

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

FMC CORPORATION GOOD GOVERNMENT PROGRAM

ADDRESS (number and street) 1101 Pennsylvania Avenue, NW
Suite 325
Washington DC 20004

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00033704

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day Post -Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 01 01 2007 through 06 30 2007

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

Type or Print Name of Treasurer Judith H. Smeltzer

Signature of Treasurer Electronically Filed by Judith H. Smeltzer Date 07 31 2007

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

Office Use Only							
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
FMC CORPORATION GOOD GOVERNMENT PROGRAM

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		8792.23
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	8792.23									
(c) Total Receipts (from Line 19)	30071.96	30071.96								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	38864.19	38864.19								
7. Total Disbursements (from Line 31)	29632.00	29632.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9232.19	9232.19								
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**

Write or Type Committee Name
FMC CORPORATION GOOD GOVERNMENT PROGRAM

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	15119.96	15119.96
(i) Itemized (use Schedule A)	14820.00	14820.00
(ii) Unitemized	29939.96	29939.96
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	29939.96	29939.96
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)	132.00	132.00
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))	30071.96	30071.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30071.96	30071.96

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	132.00	132.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	132.00	132.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29500.00	29500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	29632.00	29632.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	29632.00	29632.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	29939.96	29939.96
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29939.96	29939.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	132.00	132.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	132.00	132.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
FMC CORPORATION GOOD GOVERNMENT PROGRAM

Full Name (Last, First, Middle Initial) A. W. M. Brawn		Date of Receipt MM / DD / YYYY 06 / 30 / 2007
Mailing Address PO Box 1860		Transaction ID: SA11A1.6974
City Cherry Hill	State NJ	Zip Code 08034-0115
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer FMC Corporation	Occupation Product Com Manager	Monthly payroll deduction of \$50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Theodore M. Butz		Date of Receipt MM / DD / YYYY 06 / 30 / 2007
Mailing Address 337 Raleigh Road		Transaction ID: SA11A1.6975
City Kenilworth	State IL	Zip Code 60043
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer FMC Corporation	Occupation VP, Group Mgr, Spec Chem	Monthly payroll deduction of \$50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Joan Carpenter		Date of Receipt MM / DD / YYYY 06 / 30 / 2007
Mailing Address 735 Ironwood		Transaction ID: SA11A1.6970
City Green River	State WY	Zip Code 82935
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer FMC Corporation	Occupation HR Director	Monthly Payroll Deduction of \$50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FMC CORPORATION GOOD GOVERNMENT PROGRAM

A. Full Name (Last, First, Middle Initial)
 Kenneth Chlada

Mailing Address 11123 West Mendell Road

City State Zip Code
 Princeville IL 61559

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

Name of Employer FMC Corporation Occupation Plant Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.6976

Amount of Each Receipt this Period
 300.00

Monthly payroll deduction of \$50

B. Full Name (Last, First, Middle Initial)
 Christopher Davis

Mailing Address 728 East Manoa Road

City State Zip Code
 Havertown PA 19083

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

Name of Employer FMC Corporation Occupation Regulatory Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.6977

Amount of Each Receipt this Period
 300.00

Monthly payroll deduction of \$50

C. Full Name (Last, First, Middle Initial)
 Lizanne Davis

Mailing Address 12850 Highland Road

City State Zip Code
 Highland MD 20777

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

Name of Employer FMC Corporation Occupation Dir Regulatory Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.6978

Amount of Each Receipt this Period
 300.00

Monthly payroll deduction of \$50

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 22
	<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)
FMC CORPORATION GOOD GOVERNMENT PROGRAM

