ray L. Pollock

Mailing Address 1315 Green Tree Lane

City

Duncanville

State

TX

Zip Code

75137-2931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.11252

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Marsha Prestage

Mailing Address 406 Coharie Dr

City

Clinton

State

NC

Zip Code

28328

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.14805

Amount of Each Receipt this Period

250.00

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Sallie Rademacher

Mailing Address 3416 Madison Ave.

City

Hurst

State

TX

Zip Code

76054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Healthy Source Inc.

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.12751

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Ralston

Mailing Address 14235 Ridgemont Dr

City

Urbandale

State

IA

Zip Code

50323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.14427

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Virginia Rear

Mailing Address 1020-15th St. 27k

City

Denver

State

CO

Zip Code

80202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.13875

Amount of Each Receipt this Period

100.00

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

900.00

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

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

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

FOR LINE NUMBER: PAGE 61 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. James W. Reinsch

Mailing Address 11 Foxwell Dr

City

Scarborough

State

ME

Zip Code

04074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Idexx Laboratories, Inc

Occupation

Research Scientist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.16070

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Remington

Mailing Address 3713 Barrington Bridge Place

City

Richmond

State

VA

Zip Code

23233

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 ▼

850.00

Date of Receipt

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

Transaction ID: SA11AI.14777

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eugene Rogers

Mailing Address P.O. BOX 2539

City

Sarasota

State

FL

Zip Code

34230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Flaw Control Technology

Occupation

Engineer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.14870

Amount of Each Receipt this Period

250.00

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 62 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Roger Schaller

Mailing Address 8210 Lakeshore Rd.

City

Lakeport

State

MI

Zip Code

48059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Schaller Tool & Die Co.

Occupation

Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: SA11AI.11216

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Virginia Scherder

Mailing Address 197 Magnolia Lane

City

Sarver

State

PA

Zip Code

16055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coldwell Banker Real Estate Services

Occupation

Real Estate Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.12201

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Barbara Scidmore

Mailing Address 5013 Dorsett Dr

City

Madison

State

WI

Zip Code

53711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.11146

Amount of Each Receipt this Period

300.00

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

900.00

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

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

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

FOR LINE NUMBER: PAGE 63 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Charlotte Sciola

Mailing Address 14 Kimball Ave

City

Wenham

State

MA

Zip Code

01984

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: SA11AI.16230

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Hon. Eva F Scott

Mailing Address 15830 Goodes Bridge Rd

City

Amelia,

State

VA

Zip Code

23002-4717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.14518

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Hon. Eva F Scott

Mailing Address 15830 Goodes Bridge Rd

City

Amelia,

State

VA

Zip Code

23002-4717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.11237

Amount of Each Receipt this Period

100.00

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

215.00

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

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

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

FOR LINE NUMBER: PAGE 64 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. James Scott

Mailing Address 94-5756 Awa Pae Pl Po Box 1159

City State Zip Code  
Naalehu HI 96772

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.11709

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Ira Semanoff

Mailing Address 5131 Barness Court

City State Zip Code  
Doylestown PA 18902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Top Hat Productions LLC

Occupation

Video Producer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.12226

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth R. Shafer

Mailing Address 966 State Route 28

City State Zip Code  
Jordanville NY 13361

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation

Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.15327

Amount of Each Receipt this Period

500.00

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

650.00

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



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

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

FOR LINE NUMBER: PAGE 65 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Gerald Shenk

Mailing Address 7065 Wengers Mill Rd

City

Linville

State

VA

Zip Code

22834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.11572

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Robert W. Siegfried

Mailing Address 628 West 86th Street

City

Downers Grove

State

IL

Zip Code

60516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.11865

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Robert W. Siegfried

Mailing Address 628 West 86th Street

City

Downers Grove

State

IL

Zip Code

60516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.12647

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

FOR LINE NUMBER: PAGE 66 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Samuel Silver

Mailing Address 160 Enclave Circle

City

Atlanta

State

GA

Zip Code

30342-2078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

380.00

Date of Receipt

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

Transaction ID: SA11AI.14069

Amount of Each Receipt this Period

180.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William J. Skinner

Mailing Address 7721 Royale River Lane

City

Lake Worth

State

FL

Zip Code

33467-6919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Attorney/ Editor

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.11210

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Laurie Sliz

Mailing Address 1806 Windcliffe

City

San Antonio

State

TX

Zip Code

78259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.15016

Amount of Each Receipt this Period

500.00

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

830.00

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 67 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Greg Smith

Mailing Address 237 Gordon Street

City

Charleston

State

SC

Zip Code

29403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Psychiatrist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

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

Transaction ID: SA11AI.11884

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Greg Smith

Mailing Address 237 Gordon Street

City

Charleston

State

SC

Zip Code

29403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Psychiatrist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

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

Transaction ID: SA11AI.11943

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Greg Smith

Mailing Address 237 Gordon Street

City

Charleston

State

SC

Zip Code

29403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Psychiatrist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

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

Transaction ID: SA11AI.13502

Amount of Each Receipt this Period

200.00

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

700.00

**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 68 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Holly Smith

Mailing Address 102 Jefferson Rd.

City

Webster Groves

State

MO

Zip Code

63119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Youcandu Ltd

Occupation  
Co-Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.11268

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Sosniak

Mailing Address 20050 Crystal Lake Way

City

Frankfort

State

IL

Zip Code

60423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gander Mountain

Occupation  
Store Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.15422

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. A J Southard

Mailing Address 7563 Key Deer Ct

City

Fort Myers

State

FL

Zip Code

33966-5709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.11603

Amount of Each Receipt this Period

50.00

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

5150.00

**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 69 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Peter Spano

Mailing Address 711 Seagate Drive

City

Delray Beach

State

FL

Zip Code

33483

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercato Asset Management-  
LP

Occupation

Investment Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.13552

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Carole Stamp

Mailing Address 17754 Lyons St. N.e.

City

Forest Lake

State

MN

Zip Code

55025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Regulatory Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.11641

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Martha Stanford

Mailing Address 4519 Kenwood Drive

City

Woodbridge

State

VA

Zip Code

22193-5231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Option Care

Occupation

Rn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.13434

Amount of Each Receipt this Period

100.00

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

5350.00

**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 70 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Robert Stevenson

Mailing Address 19 Hickory Rd

City

Summit

State

NJ

Zip Code

07901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.14604

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. J.O. Stewart, Jr.

