

**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

Freshmen PAC

ADDRESS (number and street) PO Box 1635

Check if different than previously reported. (ACC)

Alexandria VA 22313

2. **FEC IDENTIFICATION NUMBER** C00383901

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 checked="" 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 09 01 2006 through 09 30 2006

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 Steven Ross

Signature of Treasurer Electronically Filed by Steven Ross Date 10 20 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Freshmen PAC

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">44838.00</td></tr></table>	44838.00
Y	Y	Y	Y									
2	0	0	6									
44838.00												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">91029.04</td></tr></table>	91029.04										
91029.04												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">36662.78</td></tr></table>	36662.78	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">381531.94</td></tr></table>	381531.94								
36662.78												
381531.94												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">127691.82</td></tr></table>	127691.82	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">426369.94</td></tr></table>	426369.94								
127691.82												
426369.94												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">62118.66</td></tr></table>	62118.66	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">360796.78</td></tr></table>	360796.78								
62118.66												
360796.78												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">65573.16</td></tr></table>	65573.16	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">65573.16</td></tr></table>	65573.16								
65573.16												
65573.16												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">46991.78</td></tr></table>	46991.78										
46991.78												

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
Freshmen PAC

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	6435.00	64585.00
(i) Itemized (use Schedule A)	28202.00	295610.64
(ii) Unitemized	34637.00	360195.64
(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)	34637.00	360195.64
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	5690.75
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	2025.78	15645.55
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))	36662.78	381531.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	36662.78	381531.94

DETAILED SUMMARY PAGE

of Disbursements

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.....	16118.66	283296.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	16118.66	283296.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46000.00	77500.00
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))..	62118.66	360796.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	62118.66	360796.78

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)	34637.00	360195.64
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34637.00	360195.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	16118.66	283296.78
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	5690.75
38. Net Operating Expenditures (subtract Line 37 from Line 36)	16118.66	277606.03

**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 / 34
	<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)
Freshmen PAC

Full Name (Last, First, Middle Initial) A. Daniel Bentley		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006
Mailing Address 6925 Aragon Cir Ste 30		Transaction ID: 61017.C201746
City Buena Park	State CA	Zip Code 90620-1177
Amount of Each Receipt this Period 300.00		Receipt
FEC ID number of contributing federal political committee. C		
Name of Employer Db Engineering Inc	Occupation Vp Sales	
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. Darrell Boyd		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 6816 Cheyenne Cir		Transaction ID: 61017.C201751
City Minneapolis	State MN	Zip Code 55439-1110
Amount of Each Receipt this Period 200.00		Receipt
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Darrell Boyd		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006
Mailing Address 6816 Cheyenne Cir		Transaction ID: 61017.C201750
City Minneapolis	State MN	Zip Code 55439-1110
Amount of Each Receipt this Period 200.00		Receipt
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 34
	<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)
Freshmen PAC

A. Full Name (Last, First, Middle Initial)
Louise Brown

Mailing Address 465 Broyles Ln

City Bristol State TN Zip Code 37620-0715

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 Y
 09 / 12 / 2006

Transaction ID: 61017.C201776

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Richard J. Dennis Sr.

Mailing Address 6 Beacon St

City Boston State MA Zip Code 02108-3808

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 ▼
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 19 / 2006

Transaction ID: 61017.C201754

Amount of Each Receipt this Period
200.00

Receipt

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

Mailing Address 4911 Waters Edge Dr

City Valparaiso State IN Zip Code 46383-6676

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 Y
 09 / 19 / 2006

Transaction ID: 61017.C201786

Amount of Each Receipt this Period
100.00

Receipt

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 34
	<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)
Freshmen PAC

A. Full Name (Last, First, Middle Initial)
Thomas Ewing

Mailing Address PO Box 2241

City State Zip Code
Estes Park CO 80517-2241

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 06 / 2006

Transaction ID: 61017.C201755

Amount of Each Receipt this Period
200.00

Receipt

B. Full Name (Last, First, Middle Initial)
Marjorie P. Fergusson

Mailing Address 1 The Court Of Hidden Bay

City State Zip Code
Northbrook IL 60062-3208

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

Name of Employer Occupation
Retired 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
09 / 19 / 2006