Full Name (Last, First, Middle Initial) A. Thomas Deas		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 19 Marple Road		Transaction ID: SA11A1.6990
City Haverford	State PA	Zip Code 19041
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer FMC Corporation	Occupation VP - Treasurer	Monthly payroll deduction of \$75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Edward Flynn		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 5 Brookwood Road		Transaction ID: SA11A1.6992
City Mt. Laurel	State NJ	Zip Code 08054-4713
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer FMC Corporation	Occupation Division Manager	Monthly payroll deduction of \$100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. W. Foster		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 505 Montgomery Lane		Transaction ID: SA11A1.6995
City St. David's	State PA	Zip Code 19087
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer FMC Corporation	Occupation Senior VP, CFO	Monthly payroll deduction of \$125
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FMC CORPORATION GOOD GOVERNMENT PROGRAM

Full Name (Last, First, Middle Initial) A. Charles Fryman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 1st Floor 660 White Ash Drive		Transaction ID: SA11A1.6979
City Langhorne State PA Zip Code 19047	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Monthly payroll deduction of \$50
Name of Employer FMC Corporation	Occupation Director, Safety, Health and Risk	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. James Furr		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 23 Musket Court		Transaction ID: SA11A1.6980
City West Chester State PA Zip Code 19382	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Monthly payroll deduction of \$50
Name of Employer FMC Corporation	Occupation Tax Manager, Federal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Kenneth Garrett		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 1038 Glendevon Drive		Transaction ID: SA11A1.6991
City Ambler State PA Zip Code 19002	Amount of Each Receipt this Period 450.00	
FEC ID number of contributing federal political committee. C		Monthly payroll deduction of \$75
Name of Employer FMC Corporation	Occupation Vice President, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional) ▶	1050.00
TOTAL This Period (last page this line number only) ▶	(Empty field)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FMC CORPORATION GOOD GOVERNMENT PROGRAM

A. Full Name (Last, First, Middle Initial)
Steve Hickerson

Mailing Address 1029 Evergreen Way

City State Zip Code
Rock Springs WY 82901-4103

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

Name of Employer FMC Corporation Occupation Team Leader, Customer Support

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.6981

Amount of Each Receipt this Period
300.00

Monthly payroll deduction of \$50

B. Full Name (Last, First, Middle Initial)
Leonard McMullen

Mailing Address PO Box 8, US Hwy 1 & Plainsboro Rd

City State Zip Code
Princeton NJ 08543

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

Name of Employer FMC Corporation Occupation R&D Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.6982

Amount of Each Receipt this Period
300.00

Monthly payroll deduction of \$50

C. Full Name (Last, First, Middle Initial)
Richard M. Pasquier

Mailing Address 609 Wayfield Road

City State Zip Code
Wynnewood PA 19096

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

Name of Employer FMC Corporation Occupation Business Counsel, Chem. Products Group

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.6989

Amount of Each Receipt this Period
360.00

Monthly payroll deduction of \$60

SUBTOTAL of Receipts This Page (optional)	▶	960.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FMC CORPORATION GOOD GOVERNMENT PROGRAM

Full Name (Last, First, Middle Initial) A. Joseph M. Pattison		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 73 Rohrbach Road		Transaction ID: SA11A1.6983
City State Zip Code Oley PA 19547	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	Monthly payroll deduction of \$50	
Name of Employer Occupation FMC Corporation Associate General Counsel	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Henry Pfeffer		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 6 Hollyhock Way		Transaction ID: SA11A1.6984
City State Zip Code Mercerville NJ 08619-1416	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	Monthly payroll deduction of \$50	
Name of Employer Occupation FMC Corporation Technology Director	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Gerald Prout		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 6206 Sally Ford Court		Transaction ID: SA11A1.6997
City State Zip Code Fairfax Station VA 22039-1347	Amount of Each Receipt this Period 1700.00	
FEC ID number of contributing federal political committee. C	Monthly payroll deduction of \$300	
Name of Employer Occupation FMC Corporation VP, Government Affairs	Aggregate Year-to-Date 1700.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FMC CORPORATION GOOD GOVERNMENT PROGRAM

A. Full Name (Last, First, Middle Initial)
Christine M. Slachta

Mailing Address 7 Annes Court

City State Zip Code
Sewell NJ 08080

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

Name of Employer FMC Corporation Occupation Facilities Services Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.6985

