

**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 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 Steven Ross

Signature of Treasurer Electronically Filed by Steven Ross 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Freshmen PAC

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	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="center">38170.19</td></tr></table>	38170.19
Y	Y	Y	Y									
2	0	0	7									
38170.19												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="center">38170.19</td></tr></table>	38170.19										
38170.19												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="center">157244.16</td></tr></table>	157244.16	<table border="1" style="width: 100%;"><tr><td align="center">157244.16</td></tr></table>	157244.16								
157244.16												
157244.16												
(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%;"><tr><td align="center">195414.35</td></tr></table>	195414.35	<table border="1" style="width: 100%;"><tr><td align="center">195414.35</td></tr></table>	195414.35								
195414.35												
195414.35												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="center">145420.94</td></tr></table>	145420.94	<table border="1" style="width: 100%;"><tr><td align="center">145420.94</td></tr></table>	145420.94								
145420.94												
145420.94												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="center">49993.41</td></tr></table>	49993.41	<table border="1" style="width: 100%;"><tr><td align="center">49993.41</td></tr></table>	49993.41								
49993.41												
49993.41												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="center">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%;"><tr><td align="center">55923.38</td></tr></table>	55923.38										
55923.38												

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	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	33531.00	33531.00
(i) Itemized (use Schedule A)	117701.89	117701.89
(ii) Unitemized	151232.89	151232.89
(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) ▶	151232.89	151232.89
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	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	6011.27	6011.27
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))	157244.16	157244.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	157244.16	157244.16

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.....	130420.94	130420.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	130420.94	130420.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	15000.00
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))..	145420.94	145420.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	145420.94	145420.94

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)	151232.89	151232.89
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	151232.89	151232.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	130420.94	130420.94
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	130420.94	130420.94

**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 / 67
	<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. Josephine Abercrombie		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 7
Mailing Address PO Box 68		Transaction ID: 70319.C204827
City Versailles	State KY	Zip Code 40383
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Pin Oak Stud LLC	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Ky Azlein		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address 14830 Baker Creek Rd		Transaction ID: 70319.C204847
City McMinnville	State OR	Zip Code 97128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
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. Elliot Baines		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 7
Mailing Address 360 Indian Harbor Rd		Transaction ID: 70319.C204826
City Vero Beach	State FL	Zip Code 32963
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
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 ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3800.00
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: (check only one)	PAGE 7 / 67
	<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)
Elliot Baines

Mailing Address 360 Indian Harbor Rd

City State Zip Code
Vero Beach FL 32963

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 ▼ 4000.00

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

Transaction ID: 70319.C204825

Amount of Each Receipt this Period
2000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Elliot Baines

Mailing Address 360 Indian Harbor Rd

City State Zip Code
Vero Beach FL 32963

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 ▼ 4500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 7

Transaction ID: 70717.C208343

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 18 Chimney Holloww

City State Zip Code
Odessa TX 79762

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 7

Transaction ID: 70319.C204845

Amount of Each Receipt this Period
300.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	2800.00
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 / 67
	<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)
Adolyn C. Bartels

Mailing Address PO Box 246

City Inman State KS Zip Code 67546

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 ▼ 200.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2007

Transaction ID: 70319.C204855

Amount of Each Receipt this Period
200.00

Receipt

B. Full Name (Last, First, Middle Initial)
Adolyn C. Bartels

Mailing Address PO Box 246

City Inman State KS Zip Code 67546

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
06 / 11 / 2007

Transaction ID: 70717.C208442

Amount of Each Receipt this Period
50.00

Receipt

C. Full Name (Last, First, Middle Initial)
James E. Belshan

Mailing Address 23137 Cabin Point Rd

City Disputanta State VA Zip Code 23842

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

Name of Employer Self-Employed Occupation Soil Scientist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2007

Transaction ID: 70319.C204852

Amount of Each Receipt this Period
300.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	550.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 67
	<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

Full Name (Last, First, Middle Initial) A. James Bitner		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 6 / 2 0 0 7	
Mailing Address PO Box 610		Transaction ID: 70319.C204832	
City State Zip Code Rockport ME 04856		Amount of Each Receipt this Period 600.00	
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 ▼ 600.00		

Full Name (Last, First, Middle Initial) B. James Bitner		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 7	
Mailing Address PO Box 610		Transaction ID: 70319.C204833	
City State Zip Code Rockport ME 04856		Amount of Each Receipt this Period 600.00	
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 ▼ 1200.00		

Full Name (Last, First, Middle Initial) C. James Bitner		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address PO Box 610		Transaction ID: 70717.C208349	
City State Zip Code Rockport ME 04856		Amount of Each Receipt this Period 300.00	
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 ▼ 1500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 67
	<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)
Richard N. Bollinger

Mailing Address 320 Catherine St

City State Zip Code
Lockport LA 70374

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

Name of Employer Occupation
Bollinger Shipyard Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 21 / 2007

Transaction ID: 70612.C206704

Amount of Each Receipt this Period
300.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jack L. Brown

Mailing Address 21300 Almar Dr

City State Zip Code
Shaker Heights OH 44122

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 ▼
700.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2007

Transaction ID: 70319.C204829

Amount of Each Receipt this Period
700.00

Receipt

C. Full Name (Last, First, Middle Initial)
James P. Buchwald

Mailing Address 17156 Glen Rd

City State Zip Code
Mount Vernon OH 43050-9020

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 ▼
600.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2007

Transaction ID: 70612.C206696

Amount of Each Receipt this Period
600.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 67
	<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

Full Name (Last, First, Middle Initial) A. Henry M. Buhl		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 114 Greene St		Transaction ID: 70717.C208342
City State Zip Code New York NY 10012	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Assn. of Community Emp. Prog. Occupation Social Worker	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Edward Chapin, III		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7
Mailing Address 421 Silver Moss Dr		Transaction ID: 70319.C204884
City State Zip Code Vero Beach FL 32963	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Retired Occupation Retired	Aggregate Year-to-Date ▼ 150.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Edward Chapin, III		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 421 Silver Moss Dr		Transaction ID: 70612.C208203
City State Zip Code Vero Beach FL 32963	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Retired Occupation Retired	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 12 / 67
	<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)
David Clare

Mailing Address 972 Lake House Dr

City State Zip Code
North Palm Beach FL 33408

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
0 1 / 2 3 / 2 0 0 7

Transaction ID: 70319.C204830

Amount of Each Receipt this Period
600.00

Receipt

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

Mailing Address 309 7 Corner Rd Apt H

City State Zip Code
Perkasie PA 18944-2550

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

Name of Employer Advanced Biologics Occupation Pharm

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 3 / 1 4 / 2 0 0 7

Transaction ID: 70612.C206702

Amount of Each Receipt this Period
300.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ronald Coulton

Mailing Address 796 Hideway Ln

City State Zip Code
Harleysville PA 19438

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 7

Transaction ID: 70319.C204846

Amount of Each Receipt this Period
300.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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 / 67
	<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)
W. C. Coyne