Transaction ID: 61017.C202669

Amount of Each Receipt this Period
100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Edward Guay

Mailing Address 10 Birch Rd

City State Zip Code
Bloomfield CT 06002-2104

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

Name of Employer Occupation
Self Employed Economic Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2006

Transaction ID: 61017.C201792

Amount of Each Receipt this Period
100.00

Receipt

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Freshmen PAC

A. Full Name (Last, First, Middle Initial)
Robert Hardy

Mailing Address 1590 Kellogg Bay Rd

City State Zip Code
Veraennes VT 05491-9070

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
MM / DD / YYYY
09 / 14 / 2006

Transaction ID: 61017.C201793

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Robert Hardy

Mailing Address 1590 Kellogg Bay Rd

City State Zip Code
Veraennes VT 05491-9070

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
MM / DD / YYYY
09 / 28 / 2006

Transaction ID: 61017.C201794

Amount of Each Receipt this Period
100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Leo Havilan

Mailing Address 6 Lake Helix Dr

City State Zip Code
La Mesa CA 91941-4434

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 ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2006

Transaction ID: 61017.C201747

Amount of Each Receipt this Period
300.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Freshmen PAC

A. Full Name (Last, First, Middle Initial)
Gary D. Hoover

Mailing Address 18924 E Via Hermosa

City State Zip Code
Rio Verde AZ 85263-8105

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 06 / 2006

Transaction ID: 61017.C201798

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Cliff Jones

Mailing Address 8101 Mission Rd
Apt 36

City State Zip Code
Prairie Village KS 66208-5238

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 06 / 2006

Transaction ID: 61017.C201802

Amount of Each Receipt this Period
100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Cliff Jones

Mailing Address 8101 Mission Rd
Apt 36

City State Zip Code
Prairie Village KS 66208-5238

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2006

Transaction ID: 61017.C201803

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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 / 34
	<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)
Freshmen PAC

A. Full Name (Last, First, Middle Initial)
Todd S. Lewis

Mailing Address 114 N Lafayette Ave

City State Zip Code
Marshall MO 65340-1748

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

Name of Employer Title Insurer Occupation Saline County Title Co

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 07 / 2006

Transaction ID: 61017.C201814

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Benjamin Lokey

Mailing Address 103 Nevada Oval

City State Zip Code
Plattsburgh NY 12903-3977

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 Y
09 / 07 / 2006

Transaction ID: 61017.C201850

Amount of Each Receipt this Period
75.00

Receipt

C. Full Name (Last, First, Middle Initial)
Linda A. Nall

Mailing Address 8609 Grover Pl

City State Zip Code
Shreveport LA 71115-2709

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

Name of Employer Lsu Med School Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2006

Transaction ID: 61017.C201748

Amount of Each Receipt this Period
250.00

Receipt

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 34
	<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)
Freshmen PAC

A. Full Name (Last, First, Middle Initial)
Robert Oster

Mailing Address N9399 E Shore Rd

City State Zip Code
Mukwonago WI 53149-1912

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

Name of Employer Occupation
Detro Corp Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2006

Transaction ID: 61017.C201749

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Michele Pautsch

Mailing Address W72N1007 Harrison Ave

City State Zip Code
Cedarburg WI 53012-3219

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
180.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2006

Transaction ID: 61017.C202038

Amount of Each Receipt this Period
30.00

Receipt

C. Full Name (Last, First, Middle Initial)
Michele Pautsch

Mailing Address W72N1007 Harrison Ave

City State Zip Code
Cedarburg WI 53012-3219

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2006

Transaction ID: 61017.C202039

Amount of Each Receipt this Period
30.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **310.00**

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 / 34
	<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)
Freshmen PAC

A. Full Name (Last, First, Middle Initial)
Beverly J. Razook

Mailing Address 5150 E Copa De Oro Dr

City State Zip Code
Anaheim CA 92807-3639

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

Name of Employer Occupation
Retired Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2006