Amount of Each Receipt this Period
300.00

Monthly payroll deduction of \$50

B. Full Name (Last, First, Middle Initial)
Michael Smith

Mailing Address 17 Vernon Lane

City State Zip Code
Rose Valley PA 19063

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

Name of Employer FMC Corporation Occupation Division Manager, PXD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.6986

Amount of Each Receipt this Period
300.00

Monthly payroll deduction of \$50

C. Full Name (Last, First, Middle Initial)
Julie Spagnoli

Mailing Address 5420 Mohican Road

City State Zip Code
Bethesda MD 20816

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

Name of Employer Regulatory Manager Occupation FMC Corporation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.6972

Amount of Each Receipt this Period
250.00

Monthly Payroll deduction of \$50

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 22
	<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)
FMC CORPORATION GOOD GOVERNMENT PROGRAM

Full Name (Last, First, Middle Initial) A. Milton Steele		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address 2417 Delancey Place		Transaction ID: SA11A1.7067	
City Philadelphia State PA Zip Code 19103	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer FMC Corporation	Occupation VP and General Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Richard Svoboda		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 9633 Callaway Court		Transaction ID: SA11A1.6987	
City Denton State TX Zip Code 76207	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer FMC Corporation	Occupation Director, Employee Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
		Monthly payroll deduction of \$50	

Full Name (Last, First, Middle Initial) C. Andrea Utecht		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 414 Millcreek Road		Transaction ID: SA11A1.6996	
City Gladwyne State PA Zip Code 19035	Amount of Each Receipt this Period 900.00		
FEC ID number of contributing federal political committee. C			
Name of Employer FMC Corporation	Occupation Vice President, General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		
		Monthly payroll deduction of \$150	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FMC CORPORATION GOOD GOVERNMENT PROGRAM

A. Full Name (Last, First, Middle Initial)
Frederick Von Ahrens

Mailing Address 83 Radcliff Drive

City State Zip Code
Doylestown PA 18901

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

Name of Employer Occupation
FMC Corporation Division Manager, Active Oxidants

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.6993

Amount of Each Receipt this Period
600.00

Monthly payroll deduction of \$100

B. Full Name (Last, First, Middle Initial)
William Walter

Mailing Address 794 Newtown Road

City State Zip Code
Villanova PA 19085-1128

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

Name of Employer Occupation
FMC Corporation President/CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2499.96

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.6999

Amount of Each Receipt this Period
2499.96

Monthly payroll deduction of \$416.66

C. Full Name (Last, First, Middle Initial)
Richard M. White

Mailing Address 9 Brittany Boulevard

City State Zip Code
Marlton NJ 08053

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

Name of Employer Occupation
FMC Corporation Sales & Marketing Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.6969

Amount of Each Receipt this Period
210.00

Monthly deduction of \$35

SUBTOTAL of Receipts This Page (optional)	3309.96
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 22
	(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)
FMC CORPORATION GOOD GOVERNMENT PROGRAM

A. Full Name (Last, First, Middle Initial)
David Wilson

Mailing Address 1480 Tree Line Drive

City Malvern State PA Zip Code 19355

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

Name of Employer FMC Corporation Occupation VP, General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.6994

Amount of Each Receipt this Period
 600.00

Monthly payroll deduction of \$100

B. Full Name (Last, First, Middle Initial)
Graham M. Wood

Mailing Address 519 Doral Circle

City Berwyn State PA Zip Code 19312

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

Name of Employer FMC Corporation Occupation Vice President and Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.6988