Mailing Address 124 W Castellano Suite 213

City

El Paso

State

TX

Zip Code

79912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stewart Holdings

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.15694

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

William Stewart

Mailing Address 100 West 57th St. Apt 17-i

City

New York

State

NY

Zip Code

10019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stewart Alexander & Compa-  
ny

Occupation  
Ship Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.13327

Amount of Each Receipt this Period

250.00

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

1000.00

**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 71 / 141

(check only one)

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

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Wilbur H. Stocking, Jr.

Mailing Address 2112 Crossgare Ct.

City

Champaign

State

IL

Zip Code

61822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.14966

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David H. Street

Mailing Address 524 Silver Oak Grove

City

Colorado Springs

State

CO

Zip Code

80906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.15045

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

James Strohmeier

Mailing Address 7765 S Curtice Dr Unit E

City

Littleton

State

CO

Zip Code

80120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.13870

Amount of Each Receipt this Period

100.00

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

700.00

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 72 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Don Suggs

Mailing Address 259 E Twin Willow

City

Boise

State

ID

Zip Code

83706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rhino Metals, Inc.

Occupation

Business Owner

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.13896

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert Sunderland

Mailing Address 953 Pyrite Ave

City

Henderson

State

NV

Zip Code

89011

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 ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.11182

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard John Sungaila

Mailing Address 1827 Port Stanhope Pl

City

Newport Beach

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Real Estate &amp; Property Management

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

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

Transaction ID: SA11AI.12878

Amount of Each Receipt this Period

250.00

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

450.00

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 73 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard John Sungaila

Mailing Address 1827 Port Stanhope Pl

City

Newport Beach

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Real Estate & Property Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1255.00

Date of Receipt

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

Transaction ID: SA11AI.13967

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Donald Surgeon

Mailing Address PO Box 1879

City

Pacifica

State

CA

Zip Code

94044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.15113

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John A. Swanson

Mailing Address 1551 Saint James Circle

City

The Villages

State

FL

Zip Code

32162-7648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.12961

Amount of Each Receipt this Period

2000.00

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

2150.00

**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 74 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

R. Gregory Taylor

Mailing Address 27 Forest Creek Drive

City State Zip Code  
Hockessin DE 19707

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dupont

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.11881

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Susan Elizabeth Taylor

Mailing Address 401 W. Texas Ave., Suite 1003

City State Zip Code  
Midland TX 79701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.16103

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jay A. Thoe

Mailing Address P.O. Box 637/ 100 E Main

City State Zip Code  
Montrose CO 81401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.15703

Amount of Each Receipt this Period

200.00

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

550.00

**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 75 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Lt. Col. Charles R. Thomas

Mailing Address 9629 Shipwright Dr.

City

Burke

State

VA

Zip Code

22015

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 ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.13452

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Merrill Thomas

Mailing Address 4353 Arters Mill Rd.

City

Westminster

State

MD

Zip Code

21158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Merrill Thomas

Occupation  
Construction

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.12274

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Timothy Thomas Jr

Mailing Address 29 James Ave

City

Middleton

State

MA

Zip Code

01949

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Boston Bruins

Occupation  
Hockey Player

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.14083

Amount of Each Receipt this Period

2000.00

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

2300.00

**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 76 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Clifford & Bonnie Thomson

Mailing Address 11700 Preston Rd Ste 660-206

City State Zip Code  
 Dallas TX 75230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.11260

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Woodbury C. Titcomb

Mailing Address 4901 Gulf Shore Blvd. N.  
 Meridian Club, No. 1104

City State Zip Code  
 Naples FL 34103

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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.14865

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Tribbitt

Mailing Address 100 Northgate Dr

City State Zip Code  
 Camp Hill PA 17011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Central Pa Rehabilitation  
Services

Occupation  
Physical Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.13378

Amount of Each Receipt this Period

500.00

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Darell Trough

Mailing Address 2909 Prairie Meadow Dr

City

Champaign

State

IL

Zip Code

61822

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.14378

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Nancy Turner

Mailing Address 4638 Nottingham Drive

City

Lafayette

State

IN

Zip Code

47909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Innovative Medicine

Occupation

Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.13655

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Lucia Uihlein

Mailing Address 715 Lands End Drive

City

Longboat Key

State

FL

Zip Code

34228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: SA11AI.12447

Amount of Each Receipt this Period

400.00

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

600.00

**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 78 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Lucia Uihlein

Mailing Address 715 Lands End Drive

City

Longboat Key

State

FL

Zip Code

34228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

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

Transaction ID: SA11AI.13575

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Chris Vandebosch

Mailing Address 125 Overlook Dr

City

Loveland

State

OH

Zip Code

45140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Remote-learner

Occupation

Regional Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.14931

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Kevin Vander Wyst

Mailing Address 2792 Lahoma Court

City

Shakopee

State

MN

Zip Code

55379

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Medical Systems

Occupation

Software Engineering Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.11643

Amount of Each Receipt this Period

500.00

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

1250.00

**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 79 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Garth A. van Sickle

Mailing Address 316 the Bitter End

City

Lusby

State

MD

Zip Code

20657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DCS Corporation

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.11134

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Brice E. Vickery

Mailing Address 3377 Glenview Dr

City

Aiken

State

SC

Zip Code

29803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Health Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.15368

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Walter F. Watkins

Mailing Address 1870 Bridle Ridge Tr

City

Roswell

State

GA

Zip Code

30075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apollo MD

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.15369

Amount of Each Receipt this Period

100.00

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

550.00

**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 80 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Sherril West

Mailing Address 1801 Kern Road

City

Washington

State

IL

Zip Code

61571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.13741

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Frank Wetherbee

Mailing Address P O Box 3610

City

Albany

State

GA

Zip Code

31706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.12368

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Peggy Whitlock

Mailing Address 2212 SW Sunset Drive

City

Portland

State

OR

Zip Code

97239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.15134

Amount of Each Receipt this Period

50.00

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

400.00

**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 81 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Shlomo Widder

Mailing Address 8005 Greenwich Woods Dr

City

McLean

State

VA

Zip Code

22102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Plastic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.13429

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles P. Williams

Mailing Address 5913 Moss Creek Rd

City

Midlothian

State

VA

Zip Code

23112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.11203

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Sally Anne Wooster

Mailing Address 100 Smoke Trail Ln.