Transaction ID: 61017.C201741

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Roch Richardson

Mailing Address 7431 Windridge Way

City State Zip Code
Brownsburg IN 46112-8800

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

Name of Employer Occupation
General Piping Inc Mechanical Contractor

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2006

Transaction ID: 61017.C201826

Amount of Each Receipt this Period
100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Thomas Schulstad

Mailing Address 200 Beach Pl

City State Zip Code
Edmonds WA 98020-4195

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

Name of Employer Occupation
Healthfirst Corporation President/CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2006

Transaction ID: 61017.C201828

Amount of Each Receipt this Period
100.00

Receipt

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 34
	<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)
Freshmen PAC

A. Full Name (Last, First, Middle Initial)
Eric Schumann

Mailing Address PO Box 396

City State Zip Code
Racine WI 53401

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

Name of Employer Merit Gear Corp. Occupation Laborer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
09 / 19 / 2006

Transaction ID: 61017.C201829

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Eric Schumann

Mailing Address PO Box 396

City State Zip Code
Racine WI 53401

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

Name of Employer Merit Gear Corp. Occupation Laborer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
09 / 28 / 2006

Transaction ID: 61017.C202800

Amount of Each Receipt this Period
200.00

Receipt

C. Full Name (Last, First, Middle Initial)
Robert B. Stafford

Mailing Address 260 E Chestnut St Apt 1812

City State Zip Code
Chicago IL 60611-2456

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

Name of Employer Self Employed Occupation Trader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
09 / 06 / 2006

Transaction ID: 61017.C201742

Amount of Each Receipt this Period
500.00

Receipt

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 34
	<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)
Freshmen PAC

A. Full Name (Last, First, Middle Initial) Myra B. Ward		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 900 Brookside Dr		Transaction ID: 61017.C201745
City State Zip Code Enid OK 73703-6941	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Self Employed Occupation Oil And Gas Investments	Aggregate Year-to-Date ▼ 700.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) John Ware		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address PO Box 341		Transaction ID: 61017.C202783
City State Zip Code Oxford PA 19363-0341	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Retired Occupation Retired	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) John Ware		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006
Mailing Address PO Box 341		Transaction ID: 61017.C201743
City State Zip Code Oxford PA 19363-0341	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Retired Occupation Retired	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1400.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Freshmen PAC

Full Name (Last, First, Middle Initial) A. J. R. Weaver		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 7343 Middle Warren Rd		Transaction ID: 61017.C202898
City State Zip Code Pine Bluff AR 71603-7814	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

Full Name (Last, First, Middle Initial) B. J. R. Weaver		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 7343 Middle Warren Rd		Transaction ID: 61017.C202899
City State Zip Code Pine Bluff AR 71603-7814	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Retired	Occupation Retired	
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. Wilho E. Williams		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 2331 E 34th Ave		Transaction ID: 61017.C201841
City State Zip Code Spokane WA 99223-4614	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Self Employed	Occupation Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 34
	(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)
Freshmen PAC

A. Full Name (Last, First, Middle Initial)
Wilho E. Williams

Mailing Address 2331 E 34th Ave

City State Zip Code
Spokane WA 99223-4614

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
0	9	/	2	6	/	2	0	0	6

Transaction ID: 61017.C201840

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	6435.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 34
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Freshmen PAC

A. Full Name (Last, First, Middle Initial)
TMA List Brokerage & Management Inc.

Mailing Address 12021 Sunset Hills Rd Ste 350

City	State	Zip Code
Reston	VA	20190-5838

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15607.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	6	/	2	0	0	6

Transaction ID: 60918.C200639

Amount of Each Receipt this Period
2020.96

Other Receipt

NOTE: List Rental @ Mkt Value

SUBTOTAL of Receipts This Page (optional)	▶	2020.96
TOTAL This Period (last page this line number only)	▶	2020.96