Amount of Each Receipt this Period
 300.00

Monthly payroll deduction of \$50

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	15119.96

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 22

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

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NAME OF COMMITTEE (In Full)
FMC CORPORATION GOOD GOVERNMENT PROGRAM

Full Name (Last, First, Middle Initial) A. ALLYSON SCHWARTZ FOR CONGRESS		Transaction ID: SB23.7054 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address P.O. Box 2232		Amount of Each Disbursement this Period 1000.00
City Jenkintown State PA Zip Code 19046	Category/ Type	
Purpose of Disbursement		
Candidate Name ALLYSON Y SCHWARTZ		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CITIZENS FOR HARKIN		Transaction ID: SB23.7048 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address P O BOX 811		Amount of Each Disbursement this Period 1000.00
City DES MOINES State IA Zip Code 50304	Category/ Type	
Purpose of Disbursement		
Candidate Name THOMAS RICHARD HARKIN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. COLLINS FOR SENATOR		Transaction ID: SB23.7061 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address PO BOX 1096		Amount of Each Disbursement this Period 2500.00
City BANGOR State ME Zip Code 04402	Category/ Type	
Purpose of Disbursement		
Candidate Name SUSAN M COLLINS		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FMC CORPORATION GOOD GOVERNMENT PROGRAM

Full Name (Last, First, Middle Initial) A. CUBIN FOR CONGRESS INC		Transaction ID: SB23.7006 Date of Disbursement MM / DD / YYYY 03 / 07 / 2007	
Mailing Address POST OFFICE BOX 4657 P O BOX 4657		Amount of Each Disbursement this Period 1000.00	
City CASPER	State WY		Zip Code 82604
Purpose of Disbursement Contribution to Federal Candidate			Category/ Type
Candidate Name BARBARA L CUBIN			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WY District: 01			

Full Name (Last, First, Middle Initial) B. DIRIGO PAC		Transaction ID: SB23.7033 Date of Disbursement MM / DD / YYYY 01 / 02 / 2007	
Mailing Address PO Box 1355		Amount of Each Disbursement this Period 1000.00	
City Alexandria	State VA		Zip Code 22313
Purpose of Disbursement PAC to PAC			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. DUTCH RUPPERSBERGER FOR CONGRESS		Transaction ID: SB23.7002 Date of Disbursement MM / DD / YYYY 02 / 02 / 2007	
Mailing Address 22 West Padonia Road Suite C-141		Amount of Each Disbursement this Period 1000.00	
City Timonium	State MD		Zip Code 21093
Purpose of Disbursement Contribution to Federal Candidate			Category/ Type
Candidate Name DUTCH RUPPERSBERGER			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MD District: 2			

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 22

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

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NAME OF COMMITTEE (In Full)
FMC CORPORATION GOOD GOVERNMENT PROGRAM

Full Name (Last, First, Middle Initial) A. ENZI FOR US SENATE		Transaction ID: SB23.7007 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address PO BOX 2775		Amount of Each Disbursement this Period 2000.00
City CODY State WY Zip Code 82414	Purpose of Disbursement Contribution to Federal Candidate Candidate Name MICHAEL B ENZI Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. FRIENDS OF JIM CLYBURN		Transaction ID: SB23.7038 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address PO Box 12567		Amount of Each Disbursement this Period 500.00
City Columbia State SC Zip Code 29211	Purpose of Disbursement Contribution to Federal Candidate Candidate Name JAMES E CLYBURN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. FRIENDS OF JIM CLYBURN		Transaction ID: SB23.7004 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address PO Box 12567		Amount of Each Disbursement this Period 2500.00
City Columbia State SC Zip Code 29211	Purpose of Disbursement Contribution to Federal Candidate Candidate Name JAMES E CLYBURN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FMC CORPORATION GOOD GOVERNMENT PROGRAM

Full Name (Last, First, Middle Initial) A. FRIENDS OF MAX BAUCUS		Transaction ID: SB23.7057 Date of Disbursement
Mailing Address BOX 586		<input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City HELENA	State MT	Zip Code 59624
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name MAX BAUCUS		<input type="text" value="1000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MT	District: 00	

Full Name (Last, First, Middle Initial) B. LOUISE SLAUGHTER RE-ELECTION COMMITTEE		Transaction ID: SB23.7015 Date of Disbursement
Mailing Address PO BOX 366 C/O C. BRUCE LAWRENCE		<input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City FAIRPORT	State NY	Zip Code 14450
Purpose of Disbursement Contribution to Federal Candidate		Amount of Each Disbursement this Period
Candidate Name LOUISE M SLAUGHTER		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 28	