City

Sedona

State

AZ

Zip Code

86336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.15058

Amount of Each Receipt this Period

500.00

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

1250.00

**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 82 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert K. Wormald

Mailing Address 10121 Chapel Rd.

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.12265

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Larry F. Wright

Mailing Address P.O. Box 300

City

London

State

TX

Zip Code

76854-0300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Rancher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.11177

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James T. Wynne

Mailing Address 1344 Lakeview Dr

City

Virginia Beach

State

VA

Zip Code

23455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.15593

Amount of Each Receipt this Period

500.00

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

950.00

**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 83 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Robert J. Yamin

Mailing Address 66 Barnum Road

City

Danbury

State

CT

Zip Code

06811-2938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yamin & Yamin Llp

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.11718

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Yee

Mailing Address 6840 Southampton Drive

City

Cypress

State

CA

Zip Code

90630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northrop Grumman Aerospace  
Systems

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.14394

Amount of Each Receipt this Period

210.00

**C.**

Full Name (Last, First, Middle Initial)

Todd Young

Mailing Address 21045 Laporte Terrace

City

Ashburn

State

VA

Zip Code

20147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Abraxas

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.11929

Amount of Each Receipt this Period

200.00

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

660.00

**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 84 / 141

(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Regina Zmorzenski

Mailing Address 2954 NE Loquat Ln

City

Jensen Beach

State

FL

Zip Code

34957-5084

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.16040

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Laura Zulueta

Mailing Address 200 Morningside Drive

City

Mandeville

State

LA

Zip Code

70448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.12704

Amount of Each Receipt this Period

500.00

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

600.00

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

127084.00

# **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

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)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Arrowhead Graphics</p> <p>Mailing Address 508 Houston St.</p> <p>City Greensboro State NC Zip Code 27401</p> <p>Purpose of Disbursement PAC Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.16440</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2645.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Connection Strategy</p> <p>Mailing Address PO Box 2192</p> <p>City Arlington State VA Zip Code 22202</p> <p>Purpose of Disbursement PAC Strategic Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.16415</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1520.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Connection Strategy</p> <p>Mailing Address PO Box 2192</p> <p>City Arlington State VA Zip Code 22202</p> <p>Purpose of Disbursement PAC Research</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.16421</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>

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

**4415.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

FREEDOMWORKS INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Paypal

Mailing Address PO Box 45950

City  
Omaha

State  
NE

Zip Code  
68145

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.16423

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5035.49

**B.**

Full Name (Last, First, Middle Initial)

Premium Graphicx

Mailing Address 5512 Mitchelldale

City  
Houston

State  
TX

Zip Code  
77092

Purpose of Disbursement  
correct for prepayment on pregen-ies on line 24

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.16388

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-130183.03

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

-125147.54

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

-120732.54

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00353227</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Aristotle International		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 1 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 205 Pennsylvania Ave., SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2000.00</div>	
City Washington State DC Zip Code 20003		<b>Transaction ID:</b> SE.16427	
Purpose of Expenditure IE-Miller-List Rental		Office Sought: <input checked="" type="checkbox"/> House State: AK <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOSEPH W MILLER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">12982.20</div>			
Full Name (Last, First, Middle, Initial) of Payee Aristotle International		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 1 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 205 Pennsylvania Ave., SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>	
City Washington State DC Zip Code 20003		<b>Transaction ID:</b> SE.16428	
Purpose of Expenditure IE-McClung-List Purchase		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: RUTH CRAWFORD MCCLUNG		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">3000.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 5</div> <div style="border: 1px solid black; padding: 2px;">D D 1 8</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 1</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 88 / 141

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 508 Houston St.		Amount 234.88	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.10984	
Purpose of Expenditure IE-Harris-Door Hangers		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ANDREW P HARRIS		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3230.87		2010	
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 508 Houston St.		Amount 1762.53	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.10985	
Purpose of Expenditure IE-Rubio-Door Hangers		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MARCO RUBIO		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 15315.06		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		1997.41	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 1	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 89 / 141

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00353227</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 9</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 508 Houston St.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1736.46</div>	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.10986	
Purpose of Expenditure IE-Toomey-Door Hangers		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PATRICK JOSEPH TOOMEY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">9896.21</div>		2010	

  

Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 9</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 508 Houston St.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1874.66</div>	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.10987	
Purpose of Expenditure IE-Huffman-Door Hangers		Office Sought: <input type="checkbox"/> House State: OR <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JAMES LLOYD II HUFFMAN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">4957.91</div>		2010	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;">3611.12</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; height: 20px;"></div>
(c) <b>TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