Mailing Address 4163 Meadow Hill Rd

City Cazenovia State NY Zip Code 13035

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 ▼
100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	6	/	2	0	0	7

Transaction ID: 70319.C206655

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
W. C. Coyne

Mailing Address 4163 Meadow Hill Rd

City Cazenovia State NY Zip Code 13035

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 ▼
200.00

Date of Receipt

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

Transaction ID: 70319.C204972

Amount of Each Receipt this Period
100.00

Receipt

C. Full Name (Last, First, Middle Initial)
W. C. Coyne

Mailing Address 4163 Meadow Hill Rd

City Cazenovia State NY Zip Code 13035

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	7	/	2	0	0	7

Transaction ID: 70717.C208502

Amount of Each Receipt this Period
50.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 67
	<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

Full Name (Last, First, Middle Initial) A. Jondahl Davis		Date of Receipt M M / D D / Y Y Y Y 04 / 17 / 2007
Mailing Address 146 Southern Walk Cir		Transaction ID: 70612.C206825
City State Zip Code Gray GA 31032	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Imerys	Occupation Chemist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 75.00	

Full Name (Last, First, Middle Initial) B. Jondahl Davis		Date of Receipt M M / D D / Y Y Y Y 05 / 08 / 2007
Mailing Address 146 Southern Walk Cir		Transaction ID: 70618.C208218
City State Zip Code Gray GA 31032	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Imerys	Occupation Chemist	
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) C. Jondahl Davis		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2007
Mailing Address 146 Southern Walk Cir		Transaction ID: 70717.C208430
City State Zip Code Gray GA 31032	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Imerys	Occupation Chemist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) ▶	210.00
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: (check only one)	PAGE 15 / 67
	<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)
R. S. Davis

Mailing Address 2155 Fleurie Ln

City State Zip Code
Braselton GA 30517

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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 7

Transaction ID: 70319.C204844

Amount of Each Receipt this Period
300.00

Receipt

B. Full Name (Last, First, Middle Initial)
Dianne O. Davison

Mailing Address 222 Loblolly Ln

City State Zip Code
Choudrant LA 71227

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 ▼ 200.00

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

Transaction ID: 70319.C204869

Amount of Each Receipt this Period
200.00

Receipt

C. Full Name (Last, First, Middle Initial)
Dianne O. Davison

Mailing Address 222 Loblolly Ln

City State Zip Code
Choudrant LA 71227

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 ▼ 400.00

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

Transaction ID: 70319.C204878

Amount of Each Receipt this Period
200.00

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 16 / 67
	<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)
Martha M. Dykes

Mailing Address 121 Ga Hwy 49 N

City State Zip Code
Americus GA 31709-8005

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 ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2007

Transaction ID: 70612.C206695

Amount of Each Receipt this Period
600.00

Receipt

B. Full Name (Last, First, Middle Initial)
John Eshleman

Mailing Address 15978 Grandview Ave

City State Zip Code
Los Gatos CA 95030

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
02 / 26 / 2007

Transaction ID: 70319.C204853

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Tony Essig

Mailing Address 1618 S Courtland Ave

City State Zip Code
Kokomo IN 46902-2056

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
04 / 11 / 2007

Transaction ID: 70612.C206711

Amount of Each Receipt this Period
300.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
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 17 / 67
	<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

Full Name (Last, First, Middle Initial) A. Evron E. Fairbanks		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address 5th & Broadway		Transaction ID: 70319.C204834
City State Zip Code Skagway AK 99840		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Self-Employed Receipt For:	Occupation Fairbank Markets Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) B. Evron E. Fairbanks		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 5th & Broadway		Transaction ID: 70717.C208347
City State Zip Code Skagway AK 99840		Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Self-Employed Receipt For:	Occupation Fairbank Markets Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	800.00	

Full Name (Last, First, Middle Initial) C. Dean W. Fejes		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7
Mailing Address 255 Cocohatchee Dr		Transaction ID: 70612.C206697
City State Zip Code Naples FL 34110-2102		Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Retired Receipt For:	Occupation Retired Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	600.00	

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: (check only one)	PAGE 18 / 67
	<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

Full Name (Last, First, Middle Initial) A. Greg M. Gerard		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2007
Mailing Address PO Box 975		Transaction ID: 70717.C208348
City State Zip Code Captain Cook HI 96704	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Clark Brokerage Firm Real Estate Agent	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. David K. Gregory		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 3624 Lovers Ln		Transaction ID: 70612.C206698
City State Zip Code Dallas TX 75225	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Self-Employed Physician	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. David K. Gregory		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007
Mailing Address 3624 Lovers Ln		Transaction ID: 70717.C208366
City State Zip Code Dallas TX 75225	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Self-Employed Physician	Aggregate Year-to-Date 650.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 67
	<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)
John Grimm

Mailing Address 7260 E Grey Fox Ln

City State Zip Code
Tucson AZ 85750

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 0 7

Transaction ID: 70319.C204849

Amount of Each Receipt this Period
300.00

Receipt

B. Full Name (Last, First, Middle Initial)
J. W. Guthrie

Mailing Address 2207 Blue Lake Dr

City State Zip Code
Pensacola FL 32506-6069

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 7

Transaction ID: 70612.C206700

Amount of Each Receipt this Period
350.00

Receipt

C. Full Name (Last, First, Middle Initial)
William K. Hoskins

Mailing Address 85 E India Row 20A-B

City State Zip Code
Boston MA 02110

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

Name of Employer Self-Employed Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 7

Transaction ID: 70717.C208352

Amount of Each Receipt this Period
250.00

Receipt

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 20 / 67
	<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)
Carolyn Hubbard

Mailing Address 4142 E Grove Cir

City State Zip Code
Mesa AZ 85206

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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 7

Transaction ID: 70319.C204842

Amount of Each Receipt this Period
300.00

Receipt

B. Full Name (Last, First, Middle Initial)
George Hutton-Potts

Mailing Address 211 Mountain Reach Ct

City State Zip Code
Gardnerville NV 89460-9706

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 ▼ 206.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 1 / 2 0 0 7

Transaction ID: 70612.C206714

Amount of Each Receipt this Period
206.00

Receipt

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

Mailing Address 4715 133rd St NW

City State Zip Code
Gig Harbor WA 98332

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
0 2 / 0 5 / 2 0 0 7

Transaction ID: 70319.C204837

Amount of Each Receipt this Period
400.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	906.00
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 21 / 67
	<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

Full Name (Last, First, Middle Initial) A. Cliff Jones		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 7	
Mailing Address 32 Le Mans Ct		Transaction ID: 70319.C204848	
City State Zip Code Prairie Village KS 66208	Amount of Each Receipt this Period 300.00		
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) B. Marie-Claire Kardous		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 7	
Mailing Address 6816 N Baltusrol Ln		Transaction ID: 70612.C206710	
City State Zip Code Charlotte NC 28210-7364	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Carolinas Pathology Group	Occupation Doctor		
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. Richard W. Kasperson		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 8 / 2 0 0 7	
Mailing Address 172 Cheshire Way		Transaction ID: 70612.C206701	
City State Zip Code Naples FL 34110-4407	Amount of Each Receipt this Period 300.00		
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		