Full Name (Last, First, Middle Initial) C. MAJORITY COMMITTEE POLITICAL ACTION COMMITTEE - MC PAC		Transaction ID: SB23.7045 Date of Disbursement
Mailing Address PO BOX 10134		<input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City BAKERSFIELD	State CA	Zip Code 93389
Purpose of Disbursement PAC to PAC		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="1000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 22

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

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NAME OF COMMITTEE (In Full)
FMC CORPORATION GOOD GOVERNMENT PROGRAM

Full Name (Last, First, Middle Initial) A. MARK PRYOR FOR US SENATE		Transaction ID: SB23.7039 Date of Disbursement																					
Mailing Address PO BOX 2720		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		0	2		2	0	0	7														
City LITTLE ROCK	State AR	Zip Code 72203	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<input type="checkbox"/>	<input type="text" value="1000.00"/>																				
Candidate Name MARK LUNSFORD PRYOR		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: AR	District: 00																						

Full Name (Last, First, Middle Initial) B. MARK PRYOR FOR US SENATE		Transaction ID: SB23.7012 Date of Disbursement																					
Mailing Address PO BOX 2720		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		3	1		2	0	0	7														
City LITTLE ROCK	State AR	Zip Code 72203	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution to Federal Candidate		<input type="checkbox"/>	<input type="text" value="2000.00"/>																				
Candidate Name MARK LUNSFORD PRYOR		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: AR	District: 00																						

Full Name (Last, First, Middle Initial) C. NELSON 2012		Transaction ID: SB23.7023 Date of Disbursement																					
Mailing Address PO BOX 8666		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	2		2	0	0	7														
City OMAHA	State NE	Zip Code 68108	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution to Federal Candidate		<input type="checkbox"/>	<input type="text" value="1000.00"/>																				
Candidate Name E BENJAMIN NELSON		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NE	District: 00																						

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FMC CORPORATION GOOD GOVERNMENT PROGRAM

Full Name (Last, First, Middle Initial) A. NEXT CENTURY FUND		Transaction ID: SB23.7028 Date of Disbursement
Mailing Address 116 S ROYAL STREET		<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement Contribution to Federal PAC	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="text" value="1500.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. PAT ROBERTS FOR SENATE		Transaction ID: SB23.7026 Date of Disbursement
Mailing Address BOX 15		<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
City DODGE CITY	State KS	Zip Code 67801
Purpose of Disbursement Contribution to Federal Candidate	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name PAT ROBERTS	Category/ Type	<input type="text" value="1000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KS District: 00		

Full Name (Last, First, Middle Initial) C. SIMPSON FOR CONGRESS		Transaction ID: SB23.7060 Date of Disbursement
Mailing Address P.O. BOX 1541		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
City BLACKFOOT	State ID	Zip Code 83701
Purpose of Disbursement	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name MICHAEL KEITH SIMPSON	Category/ Type	<input type="text" value="2500.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ID District: 02		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FMC CORPORATION GOOD GOVERNMENT PROGRAM

Full Name (Last, First, Middle Initial) A. SNOWE FOR SENATE		Transaction ID: SB23.7036 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address PO BOX 2006		Amount of Each Disbursement this Period 1000.00
City PORTLAND State ME Zip Code 04104	Category/ Type	
Purpose of Disbursement		
Candidate Name OLYMPIA J SNOWE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. TOM PAC		Transaction ID: SB23.7051 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address PO BOX 752		Amount of Each Disbursement this Period 1000.00
City DES MOINES State IA Zip Code 50303	Category/ Type	
Purpose of Disbursement PAC to PAC		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. WESTERN ACTION PAC		Transaction ID: SB23.7040 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 7
Mailing Address PO BOX 982		Amount of Each Disbursement this Period 3000.00
City CASPER State WY Zip Code 82602	Category/ Type	
Purpose of Disbursement PAC to PAC		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	29500.00