John Robert Jordan

Signature

Date

M M  
0 5

D D  
1 8

Y Y Y Y  
2 0 1 1

FE6AN026

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

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00353227</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 9</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 508 Houston St.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1074.39</div>	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.10988	
Purpose of Expenditure IE-Buck-Door Hangers		Office Sought: <input checked="" type="checkbox"/> House State: CO <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: KENNETH R BUCK		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">13305.89</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 9</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 508 Houston St.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">985.46</div>	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.10989	
Purpose of Expenditure IE-Cornilles-Door Ha- ngers		Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ROBERT CORNILLES		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">3951.21</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">2059.85</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 5</div> <div style="border: 1px solid black; padding: 2px;">D D 1 8</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 1</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 508 Houston St.		Amount 1130.94	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.10990	
Purpose of Expenditure IE-Bruun-Door Hangers		Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: LORENTZ 'SCOTT' BRUUN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4014.69		2010	
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 508 Houston St.		Amount 646.95	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.10991	
Purpose of Expenditure IE-Rossi-Door Hangers		Office Sought: <input type="checkbox"/> House State: WA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DINO ROSSI		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 17571.10		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		1777.89	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 1	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 508 Houston St.		Amount 608.71	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.10992	
Purpose of Expenditure IE-Angle-Door Hangers		Office Sought: <input checked="" type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 16347.43		2010	
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 508 Houston St.		Amount 732.01	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.10993	
Purpose of Expenditure IE-Ganley-Door Hangers		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: THOMAS D GANLEY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 5609.06		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		1340.72	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 1	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 508 Houston St.		Amount 441.04	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.10994	
Purpose of Expenditure IE-Johnson-Door Hangers		Office Sought: <input checked="" type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: RONALD HAROLD JOHNSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1939.03		2010	
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 508 Houston St.		Amount 426.52	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.10995	
Purpose of Expenditure IE-Paul-Door Hangers		Office Sought: <input checked="" type="checkbox"/> House State: KY <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: RAND PAUL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4980.03		2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		867.56	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date MM / DD / YYYY 05 / 18 / 2011	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00353227</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 9</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 508 Houston St.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">423.06</div>	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.10996	
Purpose of Expenditure IE-Fimian-Door Hange- rs		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: KEITH S FIMIAN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">7709.35</div>			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 9</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 508 Houston St.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">422.36</div>	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.10997	
Purpose of Expenditure IE-Mulvaney-Door Han- gers		Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOHN MICHAEL 'MICK' MULVANEY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">19231.23</div>			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">845.42</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 5</div> <div style="border: 1px solid black; padding: 2px;">D D 1 8</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 1</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 508 Houston St.		Amount 423.15	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.10998	
Purpose of Expenditure IE-Chabot-Door Hange- rs		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: STEVE CHABOT		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2278.64		2010	
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 508 Houston St.		Amount 245.29	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.10999	
Purpose of Expenditure IE-Gardner-Door Hang- ers		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CORY SCOTT REP. GARDNER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1743.28		2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		668.44	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 1	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 508 Houston St.		Amount 245.29	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11001	
Purpose of Expenditure IE-Tipton-Door Hangers		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT R TIPTON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1743.28		2010	
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 508 Houston St.		Amount 241.17	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11002	
Purpose of Expenditure IE-Southerland-Door Hangers		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM STEVE II SOUTHERLAND		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4431.87		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		486.46	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 1	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 508 Houston St.		Amount 234.83	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11004	
Purpose of Expenditure IE-Young-Door Hangers		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: TODD CHRISTOPHER YOUNG		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1732.82		2010	
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 508 Houston St.		Amount 254.82	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11005	
Purpose of Expenditure IE-McKinley-Door Hangers		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DAVID B MCKINLEY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 5243.03		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		489.65	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 1	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 508 Houston St.		Amount 2119.20	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11026	
Purpose of Expenditure IE-Raese-Door Hangers		Office Sought: <input checked="" type="checkbox"/> House State: WV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOHN REEVES RAESE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 61845.14		2010	
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 508 Houston St.		Amount 1754.68	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11027	
Purpose of Expenditure IE-Fiorina-Door Hang-ers		Office Sought: <input checked="" type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CARLY FIORINA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 60169.89		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		3873.88	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date MM / DD / YYYY 05 / 18 / 2011	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00353227</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 9</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 508 Houston St.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">591.70</div>	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11029	
Purpose of Expenditure IE-Frazier-Door Hang-ers		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: RYAN L FRAZIER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5403.70</div>			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 9</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 508 Houston St.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">437.57</div>	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11030	
Purpose of Expenditure IE-Watson-Door Hange-rs		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: THOMAS C WATSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">3544.81</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">1029.27</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 5</div> <div style="border: 1px solid black; padding: 2px;">D D 1 8</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 1</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 508 Houston St.		Amount 423.57	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11031	
Purpose of Expenditure IE-Hayworth-Door Hangers		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 19 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: NAN HAYWORTH		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8947.69		2010	
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 508 Houston St.		Amount 412.88	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11032	
Purpose of Expenditure IE-Stivers-Door Hangers		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: STEVE MR. STIVERS		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2443.15		2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		836.45	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date MM / DD / YYYY 05 / 18 / 2011	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00353227</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 9</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 508 Houston St.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">233.44</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Greensboro</div> <div>State NC</div> <div>Zip Code 27401</div> </div>		<b>Transaction ID:</b> SE.11033 Office Sought: <input checked="" type="checkbox"/> House State: <u>FL</u> <input type="checkbox"/> Senate District: <u>22</u> <input type="checkbox"/> Presidential	
Purpose of Expenditure IE-West-Door Hangers		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate supported or Opposed by expenditure: ALLEN B WEST		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501.46</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 9</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 508 Houston St.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2430.58</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Greensboro</div> <div>State NC</div> <div>Zip Code 27401</div> </div>		<b>Transaction ID:</b> SE.11034 Office Sought: <input checked="" type="checkbox"/> House State: <u>GA</u> <input type="checkbox"/> Senate District: <u>02</u> <input type="checkbox"/> Presidential	
Purpose of Expenditure IE-Keown-Door Hangers		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL (MIKE) HUEL KEOWN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3580.58</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2664.02</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 5</div> <div><small>D D</small> 1 8</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 508 Houston St.		Amount 2133.96	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11035	
Purpose of Expenditure IE-Miller-Door Hangers		Office Sought: <input checked="" type="checkbox"/> House State: AK <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOSEPH W MILLER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 15116.16		2010	
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 508 Houston St.		Amount 1289.05	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11037	
Purpose of Expenditure IE-Angle-Door Hangers		Office Sought: <input checked="" type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 17636.48		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		3423.01	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date MM / DD / YYYY 05 / 18 / 2011	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00353227</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 9</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 508 Houston St.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">909.32</div>	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11038	
Purpose of Expenditure IE-Maynard-Door Hang-ers		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ELLIOTT EDWARD MAYNARD		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5893.16</div>		2010	

  

Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 9</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 508 Houston St.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">574.02</div>	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11042	
Purpose of Expenditure IE-Miller-Door Hange-rs		Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JEFFERY LANE MILLER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">11262.26</div>		2010	

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;">1483.34</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>(c) TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

