

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 134 / 227

(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

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

NAME OF COMMITTEE (In Full)  
Freedom First PAC

**A.**

Full Name (Last, First, Middle Initial)  
JEANNINE M. RIVET

Mailing Address 4305 TRILLIUM WAY

City State Zip Code  
MINNETRISTA MN 55364

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
UNITED HEALTH GROUP EXECUTIVE VICE-PRESIDENT

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 / 0 9 / 2 0 0 9

**Transaction ID:** SA11.601

Amount of Each Receipt this Period 10000.00

CONTRIBUTION

SEE REATTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. WARREN G. HERRIED, II

Mailing Address 4305 TRILLIUM WAY

City State Zip Code  
MINNETRISTA MN 55364-7708

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
KAHR & ASSOCIATES CONSULTANT

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 / 0 9 / 2 0 0 9

**Transaction ID:** SA11.627

Amount of Each Receipt this Period 5000.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**C.**

Full Name (Last, First, Middle Initial)  
JEANNINE M. RIVET

Mailing Address 4305 TRILLIUM WAY

City State Zip Code  
MINNETRISTA MN 55364

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
UNITED HEALTH GROUP EXECUTIVE VICE-PRESIDENT

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 / 0 9 / 2 0 0 9

**Transaction ID:** SA11.601B

Amount of Each Receipt this Period -5000.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

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

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