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 19 / 34

<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)
Freshmen PAC

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 61017.E569 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address PO 53852		Amount of Each Disbursement this Period 4.50
City Phoenix State AZ Zip Code 85072-	CREDIT CARD PROCESSING	
Purpose of Disbursement CREDIT CARD PROCESSING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 61017.E570 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address PO 53852		Amount of Each Disbursement this Period 144.60
City Phoenix State AZ Zip Code 85072-	CREDIT CARD PROCESSING	
Purpose of Disbursement CREDIT CARD PROCESSING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Discover Business Center		Transaction ID: 61017.E585 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address PO Box 3016		Amount of Each Disbursement this Period 75.24
City New Albany State OH Zip Code 43054-3016	CREDIT CARD PROCESSING	
Purpose of Disbursement CREDIT CARD PROCESSING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	224.34
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 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)
Freshmen PAC

Full Name (Last, First, Middle Initial) A. FYI Messaging LLC		Transaction ID: 61017.E566 Date of Disbursement MM / DD / YYYY 09 / 05 / 2006
Mailing Address 2401 W Behrend Dr Ste 7		Amount of Each Disbursement this Period 963.81
City Phoenix State AZ Zip Code 85027-4143	PAC CONTRIBUTION PROCESSING Category/Type	
Purpose of Disbursement PAC CONTRIBUTION PROCESSING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAC CONTRIBUTION PROCESSING

Full Name (Last, First, Middle Initial) B. FYI Messaging LLC		Transaction ID: 61017.E567 Date of Disbursement MM / DD / YYYY 09 / 05 / 2006
Mailing Address 2401 W Behrend Dr Ste 7		Amount of Each Disbursement this Period 1069.13
City Phoenix State AZ Zip Code 85027-4143	PAC CONTRIBUTION PROCESSING Category/Type	
Purpose of Disbursement PAC CONTRIBUTION PROCESSING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAC CONTRIBUTION PROCESSING

Full Name (Last, First, Middle Initial) C. NOVA Information Systems		Transaction ID: 61017.E568 Date of Disbursement MM / DD / YYYY 09 / 05 / 2006
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 788.60
City Knoxville State TN Zip Code 37920-6612	CREDIT CARD PROCESSING Category/Type	
Purpose of Disbursement CREDIT CARD PROCESSING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD PROCESSING

SUBTOTAL of Disbursements This Page (optional) ▶	2821.54
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 34

<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)
Freshmen PAC

Full Name (Last, First, Middle Initial) A. PNC Bank		Transaction ID: 61017.E584																					
Mailing Address 1201 Wisconsin Ave, NW		Date of Disbursement																					
City Washington State DC Zip Code 20007-3222		<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>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	1		2	0	0	6														
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">10.78</td> </tr> </table>		10.78																			
10.78																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

BANK FEE

Full Name (Last, First, Middle Initial) B. Strategic Fundraising		Transaction ID: 61017.E562																					
Mailing Address 7591 9th St N		Date of Disbursement																					
City Saint Paul State MN Zip Code 55128-6626		<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>9</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	5		2	0	0	6														
Purpose of Disbursement PAC FUNDRAISING/TELEMARKETING		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">13062.00</td> </tr> </table>		13062.00																			
13062.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

PAC FUNDRAISING/TELEMARKETING

SUBTOTAL of Disbursements This Page (optional)

13072.78

TOTAL This Period (last page this line number only)

16118.66

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)
Freshmen PAC

Full Name (Last, First, Middle Initial) A. Cathy McMorris For Congress		Transaction ID: 61017.E533 Date of Disbursement 09 / 20 / 2006
Mailing Address PO Box 137		Amount of Each Disbursement this Period 1000.00 CONTRIBUTION
City Spokane State WA Zip Code 99210-	Purpose of Disbursement CONTRIBUTION Candidate Name CATHY ANN MCMORRIS Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Charles Boustany Jr. For Congress		Transaction ID: 61017.E534 Date of Disbursement 09 / 20 / 2006
Mailing Address PO Box 80126		Amount of Each Disbursement this Period 1000.00 CONTRIBUTION
City Lafayette State LA Zip Code 70598-	Purpose of Disbursement CONTRIBUTION Candidate Name CHARLES W. JR BOUSTANY Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Charlie Dent For Congress		Transaction ID: 61017.E535 Date of Disbursement 09 / 20 / 2006
Mailing Address PO Box 442		Amount of Each Disbursement this Period 1000.00 CONTRIBUTION
City Allentown State PA Zip Code 18105-	Purpose of Disbursement CONTRIBUTION Candidate Name CHARLES W DENT Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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 23 / 34