John Robert Jordan

Signature

Date

M M  
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1 8

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2 0 1 1

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 104 / 141

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 508 Houston St.		Amount 586.74	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11043	
Purpose of Expenditure IE-Johnson-Door Hang-ers		Office Sought: <input checked="" type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: RONALD HAROLD JOHNSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2525.77		2010	
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 508 Houston St.		Amount 439.83	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11044	
Purpose of Expenditure IE-McClung-Door Hang-ers		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: RUTH CRAWFORD MCCLUNG		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 25533.70		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		1026.57	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date MM / DD / YYYY 05 / 18 / 2011	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 105 / 141

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 508 Houston St.		Amount 437.04	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11045	
Purpose of Expenditure IE-Harmer-Door Hangers		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DAVID HARMER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3544.28		2010	
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 508 Houston St.		Amount 437.04	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11046	
Purpose of Expenditure IE-Tran-Door Hangers		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 47 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: VAN TRAN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3544.28		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		874.08	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 1	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 508 Houston St.		Amount 234.64	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11047	
Purpose of Expenditure IE-Bucshon-Door Hang-ers		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: LARRY D BUCSHON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3341.88		2010	

  

Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 508 Houston St.		Amount 234.64	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11048	
Purpose of Expenditure IE-Walorski-Door Han-gers		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JACKIE WALORSKI (SWIHART)		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3341.88		2010	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	469.28
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

John Robert Jordan

Signature

Date

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

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 107 / 141

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 508 Houston St.		Amount 473.72	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11049	
Purpose of Expenditure IE-Toomey-Door Hangers		Office Sought: <input checked="" type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PATRICK JOSEPH TOOMEY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 10369.93		2010	
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 508 Houston St.		Amount 2952.63	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11050	
Purpose of Expenditure IE-Raese-Door Hangers		Office Sought: <input checked="" type="checkbox"/> House State: WV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOHN REEVES RAESE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 64797.77		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		3426.35	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date MM / DD / YYYY 05 / 18 / 2011	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 508 Houston St.		Amount 332.10	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11072	
Purpose of Expenditure IE-Rubio-Bumper Stickers		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MARCO RUBIO		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 15647.16		2010	
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 508 Houston St.		Amount 252.60	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11073	
Purpose of Expenditure IE-Toomey-Bumper Stickers		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PATRICK JOSEPH TOOMEY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 10622.53		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		584.70	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date MM / DD / YYYY 05 / 18 / 2011	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 508 Houston St.		Amount 497.00	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11074	
Purpose of Expenditure IE-Raese-Bumper Stickers		Office Sought: <input checked="" type="checkbox"/> House State: WV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOHN REEVES RAESE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 65294.77		2010	
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 508 Houston St.		Amount 190.00	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11075	
Purpose of Expenditure IE-Paul-Bumper Stickers		Office Sought: <input checked="" type="checkbox"/> House State: KY <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: RAND PAUL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 5170.03		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		687.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date MM / DD / YYYY 05 / 18 / 2011	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00353227</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 9</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 508 Houston St.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">204.00</div>	
City Greensboro      State NC      Zip Code 27401		<b>Transaction ID:</b> SE.11076	
Purpose of Expenditure IE-Angle-Bumper Stickers		Office Sought: <input type="checkbox"/> House      State: NV <input checked="" type="checkbox"/> Senate      District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">17840.48</div>		2010	

  

Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 9</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 508 Houston St.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">269.90</div>	
City Greensboro      State NC      Zip Code 27401		<b>Transaction ID:</b> SE.11077	
Purpose of Expenditure IE-Rossi-Bumper Stickers		Office Sought: <input type="checkbox"/> House      State: WA <input checked="" type="checkbox"/> Senate      District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DINO ROSSI		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">17841.00</div>		2010	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">473.90</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
(c) <b>TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

John Robert Jordan

Signature

Date

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# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 111 / 141

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 508 Houston St.		Amount 201.80	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11078	
Purpose of Expenditure IE-Johnson-Bumper Stickers		Office Sought: <input checked="" type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: RONALD HAROLD JOHNSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2727.57		2010	
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 508 Houston St.		Amount 344.90	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11080	
Purpose of Expenditure IE-Philpot-Bumper Stickers		Office Sought: <input checked="" type="checkbox"/> House State: UT <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MORGAN PHILPOT		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 59371.90		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		546.70	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date MM / DD / YYYY 05 / 18 / 2011	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 112 / 141

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 508 Houston St.		Amount 215.40	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11081	
Purpose of Expenditure IE-Chabot-Bumper Stickers		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: STEVE CHABOT		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2494.04		2010	
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 508 Houston St.		Amount 536.24	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11082	
Purpose of Expenditure IE-Burr-Bumper Stickers		Office Sought: <input type="checkbox"/> House State: NC <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: RICHARD BURR		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 536.24		2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		751.64	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 1	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 113 / 141

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 508 Houston St.		Amount 370.80	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11083	
Purpose of Expenditure IE-Cornilles-Bumper Stickers		Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ROBERT CORNILLES		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4322.01		2010	
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 508 Houston St.		Amount 370.80	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11084	
Purpose of Expenditure IE-Bruun-Bumper Stickers		Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: LORENTZ 'SCOTT' BRUUN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4385.49		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		741.60	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 1	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 114 / 141

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 508 Houston St.		Amount 368.60	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11085	
Purpose of Expenditure IE-Buck-Bumper Stick-ers		Office Sought: <input checked="" type="checkbox"/> House State: CO <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: KENNETH R BUCK		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 13674.49		2010	
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 508 Houston St.		Amount 219.40	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11086	
Purpose of Expenditure IE-Hayworth-Bumper Stickers		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 19 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: NAN HAYWORTH		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 9167.09		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		588.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date MM / DD / YYYY 05 / 18 / 2011	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 115 / 141

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00353227</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			

  

Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics	Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 9</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>
Mailing Address 508 Houston St.	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">182.00</div>
<b>Transaction ID:</b> SE.11088	
City Greensboro State NC Zip Code 27401	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential
Purpose of Expenditure IE-Mulvaney-Bumper Stickers	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>
Name of Federal Candidate supported or Opposed by expenditure: JOHN MICHAEL 'MICK' MULVANEY	
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;">19413.23</div>

  

Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics	Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 9</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>
Mailing Address 508 Houston St.	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">182.00</div>
<b>Transaction ID:</b> SE.11089	
City Greensboro State NC Zip Code 27401	Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential
Purpose of Expenditure IE-McKinley-Bumper Stickers	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>
Name of Federal Candidate supported or Opposed by expenditure: DAVID B MCKINLEY	
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;">5425.03</div>