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 22 / 67
	<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)
Terrance Keaney

Mailing Address 22 Border St

City Winchester State MA Zip Code 01890-1501

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2007

Transaction ID: 70319.C204850

Amount of Each Receipt this Period
300.00

Receipt

B. Full Name (Last, First, Middle Initial)
Terrance Keaney

Mailing Address 22 Border St

City Winchester State MA Zip Code 01890-1501

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 ▼ 340.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2007

Transaction ID: 70612.C207017

Amount of Each Receipt this Period
40.00

Receipt

C. Full Name (Last, First, Middle Initial)
George A. Magan

Mailing Address 45 Stephen St

City New Bedford State MA Zip Code 02740-1223

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 21 / 2007

Transaction ID: 70612.C206705

Amount of Each Receipt this Period
300.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	640.00
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 23 / 67
	<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

Full Name (Last, First, Middle Initial) A. Jeannie Martin		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 6 / 2 0 0 7	
Mailing Address 414 E Texas St		Transaction ID: 70319.C204899	
City State Zip Code Healdton OK 73438		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Self-Employed Occupation Self-Employed Vice President		Aggregate Year-to-Date ▼ 125.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Jeannie Martin		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 7	
Mailing Address 414 E Texas St		Transaction ID: 70319.C204900	
City State Zip Code Healdton OK 73438		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Self-Employed Occupation Self-Employed Vice President		Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Bradley May		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 7	
Mailing Address 2509 Kennelly Ct		Transaction ID: 70319.C204851	
City State Zip Code Burnsville MN 55337		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Cub Foods Customer Service		Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	550.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 67
	(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)
Nancy Meckley

Mailing Address 300 N Pitt St

City Mercer State PA Zip Code 16137

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
0	2	/	2	6	/	2	0	0	7

Transaction ID: 70319.C204831

Amount of Each Receipt this Period
600.00

Receipt

B. Full Name (Last, First, Middle Initial)
Manon Monte

Mailing Address 405 Brentwood Dr

City Jonesboro State AR Zip Code 72404

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

Name of Employer Colpton Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	2	/	2	0	0	7

Transaction ID: 70717.C208344

Amount of Each Receipt this Period
400.00

Receipt

C. Full Name (Last, First, Middle Initial)
James A. Moore

Mailing Address 5238 Deloache Ave

City Dallas State TX Zip Code 75220

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

Name of Employer Self - Employed Occupation Investment Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	6	/	2	0	0	7

Transaction ID: 70319.C204854

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 67
	<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

Full Name (Last, First, Middle Initial) A. Helen M. Morrow		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 6 / 2 0 0 7	
Mailing Address 876 Westtown Rd		Transaction ID: 70319.C204946	
City State Zip Code West Chester PA 19382	Amount of Each Receipt this Period 100.00		
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 ▼ 100.00		

Full Name (Last, First, Middle Initial) B. Helen M. Morrow		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 7	
Mailing Address 876 Westtown Rd		Transaction ID: 70319.C204879	
City State Zip Code West Chester PA 19382	Amount of Each Receipt this Period 200.00		
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. Levonne Mulrooney		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 6 / 2 0 0 7	
Mailing Address 1700 Lexington Ave S		Transaction ID: 70612.C206706	
City State Zip Code Saint Paul MN 55118-3668	Amount of Each Receipt this Period 300.00		
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		

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 67
	<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

Full Name (Last, First, Middle Initial) A. Linda A. Nall		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2007	
Mailing Address 8609 Grover Pl		Transaction ID: 70612.C206699	
City State Zip Code Shreveport LA 71115-2709	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Lsu Medical Center Physician	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Charles Nobles		Date of Receipt M M / D D / Y Y Y Y Y 02 / 23 / 2007	
Mailing Address 9666 E 102nd St		Transaction ID: 70319.C206664	
City State Zip Code Tulsa OK 74133	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Retired Retired	Aggregate Year-to-Date ▼ 200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Charles Nobles		Date of Receipt M M / D D / Y Y Y Y Y 02 / 27 / 2007	
Mailing Address 9666 E 102nd St		Transaction ID: 70319.C204875	
City State Zip Code Tulsa OK 74133	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Retired Retired	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 27 / 67
	<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)
Warren Norquist

Mailing Address 89 Bradford Rd

City State Zip Code
Weston MA 02493

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
02 / 27 / 2007

Transaction ID: 70319.C204840

Amount of Each Receipt this Period
350.00

Receipt

B. Full Name (Last, First, Middle Initial)
Donald Page

Mailing Address 734 School St.

City State Zip Code
Lowell MA 01851

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

Name of Employer Tewsberry School Department Occupation Building Custodian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2007

Transaction ID: 70612.C206708

Amount of Each Receipt this Period
300.00

Receipt

C. Full Name (Last, First, Middle Initial)
John H. Parker

Mailing Address PO Box 40

City State Zip Code
Palestine AR 72372

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

Name of Employer Self-Employed Occupation Parker Construction

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2007

Transaction ID: 70717.C208350

Amount of Each Receipt this Period
250.00

Receipt

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 28 / 67
	<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

Full Name (Last, First, Middle Initial) A. Frank Puhl		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 7	
Mailing Address 448 White Horse Trl		Transaction ID: 70618.C208208	
City State Zip Code Palm Desert CA 92211-8943		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Retired 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) B. Kenneth J. Quaganti		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 7	
Mailing Address 51 Miller Rd		Transaction ID: 70612.C206713	
City State Zip Code Farmingdale NY 11735-2040		Amount of Each Receipt this Period 225.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Retired Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Beverly J. Razook		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 4 / 2 0 0 7	
Mailing Address 5150 E Copa De Oro Dr		Transaction ID: 70319.C204836	
City State Zip Code Anaheim CA 92807		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Razook Enterprises Inc. Property Management			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1025.00
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 29 / 67
	(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

Full Name (Last, First, Middle Initial) A. C. W. Remington		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address PO Box 6007		Transaction ID: 70717.C208346	
City Saint Joseph	State MO	Zip Code 64506	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Pet Resorts Inc	Occupation Chairman		
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. William Rhodes		Date of Receipt M M / D D / Y Y Y Y 01 / 19 / 2007	
Mailing Address PO Box 6205		Transaction ID: 70319.C204841	
City Vancleave	State MS	Zip Code 39565	Amount of Each Receipt this Period 300.00
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. Ed Rieker		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2007	
Mailing Address 916 N Emory Ave		Transaction ID: 70319.C204901	
City North Platte	State NE	Zip Code 69101-2744	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Alfa And Associates	Occupation Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 125.00		