<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)
Freshmen PAC

Full Name (Last, First, Middle Initial) A. Conaway For Congress		Transaction ID: 61017.E537 Date of Disbursement 09 / 20 / 2006
Mailing Address PO Box 51272		Amount of Each Disbursement this Period 1000.00 CONTRIBUTION
City Midland State TX Zip Code 79710-	Purpose of Disbursement CONTRIBUTION	
Candidate Name K MICHAEL CONAWAY	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Fitzpatrick for Congress		Transaction ID: 61017.E538 Date of Disbursement 09 / 20 / 2006
Mailing Address 115 N Broad St		Amount of Each Disbursement this Period 5000.00 CONTRIBUTION
City Doylestown State PA Zip Code 18901-3748	Purpose of Disbursement CONTRIBUTION	
Candidate Name MICHAEL G FITZPATRICK	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends Of Connie Mack		Transaction ID: 61017.E539 Date of Disbursement 09 / 20 / 2006
Mailing Address PO Box 60004, PMB 388		Amount of Each Disbursement this Period 1000.00 CONTRIBUTION
City Ft. Myers State FL Zip Code 33906-	Purpose of Disbursement CONTRIBUTION	
Candidate Name CONNIE MACK	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 14	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
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

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)
Freshmen PAC

Full Name (Last, First, Middle Initial) A. Friends Of Dave Reichert		Transaction ID: 61017.E540 Date of Disbursement 09 / 20 / 2006
Mailing Address PO Box 53322		Amount of Each Disbursement this Period 5000.00 CONTRIBUTION
City Bellevue State WA Zip Code 98015-	Purpose of Disbursement CONTRIBUTION Candidate Name DAVE REICHERT Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends Of Mike Sodrel		Transaction ID: 61017.E541 Date of Disbursement 09 / 20 / 2006
Mailing Address 702 N Shore Dr		Amount of Each Disbursement this Period 5000.00 CONTRIBUTION
City Jeffersonville State IN Zip Code 47130-3104	Purpose of Disbursement CONTRIBUTION Candidate Name MICHAEL E. SODREL Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 9	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Geoff Davis For Congress		Transaction ID: 61017.E542 Date of Disbursement 09 / 20 / 2006
Mailing Address 3161 Dixie Hwy Ste F		Amount of Each Disbursement this Period 5000.00 CONTRIBUTION
City Erlanger State KY Zip Code 41018-1841	Purpose of Disbursement CONTRIBUTION Candidate Name GEOFFREY C DAVIS Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 34

<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)
Freshmen PAC

Full Name (Last, First, Middle Initial) A. Inglis For Congress Committee Inc.		Transaction ID: 61017.E543 Date of Disbursement 09 / 20 / 2006
Mailing Address PO Box 361		Amount of Each Disbursement this Period 1000.00 CONTRIBUTION
City Greenville	State SC	
Zip Code 29602-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name BOB INGLIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC District: 04		

Full Name (Last, First, Middle Initial) B. Jeff Fortenberry For US Congress		Transaction ID: 61017.E544 Date of Disbursement 09 / 20 / 2006
Mailing Address 1610 N Street		Amount of Each Disbursement this Period 2500.00 CONTRIBUTION
City Lincoln	State NE	
Zip Code 68508-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name JEFF FORTENBERRY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE District: 1		

Full Name (Last, First, Middle Initial) C. Kenny Marchant For Congress		Transaction ID: 61017.E545 Date of Disbursement 09 / 20 / 2006
Mailing Address PO Box 110187		Amount of Each Disbursement this Period 1000.00 CONTRIBUTION
City Carrollton	State TX	
Zip Code 75011-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name KENNY EWELL MARCHANT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 24		