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">364.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	
<b>(c) TOTAL</b> Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

John Robert Jordan  
 Signature

Date 

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

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 116 / 141

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 508 Houston St.		Amount 182.00	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11090	
Purpose of Expenditure IE-Young-Bumper Stickers		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: TODD CHRISTOPHER YOUNG		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1914.82		2010	
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 508 Houston St.		Amount 182.00	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11091	
Purpose of Expenditure IE-Miller-Bumper Stickers		Office Sought: <input checked="" type="checkbox"/> House State: AK <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOSEPH W MILLER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 182.00		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		364.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date MM / DD / YYYY 05 / 18 / 2011	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 117 / 141

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 508 Houston St.		Amount 182.00	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11092	
Purpose of Expenditure IE-Renacci-Bumper Stickers		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JAMES B RENACCI		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1329.50		2010	
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 508 Houston St.		Amount 182.00	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11093	
Purpose of Expenditure IE-Gibbs-Bumper Stickers		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ROBERT BRIAN MR. GIBBS		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 789.50		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		364.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date MM / DD / YYYY 05 / 18 / 2011	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 118 / 141

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 508 Houston St.		Amount 182.00	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11094	
Purpose of Expenditure IE-Barela-Bumper Stickers		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JON BARELA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 426.75		2010	
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 508 Houston St.		Amount 182.00	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.11095	
Purpose of Expenditure IE-Walberg-Bumper Stickers		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: TIMOTHY L. WALBERG		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 182.00		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		364.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 1	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 119 / 141

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Arrowhead Graphics		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 508 Houston St.		Amount 1150.00	
City Greensboro State NC Zip Code 27401		<b>Transaction ID:</b> SE.16438	
Purpose of Expenditure IE-Keown-Door Hangers		Office Sought: <input checked="" type="checkbox"/> House State: GA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL (MIKE) HUEL KEOWN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4730.58		2010	
Full Name (Last, First, Middle, Initial) of Payee Connection Strategy		Date MM / DD / YYYY 10 / 17 / 2010	
Mailing Address PO Box 2192		Amount 1088.78	
City Arlington State VA Zip Code 22202		<b>Transaction ID:</b> SE.16417	
Purpose of Expenditure IE-Raese-Printing		Office Sought: <input type="checkbox"/> House State: WV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOHN REEVES RAESE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 5728.91		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		2238.78	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date MM / DD / YYYY 05 / 18 / 2011	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 120 / 141

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Connection Strategy		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address PO Box 2192		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3379.06</div>	
City State Zip Code Arlington VA 22202		<b>Transaction ID:</b> SE.16419	
Purpose of Expenditure IE-Ganley-Printing		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: THOMAS D GANLEY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">4877.05</div>	

  

Full Name (Last, First, Middle, Initial) of Payee Connection Strategy		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 2 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address PO Box 2192		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3379.05</div>	
City State Zip Code Arlington VA 22202		<b>Transaction ID:</b> SE.16420	
Purpose of Expenditure IE-Angle-Printing		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">11796.72</div>	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">6758.11</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; height: 20px;"></div>
(c) <b>TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

John Robert Jordan

Signature

Date

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# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 121 / 141

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00353227</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Ms. Jane Munger		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 9</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 277 Colby Rd		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3942.00</div>	
City State Zip Code Schoharie NY 12157		Transaction ID: SE.10952	
Purpose of Expenditure IE-Angle-Signage		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">15738.72</div>	

  

Full Name (Last, First, Middle, Initial) of Payee Ms. Jane Munger		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 9</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 277 Colby Rd		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">-3942.00</div>	
City State Zip Code Schoharie NY 12157		Transaction ID: SE.16432	
Purpose of Expenditure IE-Angle-Signage-Correction-did not occur		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">13898.48</div>	

  

(a) SUBTOTAL of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; height: 20px;"></div>
(c) TOTAL Independent Expenditures .....	<div style="border: 1px solid black; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

John Robert Jordan

Signature

Date

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# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 122 / 141

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00353227</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mungo, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 9</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 1625 Chris Lane SE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">27847.70</div>	
City State Zip Code Jefferson OR 97352		<b>Transaction ID:</b> SE.10953 Office Sought: <input type="checkbox"/> House State: WV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Purpose of Expenditure IE-Raese-Signage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate supported or Opposed by expenditure: JOHN REEVES RAESE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">59725.94</div>			
Full Name (Last, First, Middle, Initial) of Payee Mungo, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 9</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 1625 Chris Lane SE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4418.00</div>	
City State Zip Code Jefferson OR 97352		<b>Transaction ID:</b> SE.10954 Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Purpose of Expenditure IE-Mulvaney-Signage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate supported or Opposed by expenditure: JOHN MICHAEL 'MICK' MULVANEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">18808.87</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">32265.70</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 5</div> <div><small>D D</small> 1 8</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 123 / 141

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mungo, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 1625 Chris Lane SE		Amount 2767.50	
City State Zip Code Jefferson OR 97352		<b>Transaction ID:</b> SE.10955	
Purpose of Expenditure IE-DeFazio-Signage		Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PETER A. DEFAZIO		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee Mungo, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 1625 Chris Lane SE		Amount 6165.00	
City State Zip Code Jefferson OR 97352		<b>Transaction ID:</b> SE.10957	
Purpose of Expenditure IE-Philpot-Signage		Office Sought: <input checked="" type="checkbox"/> House State: UT <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MORGAN PHILPOT		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		8932.50	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 1	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 124 / 141