SUBTOTAL of Receipts This Page (optional) ▶	725.00
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: (check only one)	PAGE 30 / 67
	<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) Ed Rieker		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 916 N Emory Ave		Transaction ID: 70618.C208211	
City State Zip Code North Platte NE 69101-2744	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Alfa And Associates Sales	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) L. I. Rigg		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 6 / 2 0 0 7	
Mailing Address 725 Beacom Ln		Transaction ID: 70319.C204882	
City State Zip Code Merion Station PA 19066	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Retired Retired	Aggregate Year-to-Date ▼ 150.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) L. I. Rigg		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 725 Beacom Ln		Transaction ID: 70717.C209303	
City State Zip Code Merion Station PA 19066	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Retired Retired	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	375.00
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 31 / 67
	<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

Full Name (Last, First, Middle Initial) A. Ulysses G. Riley		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2007
Mailing Address 4101 Sun Dancer St		Transaction ID: 70717.C208351
City State Zip Code Gillette WY 82718	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Self-Employed Occupation Alliance Drilling Corp	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Arlyn N. Rudel		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2007
Mailing Address 6565 Dark Canyon Rd		Transaction ID: 70319.C204883
City State Zip Code Rapid City SD 57702	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Retired Occupation Retired	Aggregate Year-to-Date 150.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Arlyn N. Rudel		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address 6565 Dark Canyon Rd		Transaction ID: 70612.C206734
City State Zip Code Rapid City SD 57702	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Retired Occupation Retired	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 67
	<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

Full Name (Last, First, Middle Initial) A. Jens P. Rummler		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7	
Mailing Address PO Box 64		Transaction ID: 70319.C204838	
City State Zip Code Oscar LA 70762	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Self-Employed Occupation Farmer	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Walter J. Sheffield Jr.		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7	
Mailing Address 4570 Tall Pines Dr NW		Transaction ID: 70319.C204839	
City State Zip Code Atlanta GA 30327	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Retired Occupation Retired	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Duane Smith		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7	
Mailing Address PO Box 81		Transaction ID: 70612.C206703	
City State Zip Code Felt OK 73937-0081	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Self - Employed Occupation Information Requested	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 67
	<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

Full Name (Last, First, Middle Initial) A. William Snoke		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 3 / 2 0 0 7	
Mailing Address 250 N Bay Dr		Transaction ID: 70319.C204843	
City State Zip Code Bullard TX 75757	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Self-Employed Snoko Special Products Co	Occupation Snoko Special Products Co		
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. Ada A. Strassenburgh		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 3 / 2 0 0 7	
Mailing Address PO Box 608		Transaction ID: 70319.C204835	
City State Zip Code Ocean View NJ 08230	Amount of Each Receipt this Period 500.00		
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Ada A. Strassenburgh		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 3 / 2 0 0 7	
Mailing Address PO Box 608		Transaction ID: 70717.C208340	
City State Zip Code Ocean View NJ 08230	Amount of Each Receipt this Period 500.00		
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 ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1300.00
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: (check only one)	PAGE 34 / 67
	<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)
Susan Teague

Mailing Address 701 Bonham St Apt 202

City State Zip Code
Grand Prairie TX 75050-5557

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

Name of Employer Occupation
Guide Stone Financial Loan Supervisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2007

Transaction ID: 70612.C206709

Amount of Each Receipt this Period
300.00

Receipt

B. Full Name (Last, First, Middle Initial)
Douglas A. Thom

Mailing Address 22 Marina Dr

City State Zip Code
Savannah GA 31411-2727

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2007

Transaction ID: 70612.C206712

Amount of Each Receipt this Period
300.00

Receipt

C. Full Name (Last, First, Middle Initial)
Martawn Veseth

Mailing Address 736 1st Ave

City State Zip Code
Havre MT 59501

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

Name of Employer Occupation
Self-Employed Veseth Ranch

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2007

Transaction ID: 70717.C208345

Amount of Each Receipt this Period
300.00

Receipt

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 35 / 67
	<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)
Freshmen PAC

Full Name (Last, First, Middle Initial) A. John H. Ware, IV		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 6 / 2 0 0 7
Mailing Address 209 Delaware Ave PO Box 341		Transaction ID: 70319.C204870
City Oxford State PA Zip Code 19363	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Retired Occupation Retired	Aggregate Year-to-Date ▼ 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John H. Ware, IV		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 209 Delaware Ave PO Box 341		Transaction ID: 70717.C209320
City Oxford State PA Zip Code 19363	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Retired Occupation Retired	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. John C. Wells		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 2 / 2 0 0 7
Mailing Address 3 Rehabilitation Way Apt 417		Transaction ID: 70319.C204828
City Woburn State MA Zip Code 01801	Amount of Each Receipt this Period 1000.00	
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) ▶	1300.00
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 36 / 67
	<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)
Freshmen PAC

Full Name (Last, First, Middle Initial) A. John C. Wells		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2007
Mailing Address 3 Rehabilitation Way Apt 417		Transaction ID: 70717.C208339
City State Zip Code Woburn MA 01801	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Retired Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Toni Wheeler		Date of Receipt M M / D D / Y Y Y Y 01 / 30 / 2007
Mailing Address 376 Devon Ct		Transaction ID: 70319.C204921
City State Zip Code Valparaiso IN 46385	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Retired Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 100.00		

Full Name (Last, First, Middle Initial) C. Toni Wheeler		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2007
Mailing Address 376 Devon Ct		Transaction ID: 70717.C208341
City State Zip Code Valparaiso IN 46385	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Retired Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional) ▶	1600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 67
	(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)
Freshmen PAC

A. Full Name (Last, First, Middle Initial)
Cleon Winslow

Mailing Address 1020 Reginald Dr

City State Zip Code
Norman OK 73072-3701

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
03 / 26 / 2007

Transaction ID: 70612.C206707

Amount of Each Receipt this Period
300.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	33531.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Freshmen PAC

A. Full Name (Last, First, Middle Initial)
TMA List Brokerage & Management Inc.
Mailing Address 12021 Sunset Hills Rd Ste 350
City Reston State VA Zip Code 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 ▼ 635.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 7
Transaction ID: 70114.C204818
Amount of Each Receipt this Period
635.00
Other Receipt
NOTE: List Rental @ Mkt Value

B. Full Name (Last, First, Middle Initial)
TMA List Brokerage & Management Inc.
Mailing Address 12021 Sunset Hills Rd Ste 350
City Reston State VA Zip Code 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 ▼ 955.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 7
Transaction ID: 70612.C206692
Amount of Each Receipt this Period
320.00
Other Receipt
NOTE: List Rental @ Mkt Value

C. Full Name (Last, First, Middle Initial)
TMA List Brokerage & Management Inc.
Mailing Address 12021 Sunset Hills Rd Ste 350
City Reston State VA Zip Code 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 ▼ 3587.18

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 0 7
Transaction ID: 70612.C206686
Amount of Each Receipt this Period
2632.18
Other Receipt
NOTE: List Rental @ Mkt Value

SUBTOTAL of Receipts This Page (optional) ▶ **3587.18**
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 39 / 67	
	(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"/> 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 ▼
5989.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	0	/	2	0	0	7