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)
Freshmen PAC

Full Name (Last, First, Middle Initial) A. Kuhl For Congress		Transaction ID: 61017.E558 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 10 Ganesvoort St		Amount of Each Disbursement this Period 2500.00
City Bath State NY Zip Code 14810-	Purpose of Disbursement CONTRIBUTION	
Candidate Name JOHN R JR KUHL		CONTRIBUTION
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kuhl For Congress		Transaction ID: 61017.E546 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 10 Ganesvoort St		Amount of Each Disbursement this Period 2500.00
City Bath State NY Zip Code 14810-	Purpose of Disbursement CONTRIBUTION	
Candidate Name JOHN R JR KUHL		CONTRIBUTION
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Louie Gohmert For Congress Committee		Transaction ID: 61017.E547 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address PO Box 8060		Amount of Each Disbursement this Period 1000.00
City Tyler State TX Zip Code 75711-8060	Purpose of Disbursement CONTRIBUTION	
Candidate Name LOUIE GOHMERT		CONTRIBUTION
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 34

<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)
Freshmen PAC

A. Louie Gohmert For Congress Committee Full Name (Last, First, Middle Initial) Louie Gohmert For Congress Committee Mailing Address PO Box 8060 City Tyler State TX Zip Code 75711-8060 Purpose of Disbursement VOID: LOST CHECK Candidate Name LOUIE GOHMERT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60918.E530 Date of Disbursement 09 / 14 / 2006 Amount of Each Disbursement this Period -2500.00 VOID: LOST CHECK
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B. Lungren For Congress Full Name (Last, First, Middle Initial) Lungren For Congress Mailing Address 8958 Ivanpah Ct City Elk Grove State CA Zip Code 95624- Purpose of Disbursement CONTRIBUTION Candidate Name DANIEL E LUNGREN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61017.E548 Date of Disbursement 09 / 20 / 2006 Amount of Each Disbursement this Period 1000.00 CONTRIBUTION
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C. McHenry For Congress Full Name (Last, First, Middle Initial) McHenry For Congress Mailing Address PO Box 1406 City Hickory State NC Zip Code 28601- Purpose of Disbursement CONTRIBUTION Candidate Name PATRICK TIMOTHY MCHENRY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61017.E551 Date of Disbursement 09 / 20 / 2006 Amount of Each Disbursement this Period 1000.00 CONTRIBUTION
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SUBTOTAL of Disbursements This Page (optional) ▶	-500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 34

<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)
Freshmen PAC

Full Name (Last, First, Middle Initial) A. Mccaul For Congress Inc		Transaction ID: 61017.E550 Date of Disbursement 09 / 20 / 2006
Mailing Address 5127 Nebraska Avenue NW		Amount of Each Disbursement this Period 1000.00 CONTRIBUTION
City Washington State DC Zip Code 20008-	Purpose of Disbursement CONTRIBUTION	
Candidate Name MICHAEL MCCAUL	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Poe For Congress		Transaction ID: 61017.E552 Date of Disbursement 09 / 20 / 2006
Mailing Address PO Box 14222		Amount of Each Disbursement this Period 1000.00 CONTRIBUTION
City Humble State TX Zip Code 77347-	Purpose of Disbursement CONTRIBUTION	
Candidate Name TED POE	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Price For Congress		Transaction ID: 61017.E553 Date of Disbursement 09 / 20 / 2006
Mailing Address PO Box 425		Amount of Each Disbursement this Period 1000.00 CONTRIBUTION
City Roswell State GA Zip Code 30077-	Purpose of Disbursement CONTRIBUTION	
Candidate Name THOMAS EDMUNDS MD PRICE	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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 29 / 34

<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)
Freshmen PAC

Full Name (Last, First, Middle Initial) A. Schmidt for Congress		Transaction ID: 61017.E556 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 771 Wards Corner Rd		Amount of Each Disbursement this Period 1000.00
City Loveland State OH Zip Code 45140-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name JEANNETTE H SCHMIDT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION

Full Name (Last, First, Middle Initial) B. Thelma Drake For Congress		Transaction ID: 61017.E554 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 61480		Amount of Each Disbursement this Period 5000.00
City Virginia Beach State VA Zip Code 23466-1480	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name THELMA D DRAKE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION