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mungo, Inc.		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 1625 Chris Lane SE		Amount 20103.17	
City State Zip Code Jefferson OR 97352		<b>Transaction ID:</b> SE.10959	
Purpose of Expenditure IE-McClung-Signage		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: RUTH CRAWFORD MCCLUNG		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
25093.87			
Full Name (Last, First, Middle, Initial) of Payee Mungo, Inc.		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 1625 Chris Lane SE		Amount 5001.00	
City State Zip Code Jefferson OR 97352		<b>Transaction ID:</b> SE.10960	
Purpose of Expenditure IE-Hayworth-Signage		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 19 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: NAN HAYWORTH		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
8524.12			
(a) SUBTOTAL of Itemized Independent Expenditures .....		25104.17	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date MM / DD / YYYY 05 / 18 / 2011	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mungo, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 1625 Chris Lane SE		Amount 5066.00	
City State Zip Code Jefferson OR 97352		Transaction ID: SE.10963	
Purpose of Expenditure IE-Campbell-Signage		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 25 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DONNA DR. CAMPBELL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee Mungo, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 1625 Chris Lane SE		Amount 4335.00	
City State Zip Code Jefferson OR 97352		Transaction ID: SE.10964	
Purpose of Expenditure IE-Marino-Signage		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: THOMAS ANTHONY MARINO		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		9401.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 1	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 126 / 141

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mungo, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 1625 Chris Lane SE		Amount 4290.30	
City State Zip Code Jefferson OR 97352		Transaction ID: SE.10966	
Purpose of Expenditure IE-Fimian-Signage		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: KEITH S FIMIAN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 7286.29		2010	
Full Name (Last, First, Middle, Initial) of Payee Mungo, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 1625 Chris Lane SE		Amount 1061.00	
City State Zip Code Jefferson OR 97352		Transaction ID: SE.10967	
Purpose of Expenditure IE-Paul-Signage		Office Sought: <input type="checkbox"/> House State: KY <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: RAND PAUL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4553.51		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		5351.30	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 1	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 127 / 141

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00353227</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mungo, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 9</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 1625 Chris Lane SE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3717.00</div>	
City State Zip Code Jefferson OR 97352		<b>Transaction ID:</b> SE.10968 Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Purpose of Expenditure IE-Toomey-Signage		Category/Type 004	
Name of Federal Candidate supported or Opposed by expenditure: PATRICK JOSEPH TOOMEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">8159.75</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Mungo, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 9</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 1625 Chris Lane SE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1150.00</div>	
City State Zip Code Jefferson OR 97352		<b>Transaction ID:</b> SE.10969 Office Sought: <input checked="" type="checkbox"/> House State: GA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Purpose of Expenditure IE-Keown-Signage		Category/Type 004	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL (MIKE) HUEL KEOWN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1150.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">4867.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 5</div> <div><small>D D</small> 1 8</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mungo, Inc.		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 1625 Chris Lane SE		Amount 1443.00	
City State Zip Code Jefferson OR 97352		Transaction ID: SE.16429	
Purpose of Expenditure IE-Spratt-Signage		Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOHN MCKEE JR HON SPRATT		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
20856.23			
Full Name (Last, First, Middle, Initial) of Payee Mungo, Inc.		Date MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 1625 Chris Lane SE		Amount 2300.00	
City State Zip Code Jefferson OR 97352		Transaction ID: SE.16433	
Purpose of Expenditure IE-Bennet-Signage		Office Sought: <input type="checkbox"/> House State: CO <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MICHAEL F BENNET		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
15974.49			
(a) SUBTOTAL of Itemized Independent Expenditures .....		3743.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date MM / DD / YYYY 05 / 18 / 2011	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mungo, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 1625 Chris Lane SE		Amount 2300.00	
City State Zip Code Jefferson OR 97352		<b>Transaction ID:</b> SE.16435	
Purpose of Expenditure IE-Perlmutter-Signage		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: EDWIN G PERLMUTTER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 7703.70		2010	
Full Name (Last, First, Middle, Initial) of Payee Mungo, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 1625 Chris Lane SE		Amount 4990.00	
City State Zip Code Jefferson OR 97352		<b>Transaction ID:</b> SE.16436	
Purpose of Expenditure IE-Watson-Signage		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: THOMAS C WATSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8534.81		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		7290.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 1	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00353227</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mungo, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 9</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 1625 Chris Lane SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10605.00</div>	
City State Zip Code Jefferson OR 97352		<b>Transaction ID:</b> SE.16437	
Purpose of Expenditure IE-Huffman-Signage		Office Sought: <input type="checkbox"/> House State: OR <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/ Type		<div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate supported or Opposed by expenditure: JAMES LLOYD II HUFFMAN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">15562.91</div>			
Full Name (Last, First, Middle, Initial) of Payee Premium Graphicx		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 1 8</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 5512 Mitchelldale		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">58415.21</div>	
City State Zip Code Houston TX 77092		<b>Transaction ID:</b> SE.7913	
Purpose of Expenditure IE-Fiorina-Yard Signs		Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/ Type		<div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate supported or Opposed by expenditure: CARLY FIORINA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">58415.21</div>			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">69020.21</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 5</div> <div style="border: 1px solid black; padding: 2px;">D D 1 8</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 1</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00353227</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Premium Graphicx		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 1 8</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 5512 Mitchelldale		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3107.24</div>	
City State Zip Code Houston TX 77092		<b>Transaction ID:</b> SE.7932	
Purpose of Expenditure IE-Harmer-Yard Signs		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DAVID HARMER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">3107.24</div>	

  

Full Name (Last, First, Middle, Initial) of Payee Premium Graphicx		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 1 8</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 5512 Mitchelldale		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3107.24</div>	
City State Zip Code Houston TX 77092		<b>Transaction ID:</b> SE.7935	
Purpose of Expenditure IE-Watson-Yard Signs		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: THOMAS C WATSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">3107.24</div>	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">6214.48</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