Transaction ID: 70612.C206694

Amount of Each Receipt this Period
2402.22

Other Receipt

NOTE: List Rental @ Mkt Value

SUBTOTAL of Receipts This Page (optional)	▶	2402.22
TOTAL This Period (last page this line number only)	▶	5989.40

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freshmen PAC

Full Name (Last, First, Middle Initial) A. American Continental Group LLC		Transaction ID: 70312.E643 Date of Disbursement 01 / 24 / 2007
Mailing Address 900 19th St NW Ste 800		Amount of Each Disbursement this Period 2100.00
City Washington	State DC Zip Code 20006-2127	
Purpose of Disbursement PRE-PAYMENT FOR RENT/PHONE/SUPPLIES		PRE-PAYMENT FOR RENT/PHONE/SUPPLIES
Candidate Name		
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 type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. American Continental Group LLC		Transaction ID: 70717.E703 Date of Disbursement 06 / 27 / 2007
Mailing Address 900 19th St NW Ste 800		Amount of Each Disbursement this Period 2100.00
City Washington	State DC Zip Code 20006-2127	
Purpose of Disbursement PRE-PAYMENT FOR RENT/PHONE/SUPPLIES		PRE-PAYMENT FOR RENT/PHONE/SUPPLIES
Candidate Name		
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 type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 70319.E655 Date of Disbursement 02 / 14 / 2007
Mailing Address PO 53852		Amount of Each Disbursement this Period 4.50
City Phoenix	State AZ Zip Code 85072-	
Purpose of Disbursement PAC CREDIT CARD PROCESSING		PAC CREDIT CARD PROCESSING
Candidate Name		
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 type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	4204.50
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 41 / 67

<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: 70319.E656 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7
Mailing Address PO 53852		Amount of Each Disbursement this Period 131.00
City Phoenix State AZ Zip Code 85072-	PAC CREDIT CARD PROCESSING	
Purpose of Disbursement PAC 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: 70612.E663 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address PO 53852		Amount of Each Disbursement this Period 4.50
City Phoenix State AZ Zip Code 85072-	PAC CREDIT CARD PROCESSING	
Purpose of Disbursement PAC 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. American Express		Transaction ID: 70612.E664 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address PO 53852		Amount of Each Disbursement this Period 8.62
City Phoenix State AZ Zip Code 85072-	PAC CREDIT CARD PROCESSING	
Purpose of Disbursement PAC 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) ▶	144.12
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freshmen PAC

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 70612.E692 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address PO 53852		Amount of Each Disbursement this Period 4.50
City Phoenix State AZ Zip Code 85072-	PAC CREDIT CARD PROCESSING	
Purpose of Disbursement PAC CREDIT CARD PROCESSING		Category/ Type
Candidate Name		
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 type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 70612.E693 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7
Mailing Address PO 53852		Amount of Each Disbursement this Period 52.26
City Phoenix State AZ Zip Code 85072-	PAC CREDIT CARD PROCESSING	
Purpose of Disbursement PAC CREDIT CARD PROCESSING		Category/ Type
Candidate Name		
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 type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 70618.E698 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address PO 53852		Amount of Each Disbursement this Period 4.50
City Phoenix State AZ Zip Code 85072-	PAC CREDIT CARD PROCESSING	
Purpose of Disbursement PAC CREDIT CARD PROCESSING		Category/ Type
Candidate Name		
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 type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	61.26
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 43 / 67

<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: 70618.E699 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address PO 53852		Amount of Each Disbursement this Period 11.38
City Phoenix State AZ Zip Code 85072-	PAC CREDIT CARD PROCESSING	
Purpose of Disbursement PAC 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: 70724.E716 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address PO 53852		Amount of Each Disbursement this Period 4.50
City Phoenix State AZ Zip Code 85072-	PAC CREDIT CARD PROCESSING	
Purpose of Disbursement PAC 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. American Express		Transaction ID: 70724.E718 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address PO 53852		Amount of Each Disbursement this Period 18.69
City Phoenix State AZ Zip Code 85072-	PAC CREDIT CARD PROCESSING	
Purpose of Disbursement PAC 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) ▶	34.57
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 44 / 67

<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. DC Treasurer		Transaction ID: 70119.E629 Date of Disbursement MM / DD / YYYY 01 / 17 / 2007
Mailing Address PO Box 601		Amount of Each Disbursement this Period 298.82
City Washington State DC Zip Code 20044-0601	Purpose of Disbursement CITY TAXES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CITY TAXES

Full Name (Last, First, Middle Initial) B. DC Treasurer		Transaction ID: 70312.E646 Date of Disbursement MM / DD / YYYY 02 / 20 / 2007
Mailing Address PO Box 601		Amount of Each Disbursement this Period 1988.00
City Washington State DC Zip Code 20044-0601	Purpose of Disbursement D-20 TAXES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	D-20 TAXES

Full Name (Last, First, Middle Initial) C. Direct Mail Processors Inc.		Transaction ID: 70319.E648 Date of Disbursement MM / DD / YYYY 03 / 12 / 2007
Mailing Address 1150 Conrad Court		Amount of Each Disbursement this Period 4180.00
City Hagerstown State MD Zip Code 21740-	Purpose of Disbursement BRM PERMIT & POSTAGE ADVANCE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BRM PERMIT & POSTAGE ADVANCE

SUBTOTAL of Disbursements This Page (optional) ▶	6466.82
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 45 / 67

<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. Direct Mail Processors Inc.		Transaction ID: 70612.E669 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address 1150 Conrad Court		Amount of Each Disbursement this Period 1473.49
City Hagerstown State MD Zip Code 21740-	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. Direct Mail Processors Inc.		Transaction ID: 70612.E686 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 1150 Conrad Court		Amount of Each Disbursement this Period 777.02
City Hagerstown State MD Zip Code 21740-	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. Direct Mail Processors Inc.		Transaction ID: 70717.E702 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 1150 Conrad Court		Amount of Each Disbursement this Period 428.42
City Hagerstown State MD Zip Code 21740-	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

SUBTOTAL of Disbursements This Page (optional) ▶	2678.93
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freshmen PAC