Full Name (Last, First, Middle Initial) C. Virginia Foxx For Congress		Transaction ID: 61017.E555 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 1750		Amount of Each Disbursement this Period 1000.00
City Blowing Rock State NC Zip Code 28605-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name VIRGINIA FOXX		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
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 30 / 34

<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)
Freshmen PAC

Full Name (Last, First, Middle Initial) A. Westmoreland For Congress		Transaction ID: 61017.E549 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address PO Box 458		Amount of Each Disbursement this Period 1000.00	
City Sharpsburg	State GA	Zip Code 30277-	CONTRIBUTION
Purpose of Disbursement CONTRIBUTION		Category/ Type	
Candidate Name LYNN A WESTMORELAND		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: GA District: 03		

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	46000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Freshmen PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Koch & Hoos LLC	Nature of Debt (Purpose): PAC Accounting Consulting
Mailing Address PO Box 1154	
City State ZIP Code Alexandria VA 22313-1154	

Outstanding Balance Beginning This Period 0.00	Transaction ID: LS61018.E589	
Amount Incurred This Period 1766.16	Payment This Period 0.00	Outstanding Balance at Close of This Period 1766.16

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capitol Hill Club	Nature of Debt (Purpose): PAC Event Expense/Catering
Mailing Address 300 1st St SE	
City State ZIP Code Washington DC 20003-1801	

Outstanding Balance Beginning This Period 0.00	Transaction ID: LS61018.E587	
Amount Incurred This Period 686.40	Payment This Period 0.00	Outstanding Balance at Close of This Period 686.40

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Response Consulting	Nature of Debt (Purpose): PAC Direct Mail
Mailing Address 2401 W Behrend Dr Ste 7	
City State ZIP Code Phoenix AZ 85027-4143	

Outstanding Balance Beginning This Period 16616.05	Transaction ID: LS50519.E236	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 16616.05

1) SUBTOTALS This Period This Page (optional).....	▶	19068.61
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Freshmen PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FYI Messaging LLC			Nature of Debt (Purpose): PAC Contribution Processing
Mailing Address 2401 W Behrend Dr Ste 7			
City State Phoenix AZ	ZIP Code 85027-4143		

Outstanding Balance Beginning This Period <input type="text" value="963.81"/>		Transaction ID: LS61017.E566	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="963.81"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FYI Messaging LLC			Nature of Debt (Purpose): PAC Contribution Processing
Mailing Address 2401 W Behrend Dr Ste 7			
City State Phoenix AZ	ZIP Code 85027-4143		

Outstanding Balance Beginning This Period <input type="text" value="2244.60"/>		Transaction ID: LS61017.E567	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1069.13"/>	Outstanding Balance at Close of This Period <input type="text" value="1175.47"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor FYI Messaging LLC			Nature of Debt (Purpose): PAC Contribution Processing
Mailing Address 2401 W Behrend Dr Ste 7			
City State Phoenix AZ	ZIP Code 85027-4143		

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: LS61017.E586	
Amount Incurred This Period <input type="text" value="2699.70"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2699.70"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="3875.17"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 33 / 34
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Freshmen PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Fundraising	Nature of Debt (Purpose): PAC Fundraising/Telemarketing
Mailing Address 7591 9th St N	
City State ZIP Code Saint Paul MN 55128-6626	

Outstanding Balance Beginning This Period <input type="text" value="33990.00"/>	Transaction ID: LS61017.E562	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="13062.00"/>	Outstanding Balance at Close of This Period <input type="text" value="20928.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Fundraising	Nature of Debt (Purpose): PAC Fundraising/Telemarketing
Mailing Address 7591 9th St N	
City State ZIP Code Saint Paul MN 55128-6626	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: LS61017.E564	
Amount Incurred This Period <input type="text" value="3120.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3120.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="24048.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="46991.78"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

Image# 26960559545

Form/Schedule: **F3XN** Koch & Hoos LLC services are inclusive of personnel and office overhead to include supplies, telephone service,
Transaction ID: **C00383901** utilities, and office equipment.