John Robert Jordan

Signature

Date

M M  
0 5

D D  
1 8

Y Y Y Y  
2 0 1 1

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Premium Graphicx		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address 5512 Mitchelldale		Amount 3107.24	
City State Zip Code Houston TX 77092		<b>Transaction ID:</b> SE.7938	
Purpose of Expenditure IE-Tran-Yard Signs		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 47 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: VAN TRAN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee Premium Graphicx		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address 5512 Mitchelldale		Amount 5358.50	
City State Zip Code Houston TX 77092		<b>Transaction ID:</b> SE.7941	
Purpose of Expenditure IE-McMahon-Yard Signs		Office Sought: <input type="checkbox"/> House State: CT <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: LINDA MCMAHON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		8465.74	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 1	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Premium Graphicx		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address 5512 Mitchelldale		Amount 5358.50	
City State Zip Code Houston TX 77092		<b>Transaction ID:</b> SE.7946	
Purpose of Expenditure IE-Angle-Yard Signs		Office Sought: <input checked="" type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8417.67		2010	
Full Name (Last, First, Middle, Initial) of Payee Premium Graphicx		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address 5512 Mitchelldale		Amount 3990.70	
City State Zip Code Houston TX 77092		<b>Transaction ID:</b> SE.7950	
Purpose of Expenditure IE-McClung-Yard Signs		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: RUTH CRAWFORD MCCLUNG		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4990.70		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		9349.20	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 1	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Premium Graphicx		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address 5512 Mitchelldale		Amount 4190.70	
City State Zip Code Houston TX 77092		<b>Transaction ID:</b> SE.7953	
Purpose of Expenditure IE-Southerland-Yard Signs		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: WILLIAM STEVE II SOUTHERLAND		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4190.70		2010	
Full Name (Last, First, Middle, Initial) of Payee Premium Graphicx		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address 5512 Mitchelldale		Amount 3107.24	
City State Zip Code Houston TX 77092		<b>Transaction ID:</b> SE.7956	
Purpose of Expenditure IE-Walorski-Yard Signs		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JACKIE WALORSKI (SWIHART)		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3107.24		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		7297.94	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 1	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Premium Graphicx		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address 5512 Mitchelldale		Amount 3107.24	
City State Zip Code Houston TX 77092		<b>Transaction ID:</b> SE.7959	
Purpose of Expenditure IE-Bucshon-Yard Signs		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: LARRY D BUCSHON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee Premium Graphicx		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address 5512 Mitchelldale		Amount 15985.50	
City State Zip Code Houston TX 77092		<b>Transaction ID:</b> SE.7963	
Purpose of Expenditure IE-Perry-Yard Signs		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JEFFREY DAVIS PERRY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		19092.74	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 1	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Premium Graphicx		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address 5512 Mitchelldale		Amount 8281.08	
City State Zip Code Houston TX 77092		<b>Transaction ID:</b> SE.7966	
Purpose of Expenditure IE-Miller-Yard Signs		Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JEFFERY LANE MILLER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee Premium Graphicx		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address 5512 Mitchelldale		Amount 5358.50	
City State Zip Code Houston TX 77092		<b>Transaction ID:</b> SE.7970	
Purpose of Expenditure IE-Johnson-Yard Signs		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BILL JOHNSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		13639.58	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 1	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Premium Graphicx		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address 5512 Mitchelldale		Amount 3107.24	
City State Zip Code Houston TX 77092		<b>Transaction ID:</b> SE.7974	
Purpose of Expenditure IE-McKinley-Yard Signs		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DAVID B MCKINLEY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4988.21		2010	
Full Name (Last, First, Middle, Initial) of Payee Premium Graphicx		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address 5512 Mitchelldale		Amount 4600.84	
City State Zip Code Houston TX 77092		<b>Transaction ID:</b> SE.7977	
Purpose of Expenditure IE-Maynard-Yard Signs		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ELLIOTT EDWARD MAYNARD		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4983.84		2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		7708.08	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 1	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Premium Graphicx		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address 5512 Mitchelldale		Amount 1969.03	
City State Zip Code Houston TX 77092		<b>Transaction ID:</b> SE.16442	
Purpose of Expenditure IE-Toomey-Yard Signs		Office Sought: <input checked="" type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: PATRICK JOSEPH TOOMEY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4442.75		2010	
Full Name (Last, First, Middle, Initial) of Payee Premium Graphicx		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address 5512 Mitchelldale		Amount 1969.03	
City State Zip Code Houston TX 77092		<b>Transaction ID:</b> SE.16443	
Purpose of Expenditure IE-Urquhart-Yard Signs		Office Sought: <input checked="" type="checkbox"/> House State: DE <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: GLEN URQUHART		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1969.03		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		3938.06	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 1	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Premium Graphicx		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address 5512 Mitchelldale		Amount 3523.12	
City State Zip Code Houston TX 77092		<b>Transaction ID:</b> SE.16445	
Purpose of Expenditure IE-Hayworth-Yard Signs		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 19 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: NAN HAYWORTH		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3523.12		2010	
Full Name (Last, First, Middle, Initial) of Payee Premium Graphicx		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address 5512 Mitchelldale		Amount 8337.84	
City State Zip Code Houston TX 77092		<b>Transaction ID:</b> SE.16446	
Purpose of Expenditure IE-Rossi-Yard Signs		Office Sought: <input type="checkbox"/> House State: WA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DINO ROSSI		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 16924.15		2010	
(a) SUBTOTAL of Itemized Independent Expenditures .....		11860.96	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 1	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Premium Graphicx		Date MM / DD / YYYY 10 / 18 / 2010	
Mailing Address 5512 Mitchelldale		Amount 26149.33	
City State Zip Code Houston TX 77092		<b>Transaction ID:</b> SE.16448	
Purpose of Expenditure IE-Raese-Yard Signs		Office Sought: <input checked="" type="checkbox"/> House State: WV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOHN REEVES RAESE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee Premium Graphicx		Date MM / DD / YYYY 10 / 18 / 2010	
Mailing Address 5512 Mitchelldale		Amount 1498.00	
City State Zip Code Houston TX 77092		<b>Transaction ID:</b> SE.16449	
Purpose of Expenditure IE-Fimian-Yard Signs		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: KEITH S FIMIAN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		27647.33	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date MM / DD / YYYY 05 / 18 / 2011	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FREEDOMWORKS INC POLITICAL ACTION COMMITTEE		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00353227	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Premium Graphicx		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address 5512 Mitchelldale		Amount 1498.00	
City State Zip Code Houston TX 77092		<b>Transaction ID:</b> SE.16450	
Purpose of Expenditure IE-Harris-Yard Signs		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ANDREW P HARRIS		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee Premium Graphicx		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address 5512 Mitchelldale		Amount 790.00	
City State Zip Code Houston TX 77092		<b>Transaction ID:</b> SE.16452	
Purpose of Expenditure IE-Renacci-Yard Signs		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JAMES B RENACCI		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		2288.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....		334554.19	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Robert Jordan Signature		Date M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 1	