A. Foley & Lardner LLP Full Name (Last, First, Middle Initial) Mailing Address 3000 K St, NW City Washington State DC Zip Code 20007-5111 Purpose of Disbursement PAC LEGAL SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70319.E649 Date of Disbursement 03 / 12 / 2007 Amount of Each Disbursement this Period 217.50 Category/Type PAC LEGAL SERVICES
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B. FYI Messaging LLC Full Name (Last, First, Middle Initial) Mailing Address 2401 W Behrend Dr Ste 7 City Phoenix State AZ Zip Code 85027-4143 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) ▼		Transaction ID: 70319.E651 Date of Disbursement 03 / 12 / 2007 Amount of Each Disbursement this Period 95.66 Category/Type PAC CONTRIBUTION PROCESSING
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C. FYI Messaging LLC Full Name (Last, First, Middle Initial) Mailing Address 2401 W Behrend Dr Ste 7 City Phoenix State AZ Zip Code 85027-4143 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) ▼		Transaction ID: 70319.E650 Date of Disbursement 03 / 12 / 2007 Amount of Each Disbursement this Period 1029.47 Category/Type PAC CONTRIBUTION PROCESSING
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SUBTOTAL of Disbursements This Page (optional) ▶	1342.63
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: 70612.E665 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address 2401 W Behrend Dr Ste 7		Amount of Each Disbursement this Period 100.02
City Phoenix State AZ Zip Code 85027-4143	PAC SHIPPING	
Purpose of Disbursement PAC SHIPPING		Category/ Type
Candidate Name		
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 type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Koch & Hoos LLC		Transaction ID: 70312.E645 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address PO Box 1154		Amount of Each Disbursement this Period 2596.87
City Alexandria State VA Zip Code 22313-1154	PAC ACCOUNTING CONSULTING	
Purpose of Disbursement PAC ACCOUNTING CONSULTING		Category/ Type
Candidate Name		
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 type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Koch & Hoos LLC		Transaction ID: 70319.E653 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 1154		Amount of Each Disbursement this Period 1958.23
City Alexandria State VA Zip Code 22313-1154	PAC ACCOUNTING CONSULTING	
Purpose of Disbursement PAC ACCOUNTING CONSULTING		Category/ Type
Candidate Name		
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 type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	4655.12
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. Koch & Hoos LLC		Transaction ID: 70612.E668 Date of Disbursement MM / DD / YYYY 04 / 11 / 2007	
Mailing Address PO Box 1154		Amount of Each Disbursement this Period 1614.25	
City Alexandria State VA Zip Code 22313-1154	Purpose of Disbursement PAC ACCOUNTING CONSULTING	Category/ Type PAC ACCOUNTING CONSULTING	
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. Koch & Hoos LLC		Transaction ID: 70717.E705 Date of Disbursement MM / DD / YYYY 06 / 27 / 2007	
Mailing Address PO Box 1154		Amount of Each Disbursement this Period 1856.38	
City Alexandria State VA Zip Code 22313-1154	Purpose of Disbursement PAC ACCOUNTING CONSULTING	Category/ Type PAC ACCOUNTING CONSULTING	
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. NOVA Information Systems		Transaction ID: 70612.E657 Date of Disbursement MM / DD / YYYY 01 / 03 / 2007	
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 31.50	
City Knoxville State TN Zip Code 37920-6612	Purpose of Disbursement PAC CREDIT CARD PROCESSING	Category/ Type PAC CREDIT CARD PROCESSING	
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) ▶	3502.13
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. NOVA Information Systems		Transaction ID: 70319.E654 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 7
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 848.84
City Knoxville State TN Zip Code 37920-6612	PAC CREDIT CARD PROCESSING	
Purpose of Disbursement PAC 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. NOVA Information Systems		Transaction ID: 70612.E661 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 152.42
City Knoxville State TN Zip Code 37920-6612	PAC CREDIT CARD PROCESSING	
Purpose of Disbursement PAC 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. NOVA Information Systems		Transaction ID: 70612.E688 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 621.28
City Knoxville State TN Zip Code 37920-6612	PAC CREDIT CARD PROCESSING	
Purpose of Disbursement PAC 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) ▶	1622.54
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)

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

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NAME OF COMMITTEE (In Full)
Freshmen PAC

Full Name (Last, First, Middle Initial) A. NOVA Information Systems		Transaction ID: 70618.E695 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 55.90
City Knoxville State TN Zip Code 37920-6612	PAC CREDIT CARD PROCESSING	
Purpose of Disbursement PAC CREDIT CARD PROCESSING		Category/ Type
Candidate Name		
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 type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. NOVA Information Systems		Transaction ID: 70724.E717 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 35.30
City Knoxville State TN Zip Code 37920-6612	PAC CREDIT CARD PROCESSING	
Purpose of Disbursement PAC CREDIT CARD PROCESSING		Category/ Type
Candidate Name		
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 type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. PNC Bank		Transaction ID: 70112.E627 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 1201 Wisconsin Ave, NW		Amount of Each Disbursement this Period 41.08
City Washington State DC Zip Code 20007-3222	BANK FEE	
Purpose of Disbursement BANK FEE		Category/ Type
Candidate Name		
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 type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	132.28
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. PNC Bank		Transaction ID: 70612.E660 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 1201 Wisconsin Ave, NW		Amount of Each Disbursement this Period 10.54
City Washington State DC Zip Code 20007-3222	Purpose of Disbursement BANK FEE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BANK FEE

Full Name (Last, First, Middle Initial) B. PNC Bank		Transaction ID: 70312.E647 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7
Mailing Address 1201 Wisconsin Ave, NW		Amount of Each Disbursement this Period 6940.51
City Washington State DC Zip Code 20007-3222	Purpose of Disbursement 2006 1120-POL TAXES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 1120-POL TAXES

Full Name (Last, First, Middle Initial) C. PNC Bank		Transaction ID: 70612.E659 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1201 Wisconsin Ave, NW		Amount of Each Disbursement this Period 12.10
City Washington State DC Zip Code 20007-3222	Purpose of Disbursement BANK FEE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BANK FEE

SUBTOTAL of Disbursements This Page (optional) ▶	6963.15
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freshmen PAC

Full Name (Last, First, Middle Initial) A. PNC Bank		Transaction ID: 70612.E670 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address 1201 Wisconsin Ave, NW		Amount of Each Disbursement this Period 11.92	
City Washington State DC Zip Code 20007-3222	Purpose of Disbursement BANK FEE	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	BANK FEE		

Full Name (Last, First, Middle Initial) B. PNC Bank		Transaction ID: 70612.E671 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 1201 Wisconsin Ave, NW		Amount of Each Disbursement this Period 12.50	
City Washington State DC Zip Code 20007-3222	Purpose of Disbursement BANK FEE	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	BANK FEE		

Full Name (Last, First, Middle Initial) C. PNC Bank		Transaction ID: 70717.E706 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 1201 Wisconsin Ave, NW		Amount of Each Disbursement this Period 10.80	
City Washington State DC Zip Code 20007-3222	Purpose of Disbursement BANK FEE	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	BANK FEE		

SUBTOTAL of Disbursements This Page (optional) ▶	35.22
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Freshmen PAC

A. Steve Ross Full Name (Last, First, Middle Initial) Mailing Address 3237 C Sutton PI NW City Washington State DC Zip Code 20016-7523 Purpose of Disbursement PAC ADMINISTRATIVE/MANAGEMENT SVCS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70312.E644 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7 Amount of Each Disbursement this Period 6000.00 PAC ADMINISTRATIVE/MANAGEMENT SVCS
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B. Steve Ross Full Name (Last, First, Middle Initial) Mailing Address 3237 C Sutton PI NW City Washington State DC Zip Code 20016-7523 Purpose of Disbursement PAC ADMINISTRATIVE/MANAGEMENT SVCS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70612.E666 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 6000.00 PAC ADMINISTRATIVE/MANAGEMENT SVCS
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C. Strategic Fundraising Full Name (Last, First, Middle Initial) Mailing Address 7591 9th St N City Saint Paul State MN Zip Code 55128-6626 Purpose of Disbursement PAC FUNDRAISING/TELEMARKETING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70319.E652 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 46729.00 PAC FUNDRAISING/TELEMARKETING
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SUBTOTAL of Disbursements This Page (optional) ▶	58729.00
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)

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

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NAME OF COMMITTEE (In Full)
Freshmen PAC

Full Name (Last, First, Middle Initial) A. Strategic Fundraising		Transaction ID: 70612.E667 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address 7591 9th St N		Amount of Each Disbursement this Period 16806.01
City Saint Paul State MN Zip Code 55128-6626	PAC FUNDRAISING/TELEMARKETING	
Purpose of Disbursement PAC FUNDRAISING/TELEMARKETING		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. Strategic Fundraising		Transaction ID: 70612.E687 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 7591 9th St N		Amount of Each Disbursement this Period 17997.00
City Saint Paul State MN Zip Code 55128-6626	PAC FUNDRAISING/TELEMARKETING	
Purpose of Disbursement PAC FUNDRAISING/TELEMARKETING		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. Strategic Fundraising		Transaction ID: 70717.E704 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 7591 9th St N		Amount of Each Disbursement this Period 4744.00
City Saint Paul State MN Zip Code 55128-6626	PAC FUNDRAISING/TELEMARKETING	
Purpose of Disbursement PAC FUNDRAISING/TELEMARKETING		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) ▶	39547.01
TOTAL This Period (last page this line number only) ▶	130119.28

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. Adrian Smith For Congress		Transaction ID: 70312.E634 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7	
Mailing Address 3321 Ave I, Ste 6		Amount of Each Disbursement this Period 500.00	
City Scottsbluff	State NE	Zip Code 69361-	Category/ Type CONTRIBUTION
Purpose of Disbursement CONTRIBUTION		Candidate Name ADRIAN SMITH	
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: NE District: 03			

Full Name (Last, First, Middle Initial) B. Adrian Smith For Congress		Transaction ID: 70612.E676 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address 3321 Ave I, Ste 6		Amount of Each Disbursement this Period 500.00	
City Scottsbluff	State NE	Zip Code 69361-	Category/ Type CONTRIBUTION
Purpose of Disbursement CONTRIBUTION		Candidate Name ADRIAN SMITH	
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: NE District: 03			

Full Name (Last, First, Middle Initial) C. Bachmann For Congress		Transaction ID: 70612.E681 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address PO Box 49756		Amount of Each Disbursement this Period 500.00	
City Minneapolis	State MN	Zip Code 55449-	Category/ Type CONTRIBUTION
Purpose of Disbursement CONTRIBUTION		Candidate Name MICHELE M BACHMANN	
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: MN District: 06			

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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. Bachmann For Congress		Transaction ID: 70312.E639 Date of Disbursement 01 / 23 / 2007
Mailing Address PO Box 49756		Amount of Each Disbursement this Period 500.00 CONTRIBUTION
City Minneapolis State MN Zip Code 55449-	Purpose of Disbursement CONTRIBUTION Candidate Name MICHELE M BACHMANN Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bilirakis For Congress		Transaction ID: 70312.E631 Date of Disbursement 01 / 23 / 2007
Mailing Address 610 S Boulevard		Amount of Each Disbursement this Period 500.00 CONTRIBUTION
City Tampa State FL Zip Code 33606-	Purpose of Disbursement CONTRIBUTION Candidate Name GUS MICHAEL BILIRAKIS Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bilirakis For Congress		Transaction ID: 70612.E673 Date of Disbursement 05 / 11 / 2007
Mailing Address 610 S Boulevard		Amount of Each Disbursement this Period 500.00 CONTRIBUTION
City Tampa State FL Zip Code 33606-	Purpose of Disbursement CONTRIBUTION Candidate Name GUS MICHAEL BILIRAKIS Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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)

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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)
Freshmen PAC

Full Name (Last, First, Middle Initial) A. Bob Corker For Senate 2012		Transaction ID: 70618.E701 Date of Disbursement 06 / 18 / 2007	
Mailing Address PO BOX 848		Amount of Each Disbursement this Period 1000.00	
City Chattanooga State TN Zip Code 37401-	Purpose of Disbursement 2006 GENERAL DEBT	Category/ Type	2006 GENERAL DEBT
Candidate Name ROBERT P JR CORKER	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 00			

Full Name (Last, First, Middle Initial) B. David Davis Victory Fund		Transaction ID: 70612.E684 Date of Disbursement 05 / 11 / 2007	
Mailing Address PO Box 781		Amount of Each Disbursement this Period 500.00	
City Johnson City State TN Zip Code 37605-	Purpose of Disbursement CONTRIBUTION	Category/ Type	CONTRIBUTION
Candidate Name DAVID DAVIS	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 01			

Full Name (Last, First, Middle Initial) C. David Davis Victory Fund		Transaction ID: 70312.E642 Date of Disbursement 01 / 23 / 2007	
Mailing Address PO Box 781		Amount of Each Disbursement this Period 500.00	
City Johnson City State TN Zip Code 37605-	Purpose of Disbursement CONTRIBUTION	Category/ Type	CONTRIBUTION
Candidate Name DAVID DAVIS	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 01			

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<input 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. Fallin For Congress		Transaction ID: 70312.E641 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 119 N Robinson Ste 400		Amount of Each Disbursement this Period 500.00
City Oklahoma City State OK Zip Code 73102-	Category/ Type CONTRIBUTION	
Purpose of Disbursement CONTRIBUTION		
Candidate Name MARY C FALLIN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 5		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Fallin For Congress		Transaction ID: 70612.E683 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 119 N Robinson Ste 400		Amount of Each Disbursement this Period 500.00
City Oklahoma City State OK Zip Code 73102-	Category/ Type CONTRIBUTION	
Purpose of Disbursement CONTRIBUTION		
Candidate Name MARY C FALLIN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 5		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Heller For Congress		Transaction ID: 70612.E682 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 7840 Red Leaf Dr		Amount of Each Disbursement this Period 500.00
City Las Vegas State NV Zip Code 89131-	Category/ Type CONTRIBUTION	
Purpose of Disbursement CONTRIBUTION		
Candidate Name DEAN HELLER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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. Heller For Congress		Transaction ID: 70312.E640 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 7840 Red Leaf Dr		Amount of Each Disbursement this Period 500.00 CONTRIBUTION
City Las Vegas State NV Zip Code 89131-	Purpose of Disbursement CONTRIBUTION Candidate Name DEAN HELLER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02 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. Jim Jordan For Congress		Transaction ID: 70612.E677 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 1709 State Rte 560 South		Amount of Each Disbursement this Period 500.00 CONTRIBUTION
City Urbana State OH Zip Code 43078-	Purpose of Disbursement CONTRIBUTION Candidate Name JAMES D JORDAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04 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. Jim Jordan For Congress		Transaction ID: 70312.E635 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 1709 State Rte 560 South		Amount of Each Disbursement this Period 500.00 CONTRIBUTION
City Urbana State OH Zip Code 43078-	Purpose of Disbursement CONTRIBUTION Candidate Name JAMES D JORDAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04 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) ▶	1500.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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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)
Freshmen PAC

Full Name (Last, First, Middle Initial) A. Kevin McCarthy for Congress		Transaction ID: 70312.E630 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 455 Capitol Mall Ste 801		Amount of Each Disbursement this Period 500.00 CONTRIBUTION
City Sacramento State CA Zip Code 95814-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name KEVIN MR MCCARTHY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kevin McCarthy for Congress		Transaction ID: 70612.E672 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 455 Capitol Mall Ste 801		Amount of Each Disbursement this Period 500.00 CONTRIBUTION
City Sacramento State CA Zip Code 95814-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name KEVIN MR MCCARTHY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lamborn For Congress		Transaction ID: 70312.E636 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 5170 N Union Blvd		Amount of Each Disbursement this Period 500.00 CONTRIBUTION
City Colorado Springs State CO Zip Code 80918-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name DOUGLAS L LAMBORN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	_____

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

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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)
Freshmen PAC

Full Name (Last, First, Middle Initial) A. Lamborn For Congress		Transaction ID: 70612.E678 Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2007
Mailing Address 5170 N Union Blvd		Amount of Each Disbursement this Period 500.00
City Colorado Springs State CO Zip Code 80918-	Purpose of Disbursement CONTRIBUTION Candidate Name DOUGLAS L LAMBORN Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION

Full Name (Last, First, Middle Initial) B. Reynolds For Congress		Transaction ID: 70618.E700 Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2007
Mailing Address PO Box 15388		Amount of Each Disbursement this Period 1000.00
City Rochester State NY Zip Code 14615-	Purpose of Disbursement CONTRIBUTION Candidate Name THOMAS M REYNOLDS Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION

Full Name (Last, First, Middle Initial) C. Roskam For Congress Committee		Transaction ID: 70312.E638 Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2007
Mailing Address PO Box 713		Amount of Each Disbursement this Period 500.00
City Wheaton State IL Zip Code 60187-	Purpose of Disbursement CONTRIBUTION Candidate Name PETER ROSKAM Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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)
Freshmen PAC

Full Name (Last, First, Middle Initial) A. Roskam For Congress Committee		Transaction ID: 70612.E680 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address PO Box 713		Amount of Each Disbursement this Period 500.00
City Wheaton State IL Zip Code 60187-	Category/ Type CONTRIBUTION	
Purpose of Disbursement CONTRIBUTION		
Candidate Name PETER ROSKAM		
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: IL District: 6		

Full Name (Last, First, Middle Initial) B. Sali For Congress		Transaction ID: 70612.E674 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address PO Box 71		Amount of Each Disbursement this Period 500.00
City Kuna State ID Zip Code 83634-	Category/ Type CONTRIBUTION	
Purpose of Disbursement CONTRIBUTION		
Candidate Name WILLIAM T. T SALI		
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: 01		

Full Name (Last, First, Middle Initial) C. Sali For Congress		Transaction ID: 70312.E632 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address PO Box 71		Amount of Each Disbursement this Period 500.00
City Kuna State ID Zip Code 83634-	Category/ Type CONTRIBUTION	
Purpose of Disbursement CONTRIBUTION		
Candidate Name WILLIAM T. T SALI		
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: 01		

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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)
Freshmen PAC

Full Name (Last, First, Middle Initial) A. Vern Buchanan for Congress		Transaction ID: 70612.E679 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address PO Box 48928		Amount of Each Disbursement this Period 500.00	
City Sarasota State FL Zip Code 34230-	Purpose of Disbursement CONTRIBUTION	Category/ Type	
Candidate Name VERNON BUCHANAN	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13	CONTRIBUTION		

Full Name (Last, First, Middle Initial) B. Vern Buchanan for Congress		Transaction ID: 70312.E637 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7	
Mailing Address PO Box 48928		Amount of Each Disbursement this Period 500.00	
City Sarasota State FL Zip Code 34230-	Purpose of Disbursement CONTRIBUTION	Category/ Type	
Candidate Name VERNON BUCHANAN	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13	CONTRIBUTION		

Full Name (Last, First, Middle Initial) C. Walberg For Congress		Transaction ID: 70312.E633 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7	
Mailing Address 6769 Teachout Rd		Amount of Each Disbursement this Period 500.00	
City Tipton State MI Zip Code 49287-	Purpose of Disbursement CONTRIBUTION	Category/ Type	
Candidate Name TIMOTHY WALBERG	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	CONTRIBUTION		

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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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)
Freshmen PAC

Full Name (Last, First, Middle Initial) A. Walberg For Congress		Transaction ID: 70612.E675	
Mailing Address 6769 Teachout Rd		Date of Disbursement 05 / 11 / 2007	
City Tipton	State MI	Zip Code 49287-	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement CONTRIBUTION		Category/ Type CONTRIBUTION	
Candidate Name TIMOTHY WALBERG			
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: MI District: 07			

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	15000.00

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 Capitol Hill Club	Nature of Debt (Purpose): PAC Event Expense/Food & Bev.
Mailing Address 300 1st St SE	
City State ZIP Code Washington DC 20003-1801	

Outstanding Balance Beginning This Period 0.00	Transaction ID: LS70724.E712	
Amount Incurred This Period 1033.28	Payment This Period 0.00	Outstanding Balance at Close of This Period 1033.28

B. 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

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 ZIP Code Phoenix AZ 85027-4143	

Outstanding Balance Beginning This Period 1029.47	Transaction ID: LS70319.E650	
Amount Incurred This Period 0.00	Payment This Period 1029.47	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	17649.33
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)	PAGE 66 / 67
	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/Telemarke- ting
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: LS70724.E711	
Amount Incurred This Period <input type="text" value="37331.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="37331.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Direct Mail Processors Inc.	Nature of Debt (Purpose): PAC Contribution Processi- ng
Mailing Address 1150 Conrad Court	
City State ZIP Code Hagerstown MD 21740-	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: LS70724.E710	
Amount Incurred This Period <input type="text" value="943.05"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="943.05"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="38274.05"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="55923.38"/>
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# 27931027653

Form/Schedule: **F3XN**

Transaction ID: **C00383901**

For the 2007-2008 cycle, Freshmen PAC pays the American Continental Group LLC in advance for rent and overhead expenses. Additionally, Koch & Hoos LLC services are inclusive of personnel and office overhead to include rent, supplies, telephone service, utilities, and office equipment. All PAC administrative expenses are accurately reflected on the disclosure report and no expenses were incurred on behalf of a candidate or candidate committee.
